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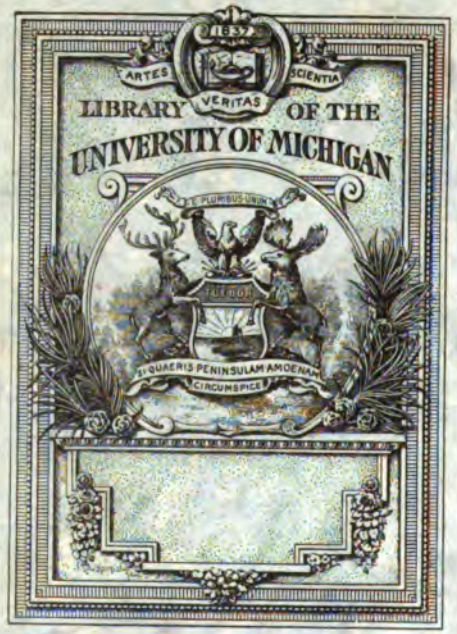
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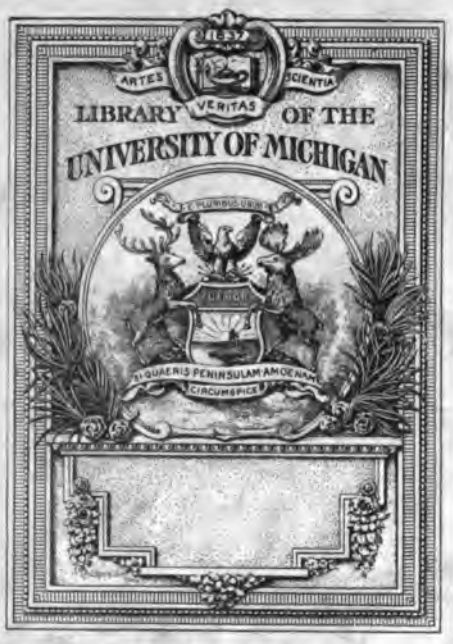
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THE 2

NORTH AMERICAN JOURNAL

OF

HOMŒOPATHY.

A QUARTERLY MAGAZINE OF MEDICINE AND THE AUXILIARY SCIENCES.



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NORTH AMERICAN HOMŒOPATHIC JOURNAL.

AUGUST, 1855.

Original and Translated Papers.

ARTICLE I.—*Introduction.* By E. E. MARCY, M.D., New-York.

WHEN the North American Homœopathic Journal was suspended in November, 1853, it was the firm intention of the publisher to recommence its issue whenever arrangements could be consummated which should secure its permanent establishment and its regular-punctual issue. It is believed that this object has now been attained, and that all who favor the Journal with their patronage may rely upon receiving it with regularity in future, and of finding in its pages a full record of interesting facts and events pertaining to medicine and the auxilliary sciences.

The gentlemen who have accepted the editorial charge of the Journal, enter upon their duties with a full consciousness of the responsibilities attached to their positions,—with a determination to subserve no personal interest of any description through their columns,—with liberal and enlarged views with regard to the scope and objects of homœopathy,—and with the intention of scouring the entire field of science for new discoveries and new facts which tend to enhance the benefits of our system of medicine.

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Entertaining the opinion that medicine is a *progressive* science, we shall avoid the Hippocratic rock upon which allopathy rested for so many centuries, and look upon no man as infallible, but adopt as our rule of action the golden motto—"try all things and hold fast to that which is good." While conceding to all preceding writers, both ancient and modern, a just meed of praise, we shall not blindly idolize any man, or adopt all his doctrines as infallible and perfect.

We most religiously believe in the therapeutic law announced by Hahnemann, and that its promulgation was the greatest boon ever conferred upon humanity, if we except the Christian religion. We fully appreciate the important results, which have arisen from the establishment of this law, throughout the entire range of medical science. But we are not of those who entertain the opinion that the healing art is now *perfect*,—that no farther progress can be made,—that with Hahnemann perished all improvements, all new ideas, all innovations,—and that throughout future centuries the profession has only to bow at his shrine, adopt his doctrines, and cease all further investigation.

Since the death of the founder of our school, discoveries of the most startling character have been made in all branches of art and science. And each progressive step has exposed new fields of research filled with rich mines of knowledge. Chemistry, geology, mathematics, astronomy, agriculture, commerce, &c., have all participated either directly or indirectly, in the benefits consequent on these improvements. No partizan prejudices, no pride of sect, no man-worship has interfered to check their onward progress, but truth from all sources has been eagerly absorbed. Shall not medicine also continue to advance towards perfection? Shall not the healing art, so important to the welfare of humanity, likewise become in future, a *progressive* science?

For more than 2000 years allopathy idolized Hippocrates and Galen, and adopted their absurd tenets as their rule of practice. During these centuries, if a medical man presumed to doubt the truth of these dogmas, or to suggest a new idea, he was denounced as a quack and an innovator, and at once lost caste with this *regular* school. Thus has medicine remained stationary, and millions of human lives been sacrificed at the

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shrine of ignorance and prejudice. But this same allopathy—this same *regular* school still exists, still practices according to the barbarous teachings of her heathen founder, and still denounces those who dare to differ from her, as quacks and innovators.

Let the homœopath take warning from this medical slumber of ages. Let him fully appreciate the labors of Hahnemann, and award to his memory all due respect; but let him discard the doctrine of medical infallibility, and worship truth alone, from whatever source it may be derived.

In all ages mankind have been prone to bow down to partizan creeds, and to cling to the ideas of some man, some reformer perhaps, with servile obstinacy. In this manner error has often been enthroned in the seat of truth for centuries. True science cannot be circumscribed by any man, however exalted his intellectual powers, within certain fixed limits. Especially in a science like that of medicine, which embraces so many auxilliary branches, is the field of new discoveries almost boundless. Individuals may fix certain land-marks, and establish as incontrovertable, important fundamental facts, but absolute perfection, and mathematical certainty in the healing art will never be attained. For example, Hahnemann and his disciples have clearly established the truth of a law of cure. This, it is true, is a fundamental fact of vast importance, and one which has elevated medicine from an empyrical chaos to a position of scientific respectibility. But this is only the foundation of the glorious structure, and it remains for future laborers to carry it onward towards perfection. To Hahnemann also belongs the glory of having established the important fundamental fact, that imponderable doses possess powerful curative properties when prescribed in accordance with his therapeutic law. This last discovery manifested itself naturally during the practical development of *similia similibus curantur*, and millions of experiments in sickness and in health have demonstrated the truth of the proposition. These great discoveries have established for homœopathy a reliable and imperishable *foundation.* They are the land-marks which must direct future laborers in the accumalation and arrangement of new facts and new improvements bearing upon the

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art of healing. Every new drug, every new proving, every novel clinical fact, adds something to the progressing work.

From these remarks the reader will perceive that in every reasonable sense, we are homœopathists. He will perceive that we earnestly believe in the truth of *Omoion pathos* and its applicability in all cases of disease which come within the scope of a therapeutic law. He will observe that we believe in the power and efficiency of imponderable doses in all cases where there exists a homœopathic affinity between the disease and the drug. He will remark that we are an ardent admirer of Hahnemann, that we fully appreciate his gigantic labors in the cause of medical science, and that we rank him among the greatest discoverers of this, or any other age; but it should be distinctly understood that we do not consider him infallible, nor do we believe that he perfected the medical art. We must not forget that many other talented physicians besides Hahnemann, have exerted their energies in the cause of homœopathy: that they have also accumulated many facts and had the benefit of vast experience, both in hospital and private practice. These men should be duly honored, and their opinions receive proper appreciation. We are well aware that there are numbers in our school, who sneer at these views, and treat with contempt any suggestion which they cannot find published by Hahnemann a half a century ago. Such men are an incubus—a curse to any system. They are to homœopathy, what the old-school doctors were to allopathy from the time of Hippocrates to the 19th century;—mere man-worshippers and partizans of a fixed medical creed. Bigotry, partizan feelings, pride of sect, and indolence, have, in all ages, been the great stumbling-blocks to scientific progress. Whenever a novel idea has been broached or an improvement been attempted, they have been received with sneers and ridicule instead of meeting with due attention and respect.

If we entertain a proper regard towards the founder of our school, we shall strive to imitate his example by thinking much, by earnestly laboring in the cause of suffering humanity, and thus continuing to accumulate new stores of knowledge. If we view in a true light the duties pertaining to the medical profession, we shall take advantage of every new fact, and

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every new discovery with a view of advancing the art of curing. And when future generations shall look back to this 19th century, they shall do so with respect, but not idolatry; and the intervals which elapse between each successive century shall be marked by *progress* instead of professional indolence and inactivity.

The course which has been marked out for the Journal appears to us eminently calculated to do good. A considerable part of each number will be made up of original papers upon medical topics of general interest to the profession.

The current *medical literature* of the day will likewise receive a due share of attention. In this department, the editors will permit no favoritism or "puffing" of any description. Every publication must stand upon its own merits, and receive just that degree of praise or censure which it deserves. If the publisher and proprietor of this Journal, or any other publisher choses to issue a work unworthy of the profession, this Journal shall be the first to criticise and disapprove of it. In all reviews, however, we shall always adhere to the golden rule of dealing justly and fairly with all men, and under no circumstances shall any prejudice or private feeling exercise an improper influence.

Under the head of *Collectanea*, we shall include interesting medical items from all sources. Cases of accidental or intentional drug poisoning, fragmentary provings, important clinical facts, novel discoveries in medicine and surgery, and such items from the auxilliary branches as have a practical bearing upon our art. Journals of every school will be brought into requisition for contributions to this department.

Another portion of the Journal will be devoted to *miscellaneous* intelligence. There the reader will find notices of what is transpiring within our own school: the proceedings of medical and other societies, the general condition of homœopathy at home and abroad, short papers upon subjects of general interest to the medical man, anatomical, physiological, chemical and pathological discoveries, letters, &c. &c.

An important feature of the Journal will be found in its *Appendix.* Much labor will be bestowed upon this division of our work, with a view of furnishing to the profession a

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practical, reliable, and condensed MATERIA MEDICA. In endeavoring to accomplish this object, all symptoms will be rejected except such as are absolutely characteristic and specific. It is an undoubted fact, that many of the symptoms included in our present works upon materia medica, are *natural sensations*, which have been experienced during the provings, instead of actual *drug symptoms*. It is with a view of obviating the uncertainties and inaccuracies which now attach to our drug symptoms that the present work is undertaken. How well the task will be accomplished remains to be seen.

We are quite aware of the importance of recording all phenomena which occur during the continuance of a drug-proving, and should regret that a single one should be rejected without ample reason. To establish any thing like a complete and reliable materia medica, is not the work of a few years, but of centuries. Half a century and a few laborers may lay an exellent foundation, but the accumulated facts of many generations will be requisite to produce a work of this description, containing only physiological symptoms of a truly specific character.

It is our object to gather together such phenomena only as appear to be strongly characteristic of each drug. In effecting this end, it is highly probable that many symptoms may be omitted possessing the properties we require; but we prefer to present to the profession a few genuine symptoms which may readily be committed to memory and brought into practical use, rather than to produce volumes filled with doubtful phenomena.

In making up the work, it will be deemed indispensible that each symptom selected shall have been experienced by several different provers, and shall have repeatedly proved curative of such symptoms. As a general rule, also, it will be requisite that the drug shall have been known to produce pathological changes corresponding with its pathogenesis. Our knowledge upon these points will be derived from all sources which are worthy of credit. As far as is practicable, these pathological changes will be noted under the symptoms of each separate organ, so that the reader may contrast readily both the physiological and pathological phenomena pertain-

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ing to any particular part of the organism. Under the different structures will also be recorded brief clinical facts which are especially pertinent and interesting.

By this arrangement the physician may, with great facility, ascertain the precise value of a single symptom, or of groups of symptoms, and fix them in his memory with a consciousness that he possesses a true knowledge of their intimate physiological and anatomical relations. Such a consummation must impart to the homœopath additional confidence in his pathogeneses, and command the respect of every intelligent allopath.

Finally, it is the intention of the editors to make the Journal emphatically a national one. While endeavoring to sustain and promulgate the doctrines of rational homœopathy, we shall keep pace with all improvements in medicine and the collateral sciences, with a view of *advancing* the interests of our system. We therefore solicit the coöperation of the profession in all sections of the United States. Believing that liberality, freedom of thought and of expression, and an active desire for progress, are essential to the development of truth, we open our columns to such as desire to present to the profession novel facts, and original ideas, or to discuss mooted points pertaining to the school.

The paging of the appendix will be entirely distinct from that of the Journal, in order that it may be ultimately bound up in Book form.

Article II.—*Puerperal Convulsions.* By Wm. H. Holcombe, M. D., Natchez, Miss.

Eclampsia *parturientium* is a convulsive neurosis of females either pregnant or very recently confined, distressing and formidable in appearance, but really attended with little danger, save from a meddlesome and injurious therapeutics. Notwithstanding its frequent occurrence and the laborious investigation of its phenomena by many eminent medical men, its etiology is uncertain, its pathology obscure, and its treatment

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rational only in the proportion that it approaches the expectant method. I have not proposed to myself an exhaustive monograph on the subject, for with my limited experience it would be rather a compilation than an original essay. But I have witnessed recently two cases of remarkable severity which I am disposed to report and to make the basis of some theoretical and practical remarks. I shall call in question some allopathic dogmas relative to the disease and its cure, and set in as strong a light as I can the scientific certainty and simplicity of the homœopathic treatment.

Case 1st,—Mrs. E. S. primapara, young, slender, delicate, of sanguino-nervous temperament, with great mental and physical impressibility. Had been in very painful labor for 24 hours, with occasional nausea and vomiting and very great mental depression. At 6 o'clock, P. M. she complained of violent pain in the back of the head. At 8 o'clock passed suddenly into convulsions, when on the point of answering a question addressed to her. Called in at this stage of the case, I found the presentation natural, os-uteri well dilated, genital passages relaxed and moist, head fully engaged in the pelvic basin and the labor pains very rapid and weak. The paroxysm was marked by spasmodic action of the muscles of the throat, deep-red face gradually growing livid, protruded tongue, foaming at the mouth, hissing respiration during the rapid relaxations of the glottis, strabismus, frightfully distorted countenance and universal spasm of the voluntary muscles.

I prescribed Belladonna 1, and Pulsatilla 1, alternately every ten minutes, with cold applications to the head. In an hour another convulsion occurred; progress of the labor scarcely perceptible. Dr. Davis was called in and recommended Belladonna 1, and Belladonna 30, to be alternated rapidly. Forceps were sent for, but the expulsive efforts became more powerful, and a good-sized living child was born at 10 o'clock. The placenta was expelled in about fifteen minutes. The patient recovered consciousness, recognized her friends, expressed great gratitude to all around her, and in a few moments fell into another severe and prolonged convulsion. It began with dancing motion of the eye-balls and twitchings about the mouth. The face and hands grew dreadfully livid and bathed

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in warm perspiration. Breathing irregular; the apnœa sometimes alarmingly prolonged by spasmodic closure of the glottis. In a few minutes the muscles relaxed and she sank into a state of profound, stertorous coma for five or ten minutes more. She then became exceedingly restless, moaning continually, breathing with difficulty, tossing from side to side and not responding to any impressions made upon the sentient nerves. A brief interval of apparent sleep intervened between this stage of jactitation and the commencement of another paroxysm. During the 18 hours following the first convulsion she passed through twenty of these dreadful paroxysms. The last two were shorter and severer than any which had preceded them. The tranquil state succeeding the last one was prolonged for three hours and when she awoke she answered the question asked her the evening before, immediately antecedent to the first paroxysm.

Belladonna, Hyosciamus, Opium, Ignatia and Coffea were successively employed (generally two remedies in alternation) during the night, but without any perceptible effect. Believing at last that the paroxysms were provoked by the recurrence of after-pains we put her upon Hyosciamus and Chamomilla alternately every fifteen minutes and continued them from 9 o'clock, A.M. until she fell into the long sleep from which she awoke convalescent. The patient had no recollection of the labor nor of any incident connected with it. She slept a great deal for two or three days and was frequently a little incoherent. No other medicine was employed but a few doses of Mercurius for her inflamed tongue, which had been badly bitten in the paroxysms. She made a perfect recovery.

Case 2.—Mrs. R. H. primapara, stout, plethoric, in excellent health, but of great nervous impressibility. She had suffered two abortions at about the third month of gestation, the last one ten months ago. A month before her confinement a friend (Case 1st) in whom she felt great interest, had puerperal convulsion, at which Mrs. H. experienced deep mental agitation, For several days previous to the parturition she complained of constant soreness, stiffness and pain in the posterior muscles of the neck. She also had intermittent neuralgia of the face

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and a peculiar sore throat, with dry, spasmodic cough. Urine oily, with remarkably thick red sediment. Made no test for albumen. The evening before labor she parted with some very dear friends under peculiarly melancholy circumstances.

Labor began at 5 o'clock, A.M., February 8th, the first intimation of it being the rupture of the membranes and discharge of the liquor amnii, an unfortunate circumstance, as the parturient pains came on forthwith too rapidly and forcibly for the only partially distended and relaxed state of the passages. The presentation was natural. About one o'clock when the head was in the pelvic basin and the suffering extreme, the administration of Chloroform was commenced and continued at intervals until the birth at 6½ o'olock, P.M. Every precaution was used in its employment, atmospheric air being admitted in great abundance, and the inhalations occasionally suspended until the anæsthetic effect had entirely worn off. The pulse remained normal, color and respiration good. She was at no time rendered insensible, and complained once of nausea and once or twice of headache. The rectum and bladder were freely evacuated about the middle of the day.

The perineum was very slowly distended, so that the head lingered for an hour or more between the coccyx and the labia externa. The suffering during this period was extreme. The pains were very short, frequent and severe. The bearing-down efforts, with a view of prolonging them, were voluntarily increased. There was considerable red and purple suffusion of the face at each pain, with no marked perspiration. After the birth she complained bitterly of headache and vomited copiously. The placenta was removed in about ten minutes. She spoke clearly and rationally, asked the sex of the child, and expressed her gratification that it was male. Presently I noticed her grasping the wet cloth on her forehead convulsively, and found her eyes directed obliquely downward to the left, head twisted forcibly in the same direction, both upper and lower extremities in rapid subsultus. She seemed still rational, for she remarked that she either had a chill or was exceedingly nervous. In half a minute, however, she became insensible and fell into general and violent convulsions.

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They lasted about ten minutes and left her in an apoplectic condition, with full hard pulse (100 to 120 per minute) slow, laborious, stertorous respiration, contracted pupils and total insensibility. Belladonna and Ignatia alternately every five minutes were used. In about half an hour she had another fit, commencing in the lower limbs. Dr. Davis was called in and prescribed Belladonna and Hyosciamus in rapid alternation. She had three more convulsions before midnight, each one severer than the last, and followed by a more profoundly comatose condition. She vomited twice during the evening, and whatever *rapport* the phenomena may have had, the convulsions almost immediately followed the emesis. After the fourth convulsion the pulse became tremulous and rapid and mucus collected in great abundance in the trachea, so that its rattling was very distressing. This indicated I presume incipient paralysis of the pneumogastric nerves, the most usual precursor of death.

After the 5th convulsion, this pulmonary paralysis was so extreme that instant death seemed impending. She lay so long without respiration, with imperceptible pulse, cold extremities, livid and collapsed expression, that she was almost given up as in *articulo mortis*—a lesson never to despair! Hartshorn, Camphor, cold dashes to the face, in order to arouse the respiratory muscles by reflex action, seemed for a while inefficient—but the vital powers, moved by some hidden spring, gradually resumed their activity. The spasm of the glottis relaxed, the respiration became easier, the pulse rose, the livid lips became red, the cold surface warm. The Bell. and Hyos. were resumed. She had no more convulsions, but lay in deep coma for several hours. This was followed by a state of extreme restlessness, during with she spoke some incoherent sentences. It was not until the next morning that she became quiet and took rational notice of anything. She slept a great deal for several days, and her mental faculties continued very torpid. The headache during her waking moments was excruciating. Her recovery was perfect and permanent. She had no recollection of anything which had occurred since the day preceding her illness.

The above cases are fairly typical of the disease and skepti-

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cal Allopaths might consider them contributions to its *natural* history, unmodified by medicinal measures. The causes of this remarkable train of phenomena remain still greatly in doubt. "It is exceedingly difficult to state anything very definite as to the cause of epileptic puerperal convulsions." (Dr. Fleetwood Churchill). "I conceive we are quite ignorant as yet of what the cause may be, nor could I ever find on dissection any appearance to enable me to even hazard an opinion on to subject." (Dr. Collins). It may be stated in brief, that the etiological theory on which the prevalent irrational and destructive Allopathic practice is founded is this, that the proximate cause of puerperal convulsions is a congestion of the brain, dependant in part on an irritable condition of the uterus. This mechanical stasis of blood in the cerebral capillaries, against which the lancet is so freely and fruitlessly used, is supposed to have been produced by the reflux of the immense quantity of blood in the gravid uterus back into the circulation, the pressure of that organ on the abdominal aorta, the muscular spasms driving the plastic fluid more rapidly forward in both veins and arteries, the impediment to the return of blood from the head by special contraction of the cervical muscles, determination of blood to the brain by constitutional plethora, loaded bowels, excitation of the heart, &c., &c. A pre-existing, abnormal, but totally indefinable condition of the blood itself is the vague and unsatisfactory shift of the humoral pathology.

Whilst very few writers have recognized this disease as a pure neurosis, and the above phenomena as effects or results and not causes, almost all of them are aware of the very great extent to which the nervous system is implicated. Mental emotions, intense pain, long-continued pressure on sentient nerves, an irritable condition of the uterus or vagina are well known as efficient causes for the production of muscular spasm, and loss of consciousness. The extensive sympathies of the nerve-centres not only with even other parts of the living organism, but of one centre with another, together with the phenomena of reflex action lie at the basis of all physiological explanation of nervous diseases. Studied in this light the eclampsia of parturient females will be seen to be a pure

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neurosis, a functional derangement of the cerebro-spinal axis, produced seldom or never by any one specific cause, but by the *tout ensemble* of the circumstances of the case, and no more requiring the lancet or blisters or the injudicious interference of drugs than chorea, or epilepsy, or hysteria, or the simple convulsions produced in children by teething or worms.

Pressure within the cranial vault producing counter-pressure on the spinal cord is shewn by experiments on animals to occasion coma and convulsions. By an illogical inference from this very partial and insufficient premise, when coma or convulsions occur, pressure on some portion of the cerebro-spinal axis is presumed to exist. It is not recollected that these phenomena are met with in perfectly anæmic or bloodless states of the nerve centres. It is not recollected that they are produced by minute particles of certain poisons impinging on the vesicular neurine, and that without any notable disturbance of the vascular system. It is not recollected that they may be produced in certain hysteric and magnetically-excited states, without there being a shadow of reason for suspecting inter-cranial congestion. It is totally overlooked that venesection does *not* arrest puerperal convulsion. Take the cases reported by Ramsbotham, Collins, Murphy, Lee, Blundell, Churchill, Meigs and other great obstetricians and analyse them. Abstract all other physiological and therapeutical reasons why the convulsions should have stopped, and see what curative worth may be predicated of the lancet. How often does the record run thus—"severe convulsions,—copious bleeding—more convulsions, v. s. repeated-recurrence of fits," &c. &c. If congestion of the nerve centres really was the cause of puerperal convulsions, how prompt and certain ought to be the mechanical cure by removing the distending fluid! How very different the practical working of the theory! Vascular congestion is most probably the least common or important cause of morbid nervous conditions. Many neuroses, as epilepsy, chorea, tetanus, hydrophobia, &c., may come and go, reign, rack and destroy, with the most frightful external symptoms, without leaving a vestige of organic change or a trace of vascular engorgement.

Molecular change in the gray neurine of the cerebro-spinal

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axis is the primary fact, the *punctum saliens* of all nervous manifestation. This change depends more on the qualitative than the quantitative characters of the blood. But it is more than probable that all the normal and abnormal states of the nerve-centres may be produced, *as purely nervous phenomena*, without the implication or intervention of the sanguineous system, except for its common nutritive operations. A violent shock of joy can paralyse the heart as certainly as an injection of tobacco into the blood would do it. A sudden paroxysm of grief will produce as profound coma as a depressed bone. Intense fear will relax the muscles, particularly the sphincters, as readily as a paralytic stroke from congestion. Spasms of all kinds, may occur as purely misplaced functional activities of the spinal cord sympathetically excited, without the least ground for supposing a previous contamination or a present mal-distribution of the blood. Magnetism or mesmerism induces a state of the cerebro-spinal axis in which miraculous muscular contractions are occasioned, in which perfect anæsthesia occurs, in which all the special senses are dormant, in which insuperable coma may be maintained for hours, and all without the remotest probability that the quantity or quality of the blood has any causative relation to the phenomena in question. A better physiology promises to reduce the blood to its proper position, as necessary but subordinate to the nervous system, and thereby to rid the world of a gross pathology and a vulgar therapeutics. The humoral doctrines are as unphilosophical as it would be to attribute the wonders of animal and vegetable life exclusively to the water or the air, and not mainly to those subtle emanations from the sun, which constitute the dynamic powers of the material world.

The intense and prolonged irritation of the parturient state excites in certain exceptional cases, by ascensive sympathy, the reflex action of the entire cerebro-spinal tract. We can trace the series of reflected phenomena upward as one nerve-centre after another becomes sympathetically impressed. We have the uterine contraction, the vesical and rectal spasm, the convulsive movements of the extremities, the hiccough, the vomiting, the palpitation of the heart, the rapid or labored breathing, the stricture of the glottis, the trismus, the facial

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contortions, the strabismus, the deafness, the blindness, the loss of common sensation, and finally, coma or the temporary suspension of all the intellectual faculties. This is the natural or physiological order, but the symptoms generally appear almost simultaneously from the lightning-like rapidity of nervous transmission. With one or more of these phenomena we meet in almost every case of simple hysteria. Puerperal eclampsia is indeed only a magnified and extended form of hysteria. Epilepsy is a neurosis structurally the reverse of it, the molecular change beginning in the hemispheric ganglia and being propagated downwards along the same chain by descensive sympathy. Tetanus, asthma, hooping cough, hydrophobia, chorea, some species of insanity and many neuralgias are local functional derangements of nerve-centres, which do not manifest a tendency to transmit very widely their morbid influences along the electric wires of animal life. Apoplexy is a totally different disease, a cerebral hemorrhage, an internal cause of pressure and arrest of function. It may no doubt co-exist with puerperal convulsions; either as a coincidence or a result, and would then present a case for very subtle diagnosis and modified treatment, but it is a shallow philosophy which begets a dangerous practice, to regard puerperal convulsions as a form of apoplexy.

Convulsions arise always from the state of the spinal cord and the super-imposed sensi-motory ganglia at the base of the brain. They do not necessarily indicate a pathological condition of those centres. When the regulating and consensualizing control of the cranial ganglia is cut off, convulsions may occur as the natural result of the generation of nerve-force at a time when that force is not appropriated or distributed in the usual or normal manner. They sometimes constitute the curative measure of nature—the method of "working off" the disease being indeed to the animal system what a diarrhœa is to the organic system of life. The danger of a neurosis is seldom or never proportioned to the number, violence or duration of the convulsive paroxysms. Nor is the coma *simply as coma* or suspended mental consciousness of the least prognostic value. Sleep is only a less degree of the same thing. But as an index associated with the other pheno-

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mena, of a state of great nervous depression or rather insusceptibility to the natural stimuli of life, its profundity and duration are of immense importance. The arterialization of the blood depends upon the efficient working of the respiratory nerve centres, and if they remain unimpressible or inactive for any length of time, asphyxia will certainly ensue. It becomes a curious and important question whether in impending death from such paralysis of the pneumogastric, a powerful mechanical insufflation of the lungs with fresh air would not speedily revive the patient.

The mortality of the disease under consideration has been remarkable. Colombat and other French authors state, that one half attacked invariably die. Earlier continental writers considered a recovery as rather an exception than otherwise. The English obstetricians present considerably diminished tables of mortality, but still dark enough to stamp it as a terrible and fatal disease. Drs. Meigs and Heuston of Philadelphia consider the average mortality under American practice to vary from 12 to 15 per cent. I have met, however, with Allopathic practitioners, who have enjoyed opportunities of large experience without having ever witnessed a fatal case. In no exigency of the parturient state is a "meddlesome midwifery" so injudicious and dangerous as it is here. The great mortality under such "*active*" practice is to be attributed firstly, to the additional excito-motory stimulation of the forceps, drugs, injections and counter-irritants, so-called; and secondly, to the direct depression of the vital energies produced by a copious abstraction of blood. I cannot better illustrate this essential point, than by quoting a case and a commentary upon it from a high Allopathic authority—Dr. Tyler Smith on Parturition—a book, by-the-way, very strongly to be commended for its masterly applications of physiological principles to obstetric science—I condense without garbling Dr. Smith's remarks—which present as lively a picture of Allopathic mal-practice (Beelzebub versus Beelzebub) as I ever met with in the polemics of Homœopathic literature.

"*Case.*—The physician, summoned at 1 A.M., found the patient had been in labor three hours. The os-uteri was partially dilated but rigid, membranes unbroken, foot presen-

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tation. Patient had suffered from headache before and during the labor. At 2½ A.M. she was seized with the *first* convulsion during a pain, upon which thirty ounces of blood were taken from the arm, the hair removed and cold applied to the head. *Second* fit speedily occurred, thirty ounces of blood again drawn. The membranes were now ruptured, the feet brought down and the head delivered by the forceps. During the operation the *third* fit occurred. The child was still-born and a *fourth* fit followed rapidly. A second child presented with the head: bladder evacuated by the catheter. Membranes ruptured by the hand, and the head brought rapidly within reach of the forceps by a powerful pain. The *fifth* fit had occurred. The patient was again bled to 20 ounces, forceps applied and delivery completed at 4 A.M. On attempting to apply a bandage over the uterus the *sixth* fit came on. Consultation held, 10 or 12 ounces of blood taken. In less than twenty minutes there was a *seventh* attack. The patient being now comatose, with cold extremities and scarcely perceptible pulse, sinapisms were applied to the legs and a stimulating enema exhibited. This last brought away a copious offensive dejection. Cold applications to the head, and two grains of calomel given. The patient remained five hours without any recurrence of the fits. At 2 P.M. the bandage was again attempted to be applied and the *eighth* fit instantly occurred. Second consultation, blister to the scalp, mercurial frictions, calomel every hour. In the three succeeding hours from the application of the blister, *five more fits* of unabated severity took place. The patient was now almost in extremis. Blister removed from the scalp, one applied to the sacrum, and an injection of Hyosciamus, Valerian and Assafœtida administered. No return of fits, gradual improvement and final recovery.

"Commentary.—This case was one of convulsions caused by a loaded state of the lower bowel, the woman being predisposed to the attack by the excitable state of the spinal marrow incident to labor. The fits continued in spite of venesection and delivery. It is clear, that the irritation in this case was chiefly eccentric, and that at least one half of the fits depended on reflex sources of spinal irritation supplied by the

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accoucheur. Thus one fit was caused by the first application of the forceps, another by the irritation of the uterus in the first attempt to apply the bandage, and a third fit by the second attempt at its application. The fourth bleeding brought on a convulsion, the woman having probably by this time reached the state in which convulsions of centric or direct origin occur from loss of blood. Five more fits followed the application of the blister to the scalp, the author candidly acknowledging, that the proceeding proved injurious. On the whole, I do not hesitate to assert, that if before or after delivery, the intestine had been washed out by an enema, and the patient kept perfectly free from irritation, there could have been no attack after the birth of the second child, and the patient would have had six fits, or a less number, instead of thirteen."

"I trust my intentions in the present remark, will not be misunderstood, I have not the most remote desire to make a criticism or an attack on the management of any particular case. Through the one selected, I have aimed at errors widely prevalent, for I maintain, that the average practice in puerperal convulsions is not superior to that adopted in this particular case. With the light of spinal pathology and therapeutics thrown full upon the subject, it would be easy to go among the recorded cases of this malady, and here lay a finger on the case of a patient suffered to die of an excito-motor disease, with her stomach full of indigestible food, or a loaded rectum, in fact untreated; and there on the case of another, in which the convulsions at first depended on fullness of the circulation, but in which bleeding after bleeding was performed until at length the fits came to be caused by very emptiness of the bloodvessels, the convulsions being kept up in the mean time by some irritations supplied by the medical attendant: as in the foregoing case, in which the sixth attack indubitably caused by the irritation of the bandage, was treated by a bleeding, which in its turn excited other fits, and this at a time, when perfect rest was alone required."

There are certain hygienic, mechanical and prophylactic grounds of therapeutics from which our "contraria" friends would exclude us with a pertinacity, which evinces their own

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inexcusable ignorance of the real scope and nature of our medical doctrines. We have no "dynamized" medicines which set broken bones, extract teeth, or reduce strangulated herniæ. We lance the gums of children, when they excite convulsive reflex actions, we antidote poisons according the most approved chemical formulæ, we use an emetic, or the catheter, or the rectum-syringe whenever we have reason to suppose that such use can remove causes of irritation, which persisting, all homœopathic medication might be fruitless. "*Causâ ablata, effectus cessit*"—the cause being removed the effect ceases—is a principle second only in extent and importance to the immortal "*similia similibus curantur*," a phrase which is becoming as familiar to the public ear as household words and needs no translating. Our first care should be to remove all possible sources of irritation, external and internal, physical and psychical from the parturient woman. The only restriction which occurs to us, is in the use of the forceps for the extraction of the fœtus so as to expedite delivery—and here we hesitate only because the morbid excitation caused by the application of the instrument is generally very much greater than that already occasioned by the child. In view of the many fatal cases after its use and of the very many recoveries when every thing has been left to nature, we should regard the employment of forceps as the *dernier ressort*—perhaps only applicable in great uterine inertia, and that after the ergot had failed.

I alluded in the beginning of this essay to the scientific certainty and simplicity of the homœopathic treatment. I designed to moot no question of its superior *success*, although it is a fair presumption that the more scientific a treatment is, the more successful it will be, nothing but experimentation in the grandest scale, nothing but careful and extended statistics can determine the question of success. I am very willing to concede that the cases above reported, and indeed that all similar cases found in homœopathic literature, *may* have been due to the unassisted powers of nature. What we want first to impress on our allopathic friends is, that nature will cure every disease in the world better than allopathy, that allopathic physic is an undulterated, unmitigated evil, against which every litany should have a petition and a response,

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"Good Lord, deliver us."—After they have opened their eyes to that great fact, they will be better prepared to perceive that medication on *scientific* principles is really curative. It is humiliating to read the allopathic authorities on this or indeed any other disease with a view of evolving some definite or rational principle out of their theories or practices. One cries reflex irritation and makes a mad rush for the forceps, another says, cerebral congestion, and produces his lancet, a third mutters, nervous excitation and administers an opiate, a fourth without an idea above empirical practice, orders calomel and a blister, whilst yet another compounds a mixed practice, a little from one and a little from its antipode, until the patient either dies under the treatment or nature comes out triumphant over it. Such discrepancy in opinion and practice, and that among the ablest men, argues some irremediable unsoundness in the basis of the whole system. What a desecration of the term scientific, when it is applied to such a practice, vacillating with the theories, whims, and hypotheses of the physician!

How definite and uniform, on the contrary, is the course of the Homœopathist! He has no theory of the disease to form before he can institute a practice, which must be good or bad according to the tenability of his theory. He has no speculative opinions about the action of medicines, according to which he selects his remedies. He has the *facts* of the disease before him. He has the corresponding *facts* of his medicines in his mind—not their supposed action, not their *usus in morbis*, but their positive, well recognized toxicological properties. A medicine is perfectly valueless for us, except so far as it is a poison. Our Materia Medica is a Toxicology. Moreover, (a proposition our Allopathic friends are curiously dull in comprehending) whenever a medicine produces *any effect* whatever on the diseased body, beside the gradual subsidence of the symptoms, we may feel assured that we have either chosen a wrong article, or its dose has overshot the curative mark and is doing harm. All Homœopathic practitioners of mediocre attainments in their profession would name the same medicines as applicable to the disease in question, whatever might be their respective physiological or pathological theo-

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ries. Belladonna, Hyosciamus, Ignatia, Cocculus, Chamomilla, Coffea, Opium and Hydrocyanic Acid are *typical* remedies, whose effects on the healthy body are genuine descriptions of different phases of this disease. To enumerate their specific qualities and exhibit their nicer shades of difference (the true object of a philosophic Materia Medica) would require many pages. Generalizations in Homœopathy are usually bad and always suspicious. The individualization of every case is the necessary preliminary to the scientific application of our therapeutic principle. Nevertheless in acquiescence with old usages and former habits of thinking, we may state in general, that Chamomilla, Ignatia and Coffea are best adapted to the hysterical state, when the convulsions are produced by mental impressions, great sensibility, intolerance of pain, &c.;—Belladonna, Hyosciamus and Cocculus, when the symptoms usually ascribed to cerebro-spinal congestion, are very prominent—and Opium and Hydrocyanic Acid, when the disease has assumed what the Old School considers a purely apoplectic form. The constant blending however of all possible varieties calls for thorough study of the Materia Medica and the nicest discrimination in the selection of the remedy.

In the second case reported in this essay chloroform was very freely administered, and it seemed to be a question with some whether it did not have the effect of producing or at least predisposing to the convulsions. There are however three very strong reasons for believing that the anæsthetic had nothing whatever to do with the super-excited state of the nervous system. Firstly, chloroform has been employed in obstetrics, thousands and tens of thousands of times, and there is no case upon record of its producing a state at all similar to that of puerperal convulsions. Secondly, all the ordinary conditions under which puerperal convulsions commonly supervene were present—a first labor, premature ruptures of the membranes, rapid and painful progress of first stage, great delay in the vaginal passage, excessive irritability, previous strong mental emotions, &c., &c.—Thirdly, the physiological effects of chloroform appear mainly on the cerebral organs—transient mental excitement followed by loss of consciousness. Death takes place usually by sudden collapse. Spinal excitation as

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evidenced by convulsions is extremely rare. Dr. Burns believes that in the majority of cases of eclampsia, the spinal cord is first affected, that the direction of the morbid state is from below upwards. This was clearly the fact with respect to the case in question. She had strong muscular contractions, being still in clear possession of her mental faculties—and her symptoms of collapse only came on after several severe paroxysms and a considerable period of time. The case was exactly like that commonly described by accoucheurs before the invention of chloroform, and the symptoms were unlike those occurring on the dangerous exhibition of that substance. So far from its having exerted any injurious influence, I believe it soothed the patient, relaxed the passages, facilitated the labor, and postponed the convulsive paroxysms until after the delivery of the child—a point under the circumstances of very great importance.

Article III.—*On Bright's Disease of the Kidneys.* By John C. Peters, M.D.

Bright's Disease is generally regarded as having at least three stages. The first stage is regarded by some as the *simple inflammatory stage,* or that of *simple hyperæmia, and commencing exudation.* The *second stage,* is that of *fatty infiltration of the kidney,* or the stage of exudation and of commencing transformation of the exuded material. The *third stage,* is that of *atrophy.*

The following, therefore, is the order of pathological phenomena, generally admitted: *a*) an engorgement of the renal bloodvessels; *b*) an effusion of inflammatory products; *c*) a more or less complete and general transformation of these products into fat; and, finally, *d*) atrophy and wasting of the kidney. According to this view the small contracted and granular kidney has once been fatty; and the large, pale, fat kidneys are supposed to be in continual progress towards atrophy and contraction.

But George Johnson thinks that this assumption of the

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oneness of Bright's disease is entirely erroneous; that a moderate amount of clinical observation will show: first, that the precise changes, which are occurring in the kidney, may with few exceptions, be as readily detected by a microscopical and chemical examination of the urine during life, as by the most searching post-mortem inspection of the kidneys; and secondly, that the various kinds of morbid products observed in the urine have a widely different signification, when viewed in relation to prognosis.

With reference to this point, it is of the first importance to ascertain in any case of recent albuminuria, whether:

1st, the urine is clear and free from sediment;

2d, or whether it deposits morbid materials;

3d, what is the nature of these materials;

4th, whether there are any forms of tube-casts, and what is their appearance;

5th, are they composed of blood, or pure fibrin;

6th, or do they entangle organic cells of any kind, and what is the nature of these cells;

7th, have they the character of renal gland cells;

8th, or do they contain oil, or are they free from that material; or lastly, and

9th, do they more nearly resemble pus-corpuscles.

Acute desquamative nephritis.

The renal disease commonly associated with the dropsy, which occurs in connection with scarlatina, may be taken as a type of this disorder, although, it frequently occurs from intemperance, in the puerperal state, from the exhausting influence of previous disease, exposure to cold and wet, fatigue, anxiety, &c. It arises from a morbid state of the blood, and an effort to eliminate the noxious matters from the system by the secreting cells of the kidneys.

Symptoms: In a large proportion of cases the attack is ushered in by more or less of rigors or chilliness, followed by fever, with its usual attendants, a quick and sometimes hard pulse, hot and dry skin, dry tongue, thirst, loss of appetite, pain in the back and limbs, headache and restlessness. In some cases, frequent vomiting occurs at an early period of the attack.

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In most instances, dropsy is a very early symptom; the patient's attention, or that of his friends, being first arrested by an appearance of unusual pallor and puffiness of the face; the swelling soon becomes general, affecting the cellular tissue throughout the body, and one or more of the serous cavities; and thus constituting one of the most troublesome and serious symptoms of the disease. At the same time, the urine is found to be scanty, and occasionally almost, or even altogether suppressed; it is dark colored from an admixture with blood, the color varying from a slight smoky to a deep blood tinge, and generally it is *so highly albuminous* as to become almost solid when boiled, or on the addition of nitric acid. There is usually more or less of pain and tenderness in the loins; the pain is sometimes, but rarely, very severe, and it occasionally extends downwards to the inside of the thighs and to the testicles. There is frequent desire to pass the urine, and sometimes a degree of pain or scalding during micturition. There is often more or less of uneasiness and tenderness in the epigastrium, with flatulent distention of the stomach, especially after eating; and nausea and vomiting are of frequent occurrence.

In some cases inflammation of the pleura, or pericardium, or peritonæum supervenes; or œdematous or inflammatory effusion may take place into the air cells, or smaller bronchial tubes; or the headache, which is usually present from the commencement, becomes more severe, and is followed by one or more attacks of convulsions, from which the patient may recover, or they may be followed by coma and death.

Convalescence. When the progress of the case is favorable, one of the earliest signs of amendment is an increase in the quantity of the urine; so that a patient who, for some days, has secreted only a few ounces of urine in 24 hours, will begin to pass it more abundantly, and of a higher color, and of less specific gravity, and less albuminous; it is by no means unusual to pass from four to six pints in 24 hours, and this increased flow will continue for several days. After an interval, varying from a few days to a month or even more, the secretion is reduced to the normal amount; the sediment, which at first was abundant and of a dark reddish brown color, diminishes in quantity, assumes a lighter hue, and at length ceases entirely; the na-

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tural color of the urine returns; and the albumen, which had been gradually diminishing, altogether disappears. The return of the natural color of the urine and the disappearance of the albumen usually occur almost simultaneously; so that a practiced observer may judge, with some degree of accuracy, from a glance at the color of the secretion, as to its freedom from albumen; *the urine having an unnaturally white appearance* so long as the albuminous impregnation continues, and recovering its usual sherry tint, when it returns to its normal composition.

At any time during the convalescence, there may be a temporary increase of blood and albumen, and a diminished secretion of urine, if from an error in diet, or from imprudent exposure to cold, the congestion of the kidneys be increased.

In most cases the return of the urine to its normal condition has been preceded for some days by an entire disappearance of the dropsy, and all other symptoms of internal congestion.

In many instances the pallor of the skin and lips, which usually appears simultaneously with the dropsy, remains for a considerable time after the disease has entirely ceased, showing the destructive influence, which has been exerted upon the coloring matter of the blood; while additional evidence of the new demand for new materials to repair the waste of the body is afforded by the voracious appetite which often torments the patient during convalescence.

Microscopic characters of the urine. In the earlier stages of the disease the sediment in the urine is abundant, and deeply tinged with blood. On a microscopic examination it is found to be composed of coagulated fibrin, blood corpuscules, *cells having for the most part the characters of renal epithelium*, and occasionally crystals of uric acid.

Some of the fibrin is coagulated in irregular masses, having no definite form; this is always the case when the hæmorrhage has been abundant and rapid, so that much of the blood has escaped from the kidneys before it has had time to coagulate.

But with these masses there will be seen numerous cylindrical bodies composed of fibrin, which having exuded from the Malphigian bodies, has coagulated in the tubes, and escaping thence, presents solid cylindrical moulds of the interior of the tubes, and in which are entangled blood corpuscules and *epithelial cells*,

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which have been shed by a process of desquamation from the surface of the tubes. To these casts Johnson gives the name of *epithelial casts.* Their average diameter is about $\frac{1}{100}$ inch.

Besides these blood corpuscules and epithelial casts and cells, there are occasionally some corpuscules smaller than epithelial cells, and apparently intermediate between these structures and pus-corpuscules; with these there may be a few which have all the characteristies of *pus.*

The epithelial casts, with the scattered epithelium and blood corpuscules, are indicative of a recent attack of acute desquamative nephritis.

If the attack tends to become chronic, *granular casts* will make their appearance.

There is yet another modification of the casts and epithelium which requires particular notice. Very frequently, after an attack of acute desquamative disease has continued beyond a period of two or three weeks, some of the epithelial cells which are scattered through the urine, or entangled in the casts, will be seen to contain *oil globules*; at the same time some of the casts will be found to have oil globules on their surface. In children, *oil* very rarely appears either in the cells, or in the casts during an attack of acute desquamative disease; in adults, on the contrary, very frequently more or less *oil* may be seen, when the disease has continued beyond a period of two or three weeks. So long, however, as the *oily casts and cells* are few in comparison with the epithelial casts, and the scattered epithelium free from oil, there need be no apprehension of an unfavorable result; but if, on the contrary, while the urine continues highly albuminous, the epithelial casts and cells diminish in proportion to those which contain oil, until at length, nearly all the casts have more or fewer oil globules on the surface, and the greater number of cells are more or less distended with oil, then there will be much reason to fear that the kidney is passing into a state of fatty degeneration — a transition not less serious in its nature and consequences than that from acute pneumonia or bronchitis to a tubercular deposit in the lung.

The deposit of *Uric acid,* which has been already mentioned, is not of course characteristic of acute desquamative nephritis; but it deserves a passing notice on account of its frequent occur

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rence. Johnson has seldom seen a case, whether in children or adults, in which there has not been such a deposit, and often a very copious one. It usually appears first after the extreme congestion of the kidney has been relieved, and when the secretion is becoming more abundant; and it often continues at intervals, and more or less abundantly, until the patient is completely restored to health. In this abundant deposit of uric acid, the urine of acute desquamative nephritis differs remarkably from that of some other forms of kidney disease, and particularly from that of fatty degeneration, which seldom has an abundant sediment of any kind, and very rarely deposits uric acid.

Pathological appearances. Both kidneys are apt to be diseased, and commonly in an almost equal degree; they are enlarged, and their weight is increased, so that each kidney may weigh from five to eight ounces and even more. Their surface is smooth, and the vascularity is usually much, but somewhat irregularly increased. The mucous membrane of the pelvis, and occasionally that of the ureters is more or less congested; that of the bladder is usually congested in varying degrees of extent and severity.

A microscopical examination of the kidneys shows that the disease affects chiefly the cortical portion of the gland, and that the morbid appearances are mostly limited to the interior of the convoluted tubes. Most of these tubes are found to be unnaturally opaque, *in consequence of being filled with epithelial cells*, which have been formed within them, and thrown into their cavity. Besides the crowding of the tubes with epithelium, additional evidence of the kidney having been subjected to the desquamative process, is afforded by the numerous epithelial cells which are scattered about the field, when a portion of the kidney which has been scraped or torn with needles, is subjected to microscopic examination; the number of detached cells being, in such cases, very much greater, than when a healthy portion of kidney is subjected to the same process. Frequently, in the examination of the tubes, a portion of their contents being squeezed out, presents exactly the appearance of the *epithelial casts* which have been described as existing in the urine.

Pathology of the acute desquamative disease. Johnson assumes that the blood being in a morbid state, whether from the poison of scarlet fever, or any of the various causes previously alluded

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to, an effort is made to eliminate the noxious matters by the secretory cells of the kidneys. The cells, in striving to separate the foreign materials, become modified in their action and nutrition, and being rapidly thrown off into the tubes are thence removed by the current of liquid, and appear in an entire form in the urine. Meanwhile the process of the secretion of urine is checked, probably in two ways.

1st. It is likely that when the cells are engaged in separating any new and irritating material, they perform their own natural functions less rapidly and completely than under ordinary circumstances.

2d. When the desquamative process has resulted as it soon does, in the engorgement of many of the tubes, it is evident that in these tubes the process of secretion must be greatly retarded, if not entirely arrested.

The next point to be observed is, that together with impeded secretion, there is, as a necessary consequence, retarded circulation, or congestion from irritation and obstruction. Serum now escapes freely from the gorged capillaries, and mixing with the urine renders it albuminous. Together with the serum, there is an exudation of fibrinous material from the blood, which coagulates in the tubes, entangling on its surface some of the desquamated epithelial cells, and thence it escapes with the urine in the form of the epithelial casts before alluded to. Further, some of the over-distended capillaries give way under the pressure to which they are subjected, their contents escape into the tubes, and blood-corpuscules are scattered through the urine and contribute to form the dark red sediment.

Prognosis. According to Johnson although acute desquamative nephritis, or acute Bright's disease is always a serious disorder, yet it naturally tends to a favorable result, and we may commonly give a more hopeful and favorable prognosis in such a case, than in any other form of renal disease.

The danger at the commencement of the attack arises from the poisoning of the blood by the urea and other urinary constituents, and the risk thence arising of serious disturbance of the nervous centres, or inflammation of the serous membranes or other internal parts. The signs of such secondary mischief should be carefully looked for, but their occurrence, although

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adding greatly to the risk, must by no means be considered as of fatal import; complete recovery may even ensue after severe attacks of convulsion.

The immediate danger from poisoning of the blood having ceased, we must look for signs of improvement in the condition of the urine. The urine during convalescence becomes abundant and contains an increased proportion of liquid; the malpighian bodies being, apparently excited to profuse secretion of water, by the stimulus of the desquamated epithelium, which has accumulated in the tubes of the kidneys. This copious effusion of water is, probably, analogous to that of the rush of tears over the eye, in obedience to the stimulus of a foreign body on the conjunctiva. The purpose of the flow, too, appears to be the same in both cases, viz, to wash away materials which would otherwise impede the function and impair the structure of the organs concerned. The abundant flow of pale and watery urine continues until the tubes are cleared of their accumulated contents, and the ejected *debris* of epithelium are visible, by aid of the microscope, so long as this flushing process continues. Another explanation which may be suggested is, that the abundant secretion of urine is a consequence of the urea and the other urinary constituents, which having accumulated in the blood during the desquamative stage of the disease, and subsequently finding a free outlet exert their natural diuretic influence. That *urea* is a powerful diuretic has been shown by experiment; thus, Dr. Todd injected ½ drachm of urea into the vein of a dog, and the only effect produced was an excessive secretion of urine; the place where the dog was kept was literally flooded in an hour or two by the frequency and quantity of his micturition. It is not unlikely, however, that both the influences above alluded to may concur to produce the copious flow of urine.

In forming a prognosis we should dread the appearance of any tendency to fatty degeneration, or to chronic inflammation.

Regard must also be had to the previous state of health and the constitution of the patient. The existence of a scrofulous, or other unwholesome taint would lessen the probability of a speedy and complete recovery; and the danger is very great when acute renal disease attacks a patient who has been reduced and ex-

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hausted by some previous disease. Still it often happens that recoveries, though protracted, are eventually quite complete; thus the urine may not become entirely free from albumen until nearly four months from the commencement of the attack.

In the prognosis we must also take into consideration whether it is probable that the patient will have a return of the disease? A little reflection will show that the probability of the disease returning, must in great measure depend upon the nature of the cause which produced the first attack, and the chance of the patient being exposed to the same influence at any future time.

Thus, when the attack is clearly traceable to the poison of scarlatina or measles, the probability of a return is very small, because the same patient is rarely affected more than once by either of these poisons. Still I have several times seen aged persons in not very good health, attacked with hæmaturia and albuminuria very severely, followed by more or less dropsy, when exposed to severe scarlet fever, in the persons of their children or grand children, residing in the same house.

When an attack of renal disease has resulted from the erysipelatous poison, there will be a greater probability of its returning, because a person who has once had an attack of erysipelas is from that time, more liable to take the disease than one who has never been subject to it.

Again, as rheumatic fever is much more likely than typhus fever to be recurrent, so it seems probable that when an attack of Bright's disease follows rheumatism, it is more likely to return at some future time.

When the renal disease has originated in any non-specific cause, such as fatigue, anxiety, intemperance, or irregularity in eating and drinking, or exposure to cold and wet, there is greater risk of a second attack. The danger, therefore, in these cases of the disease recurring will depend partly upon the degree in which the patient is able to avoid the known causes of the disease, and partly upon his self-control, and his care to guard against them. The man who cannot escape the fatigue and anxiety which have occasioned one attack, is obviously in greater danger of a second, than another who has been only for a time exposed to these dangerous influences.

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A continuance of intemperate habits after the serious warning of an acute renal attack, will almost certainly lead to a return of the disease.

Again, when the disease has resulted from exposure to cold and wet, the after-risk will in a great degree depend on the nature of the patient's occupation, and on his ability to avoid the like exposure in future. For instance, a merchant who is obliged to go to his business in all kinds of weather, who is frequently obliged to stand in damp stores or cellars, or upon marble floors, or those covered with oil cloth, will be more likely to have a return of the disease than the sportsman who occasionally exposes himself for his own pleasure, unless indeed the recklessness of the one should make his danger equal to that occasioned by the stern necessity of the other.

When an attack of the disease has been produced by a *slight* exposure to wet or cold, or by any *trifling* cause, there will be a greater probability of a recurrence than when the exciting cause has been such, in its nature and degree as few persons in perfect health could be expected to resist; because an attack thus *easily* excited would appear to indicate, what, in the absence of a better explanation, we call a predisposition to the disease.

Finally, it is not improbable that a patient who has had an attack of renal disease excited by any one of the before-mentioned causes may be left more than usually susceptible of *all* the influences which are known to produce the disease. Hence it is important that the patient should avoid as much as possible, all the known causes of the disease.

Treatment. Johnson says: There are few truths of more importance, than that the knowledge of a disease is half the cure; few delusions more absurd or fatal, than the notion that a man may be a stranger to pathology, entirely ignorant of the natural history of disease, and yet withal, be skilful and successful in the administration of remedies. One who is ignorant of the natural course of a disease, is in continual danger of arresting the curative processes which he does not comprehend, and of attributing to his treatment the favorable results which nature has effected in spite of his own mischievous interference. But a knowledge of the disease, is only one half of the cure; an equally exact

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knowledge of the effect and proper adaptation of remedial means, is the other half.

In attempting the cure of acute Bright's disease we have to remember that there has been:

1st, a morbid condition of the blood which has excited disease in the kidney;

2d, that as a secondary consequence of the renal disease, the blood has become farther contaminated by the retention in it of urea and other excrementitious matters.

Hence the first object of treatment will be to take care that the kidney be, as much as possible relieved from its labor of elimination, and that other excretory organs be induced to assist in purifying the blood.

As exposure to cold is amongst the most frequent causes of the disease, so there is nothing of more importance in the treatment than to avoid such exposure. Johnson says it is remarkable how much benefit the patient generally derives from rest in bed, and in a room of moderate uniform temperature; the improvement being shown in the diminution of the dropsy, and an increased secretion of less highly albuminous urine. In a cold season, confinement to bed is absolutely necessary for the patient's well-being and safety, and even in warm weather he believes that it favors and hastens recovery. Rest in the horizontal posture tends to quiet and equalize the circulation, and uniformity of temperature favors the action of the skin.

The next object for general management is the *diet.* At the commencement of an acute attack there is generally little desire for food and considerable thirst; two natural indications by which we may be safely guided. It seems probable that the thirst is a consequence of the accumulation of urea and other matters in the blood, just as thirst is caused by eating common salt, or salt meat in large quantities, and that a supply of liquid is required as a vehicle for removing these solid matters from the blood. Perhaps the best drink is pure water; but it may be flavored by barley, or toast, or lemon, if the patient prefers it; but any simple drink may be taken in almost unlimited quantities.

The patient cannot at first digest solid food; and if it is taken, it will pass in a crude state into the blood, and add to the work of elimination, from which the kidneys are already suffering.

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It is a question whether a peculiar system of diet is not required, as much in this disease as in diabetes; in diabetes we must not only avoid all sugar, but all substances which may be converted into sugar; in albuminuria we may have to avoid all albumen and all substances which may be converted into albumen. This strict attention to diet is especially important when the acute symptoms begin to subside, and when the disease tends to become, or has absolutely become chronic. Isinglass, white and yolk of egg, liver and sweetbreads contain much albumen and should be avoided. Beef, mutton, venison, veal, chicken, fish and pigeon contain but little albumen and may be used, except when fibrinous casts are present in the urine, and when inflammatory symptoms are present, as almost all these articles contain from 13 to 20 per cent. of fibrin, and only 2 to 4 per cent. of albumen. Peas, beans, lentils, carrots, turnips, cabbages, cauliflowers and asparagus contain much casein and albumen and should be avoided; while potatoes contain far less albumen than any other vegetable substance, only one per cent, and may be used freely. Wheat, rye, barley, oats, maize, rice and buckwheat contain much vegetable fibrin and may be used freely, except when fibrinous casts are present in the urine.

When there is a tendency to fatty degeneration in the kidneys, or the patient is inclined to become fat, all oily and fatty articles of food should be avoided, such as butter, fat, sweet oil, nuts, cocoa, yolk of eggs, liver, milk, cream, marrow, sweet puddings, salmon, eels, &c. &c.

Attention to the above mentioned points of general treatment is required in the management of every case, and many probably would do well without any additional remedies; the patient only being placed in circumstances which favor the curative endeavors of nature. Generally, however, we have to adopt more active measures in proportion to the urgency of the symptoms. In most cases, Johnson says, it is desirable to ensure free action of the skin and bowels.

In many cases we must take care, that the bowels are freely open, this being one of the most important means of relieving the kidneys from overwork, and one, which nature sometimes adopts by setting up a spontaneous diarrhœa; urea itself has

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been detected in the intestinal discharges and it is probable that a large quantity is thus thrown out of the system, when the kidneys are incompetent to the task; besides the elimination of urea in the form of ammonia, by the gastro-intestinal mucous membrane is quite common in Bright's disease. When vomiting occurs spontaneously it should not be interfered with too quickly; for when the urine is very scanty, the matters vomited have often a dark color and offensive smell, and *Bernard and Barresnil* have shown, that in dogs, after extirpation of the kidneys, the contents of the stomach and bowels contain a large quantity of Ammonia, the result, as they suppose, of the excretion of urea, which is subsequently decomposed in the alimentary canal. They found that this vicarious excretion of urea continued until the animal became much weakened, when the stomach and bowels lost the power of eliminating the urea, which then and not till then began to accumulate in the blood. Large quantities of urea are often cast out from the stomach and bowels in Bright's disease by spontaneous vomiting and purging.

Colchicum possesses the power of eliminating urea from the kidneys, and probably also from the stomach and bowels, and is hence one of the most important remedies in the first stage of Bright's disease. Johnson, however, prefers the hot air-bath and antimonial medicines, than which he thinks there are no medicines more valuable in promoting the action of the skin; he advises fifteen to thirty drops of antimonial wine every four or five hours, for adults. In ordinary cases, he supposes that a moderate action upon the skin and bowels is sufficient; but when any signs of cerebral disorder, or of other serious mischief arises, he thinks that the patient must be very freely purged, with the reasonable hope and expectation that by this means the poisonous cause of the mischief will be removed.

Not unfrequently, however, we are informed, that something further is required, and the circumstances which indicate the necessity of additional remedies, are a very scanty secretion of highly albuminous and bloody urine, with, occasionally, severe pain in the back, more or less pain in the head, some degree of drowsiness or delirium, at length, perhaps, convulsions, or coma; or an alternation of these two formidable symptoms. These are

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signs which indicate that the brain is suffering from the poisoned condition of the blood, and this is consequent upon the impeded functions, and the extremest vascular engorgement of the kidneys. Under these alarming circumstances, Johnson knows of no remedy which is so speedily efficient as cupping on the loins; a single operation is often followed by a relief of the pain in the back, a speedy increase in the quantity of the urine, and a subsidence of all dangerous cerebral symptoms; patients are often rescued from the most imminent danger by a single operation of cupping, one glass being placed over each kidney. Johnson believes that a much larger quantity of blood might be taken from the arm without affording equal relief. I have no experience in any disease with cupping, but it certainly would not interfere with the use of any internal remedy. I prefer to rely upon Digitalis and the Apocynum Cannabinum. Both of these remedies tend to produce that natural crisis through the kidneys, by which nature cures the disease. In the dropsy after scarlet fever, Dr. Darwell considered *Digitalis* almost a specific; he observes, that the *coagulability* of the urine, which may have resisted blood-letting and purgatives, rapidly disappears, and the effusion disappears at the same time; occasionally, however, coagulability of the urine remains after the employment of Digitalis. The *Apocynum* has less influence over the albuminous urine than the Digitalis, but more upon the dropsical symptoms.

If these remedies fail to effect a cure, and the disease tends to become chronic, more specific remedies may be used, such as *Merc.-corrosivus*, Nitric-acid, Cantharides, &c. M. Monneret has used Tinct. Cantharides successfully; he commences with small doses and gradually increases it to 60 drops; in the majority of cases its use was attended with decided benefit. Rayer also speaks favorably of it, but considers that is an uncertain remedy, and one which may prove dangerous in the hands of the inexperienced; in five cases treated with it by Dr. Wells, there was marked improvement in three, and in two it failed; he observed that it sometimes increased the coagulability of the urine; In granular disease of the kidney it is favorably mentioned by Copland.

Dr. Hanfield Jones has reported four cases, in which patients who suffered under dropsy, with more or less of general cachexia,

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and an albuminous condition of the urine, which contained casts, &c., were restored to greatly improved health by treatment steadily continued; at the same time the quality of the urine improved in a corresponding measure, and this very gradually. The treatment consisted in the administration of Iron, chiefly the muriated tincture, either alone, or combined with *Merc.-corrosivus*. The position taken was, that Bright's disease was essentially a degeneration widely remote from inflammation, and that its cure was to be attempted by the employment of all means likely to raise and maintain the general power; in some cases the urine will still continue to contain albumen, but there may also be no deficiency in the amount of the urea and uric acid, and the draining off of the albumen then probably depends on an altered state of the Malphigian capillaries, similar to that which exists in cases of so-called chylous urine, the renal organs still performing their functions very well. The use of *Merc.-corrosivus* in Bright's disease is now widely spread over the world. I claim the credit of first introducing this remedy to the attention of the profession (see Homœopathic Examiner, New Series, Vol. I. p. 291.)

If fatty degeneration has commenced, the solvents of fat must be used, such as Liquor-potassæ, Hydriodate-of-potash, Turpentine, or Calcarea and Antimonium.

When the disease becomes chronic, it is very generally agreed amongst those who have written upon the subject, that *Iron* is of great service. The acknowledged efficacy of this medicine in increasing the coloring matter of the blood, would suggest its use in cases where the blood is so remarkably impoverished as it evidently is in chronic Bright's disease; and experience is said fully to verify these anticipations. Johnson says, the use of the medicine may be commenced as soon as the fever has subsided and the urine becomes copious. At first, the Citrate of Iron may be combined with the Citrate of Ammonia, and subsequently, the Muriated Tincture may be used. This medicine is very useful in checking the drain of albumen from the Malphigian capillaries, which sometimes continues after all the inflammatory symptoms have ceased. The steel probably acts by improving the condition of the blood, and by giving tone to the relaxed Malphigian vessels, and so it checks the process of

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secretion. But if the urine should become scanty and more deeply colored and albuminous soon after the use of Ferrum, it may be necessary to suspend it for a time. Another remedy which has been recommended for checking the drain of albumen is Gallic-acid. Nitric-acid may also prove useful, and it is decidedly more homœopathic. Corrosive-mercury, the well known and most specific homœopathic remedy for Bright's disease, is well known also to be one of the most delicate chemical tests for albumen. I have long entertained the crude notion that the other tests for albumen, viz., Nitric-acid and Iodine, might also prove serviceable in Bright's disease. From a German Medical Journal we learn that a Dr. Hansen has treated twenty cases with Nitric-acid; eighteen were cured and only two died, and these two were complicated, one with consumption, the other with organic disease of the liver; all but two, however, were recent cases. Hence homœopathic physicians will give the preference to Nitric-acid, over Gallic-acid.

When the chronic stage, with much anæmia is also complicated with adiposis, and fatty degeneration, Potash may be given with Iron, in the same manner as recommended for chlorosis. Thus *Blaud* of Beaucaire supposing that Iron does not exert all its curative properties unless in a state of extreme division, thus becoming more readily absorbable, while at the same time it acquires greater activity from its chemical composition, hit upon the dea of combining it with sub-carbonate of Potash. Cases of Bright's disease have also been cured with Iodide of Potassium.

Article IV.—*On the Inhalation of Medicated Vapor in Bronchial and Lung Diseases.* By Henry C. Preston, M. D.

It is a remarkable fact that the professors of the Medical Art from time immemorial have always been slow to receive and adopt any course of medical treatment not sanctioned by long experience and not originally forced upon their attention by striking and overwhelming facts. This truly conservative stand has had its advantages and its disadvantages. But to one conversant with the history of medicine it sometimes seems preposterous and absurd, for through the long vista of

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the past he sees nothing but an ever-changing theory followed by an ever-changing practice. A leading dogma of one age has given place to that of the succeeding, which has with equal reason been founded upon the development of new facts in science or art; and so from the time of Pythagoras, 500 B. C. the leading hypotheses of every age have been superseded by the discovery of new facts upon which still new hypotheses have been founded. Nor is this to be deprecated, for in the language of an eminent German pathologist, "an hypothesis which becomes dispossessed by new facts dies an honorable death; and if it has been instrumental in first bringing to light those truths by which it is itself annihilated, it deserves a monument of gratitude." So far all medical hypotheses have been and are still valuable, for without them science could progress but slowly. But in the present age, more than ever, facts are taking the lead in all departments of science, and a theory which is not supported by well-established truths cannot hope for general acceptance. Now, while new facts are constantly developing and discoveries are following in rapid succession within the vast domain of science, the medical profession as a body are in great danger of either too obstinately holding on to the old theories of the past and their long-exploded practices, or of being led away to the opposite extreme and flying beyond the basis of fact into the clouds of fancy which envelop all new discoveries and which hold out ever new and alluring temptation to man's illimitable and never-satisfied imagination.

The middle and conservative ground between these two extremes is manifestly the only safe stand for medicine or any positive science. With the old chemico-anatomical materialism on the one hand, and the new dynamical-spiritualism on the other, the only solid basis between the two is confessedly that of fixed and established fact. If men would keep constantly in mind that the only road open to another world lies through the portals of the grave, that much as our souls may aspire to reach that spiritual home which all in some form or other picture to themselves, and on which they build their future hopes, still it is a never-varying law of nature that we must go down into the bowels of the material earth before we can ascend to any purer or more immaterial ether; if while made

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of the earth, subsisting on the earth, and constantly attracted down into the earth by an ever-acting law of gravitation, men would cease their efforts to become all spirit and be satisfied with the dignity which belongs to terrestrial man, they would steer clear of both the Scylla of mental stolidity and the Charybdis of morbid imagination. So in medicine, if men would be satisfied to confine themselves to the solid basis of established fact, they would not on the one hand forget the useful lessons of the past, nor on the other fear the encroachments of present or future discovery and investigation: standing on a rock of truth, which loses none of its solidity by being built upon, they would welcome the refreshing breezes of hypothesis which sweep around them, and view with delight their very footstool gradually rising higher by the slow aggregation of even comminuted particles of experience.

Such reflections have often forced themselves upon me, and are here presented, partly to define the position I feel bound to take in all matters of science, and partly as an apology for offering some suggestions and opinions, without an overwhelming array of facts, in regard to a course of remedial treatment, which really had its origin in remote antiquity, but which within the last few years has been revived and vivified in a form which seems somewhat novel, and which may be destined to meet with much opposition from scientific men, notwithstanding it promises to be a therapeutic agent of great power and value. I mean the inhalation of medicated vapor as applied for the cure of bronchial and lung diseases. These maladies have always been considered the *opprobrium medicorum*, and the statistics of each and every kind of medical treatment which has ever been adopted, bear sad evidence of man's utter ignorance of their true specific remedies. Their treatment by the inhalation of medicated vapor, within the very few years during which it has been perseveringly tried, has proved quite a relief, and in many instances we may hope a permanent cure, and the theory of inhalation as a remedial measure is so consonant with reason and common sense that we need spend no time in arguing its merits or demerits. Medicines have been administered by olfaction since the time of Hippocrates, and many an eminent medical professor of

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past ages has confidently predicted the day when some remedy would be discovered, or some means of applying the remedies already in use more directly to the lungs and bronchial membrane, thereby rendering them as much the object of special remedial treatment as other and more external parts of the body. None who believe in the contagiousness or infection of such diseases as Variola, Scarlatina, Typhus and Intermittent Fevers, and other maladies of a similar character, can doubt the generally-received opinion, that the lungs are the media of their propagation from one person to another. Nor can there be any question, that poisonous vapors which never fail to affect the system morbifically, and that almost immediately, do so through the agency of the only surfaces they can affect by contact, viz., the lungs. The function of breathing, considered merely as a chemical process for the decarbonization of the blood, is constantly bringing a vast and irritable surface into contact with healthy or morbific matters, which, mingling with the blood, and, if we may so speak, assimilated by the blood, are sent to every part of the body: but even considered as a vital function, dependant on that immaterial property called the vital force, still it is constantly exposing a vast nervous surface to the action of their peculiar morbid irritants. Hence, by all medical theorists the lungs are acknowledged to be the most common media by which diseases are excited and propagated. Now, whatever is a medium of propagating and exiting disease, must also, if it can well be reached by remedial agents, become the most direct medium of curing disease, and according to homœopathic principles, the more specific the relation or affinity, not only between the drug and the part affected, but between the exact tissue as acted upon by the drug, and that same tissue similarly but morbifically impressed, the more certain and permanent becomes the cure.

It was the recognition of this principle, which lies at the foundation of the Homœopathic Therapeia, that first led me to observe with some considerable interest, the effects of the inhalation of medicated vapor, and make use of it in the treatment of bronchial and lung affections. In the summer of 1852, a Dr. Chas. H. B. Wellesley, purporting to come from the

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Brompton Hospital in England, visited this city, and publicly invited physicians as well as patients to call on him and try his method of treating bronchial and lung affections, asserting "that warm medicated vapors generated by the decomposition of certain alterative and balsamic substances and inhaled into the lungs, have been the means of restoring thousands to health within the past two years, and that by their judicious employment the intelligent physician may save instead of a rare case of consumption *seventy* out of every *hundred.* At that time I had four cases of confirmed phthisis pulmonalis, and several of diffuse chronic bronchitis, all of which I regarded as critical. At the anxious solicitation of these patients I invited Dr. WELLESLEY, who certainly had the manners and conversation of a gentleman of education, to see them, and as he offered them hopes and promises of relief, which I dared not, they were determined to try his method of treatment, while I stood by and watched the results. The cases of phthisis, of course, all died, and this treatment seemed to me to hasten very materially and decidedly the progress of tuberculous ulceration, and bring each case very rapidly to a close, although at first in every case the balsamic and anodyne inhalations decidedly ameliorated the sufferings occasioned by cough, dyspnœa, soreness and pain in the chest, and gave rise to new and very strong hopes of cure with the patients and their friends. Of the cases of well-marked Bronchitis, which the Dr. pronounced unquestionably curable by his treatment, three died, the progress of their disease being materially accelerated beyond the usual run of those diseases under the usual homœopathic treatment. Four more used the same treatment for two months, and were decidedly losing ground, when I substituted Homœopathic remedies for the balsamic, &c. mixtures, administering them in the same way, and they have all recovered, at least so far as not to need treatment for the year past.

For the benefit of those interested I will give the recipes used by Dr. Wellesley, and said to have been used with success at the Brompton Hospital, and the more readily, because I am informed, they are the same prescriptions as are used by those, who are now advertising so largely in some of our principal cities and promising to all so certain a relief.

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Inhalents employed as Alteratives and Astringents.

Iodide of Silver.	Balsams Copaiba.
" " Zinc.	" Canadensis.
" " Cadnium.	" Mecca or Opo.

Iodo-Hydrargyrate of Potassa.

With Volatile Oil of Resin, to volatilize each mixture.

Sedatives.

Tr. Cicuta (saturated),
Acid Hydrocyanic,
Cyanuret of Potassa,
} in connection with all the Iodides.

Expectorants.

Tinct. Sanguinaria, Senega and Ipecac.

Antispasmodics.

Musk, Valerian, Stramonium, Assafœtida, Æther acetic, sulphuric and chloric —— Protoxide of Nitrogen.

The following are some of his recipes and directions, which I have in his own hand-writing.

℞. Iodide of silver, grs. x.
Sulph. Potassa, pura, ʒi.
Alcohol, ʒij.
Aqua ad ℥viij.—M. Two teaspoonfuls are sufficient at a dose—take three times a day.

℞. Iodo-Hydrargyrate of Potassa, gr. i.
Iodine and Iodide Potassa, ää gr. ij.
Syrup simplex ad ℥viij.—M. Two teaspoonfuls thrice a day.

℞. Balsam Copaiba.
" Canadensis, ää ℥ss.
Volatile Oil of Resin, ʒij.
Syrup simp. y. s. ut. ft. mixt. ℥viij. Two teaspoonfuls to be inhaled three times a day.

As Anodynes—in connection with the Balsams only:

℞. Cyanuret of Potassa, grs. ij.
Aqua ad ℥viij—thirty drops at a dose.

When using the Iodides, take 30 drops or half a teaspoonful of saturated tincture of Cicuta three times a day with each

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inhalation, the object being to allay any irritation that might be excited by the Inhalent. The result of this treatment, as I had anticipated, was in every case which I saw so treated, entirely a failure. I can name over a dozen cases of Phthisis so treated, under the most favorable conditions, which were relieved for a few weeks, but rapidly sunk to their graves, notwithstanding strong promises and bright hopes of cure. Nor did I expect more from such crude medication of so delicate and vital a physical organ as the lung: but availing myself of the apparatus and the method of inhaling, I immediately commenced using the same medicines I was prescribing internally for my patients, and which I considered most homœopathically indicated, volatilizing them for use by mixing with alcohol and simple syrup of sugar. The instrument, which I have used, is much like a tin coffee-pot, with a small tin-cup inserted in the cover; the bottom of the cup is perforated with small holes through which the vapor passes to the sponge; the top of the cup is covered over, with a small tin tube inserted in the middle of the cover, through which the vapor passes to an india-rubber tube, at the extremity of which a mouth-piece is attached. The instrument is filled with warm water nearly up to the bottom of the small cup, which is filled with a moistened sponge, upon which the medicine to be inhaled is placed, and then the cover shut over it. The vapor of the warm water passes up through the sponge, and carries with it the vapor of the medicine to the mouth of the patient, who inhales it.

This instrument has served my purpose very well and is very simple and inexpensive, but within a few weeks I have seen a very great improvement upon it, made by Dr. O. Füllgraff, of New-York, consisting almost entirely of glass, and containing all the conveniences of the other, without the inconvenience of the smell of india-rubber, and the great care necessary to prevent the tin apparatus from rusting.

I have thus treated eight cases of Lung Disease, which I thought of a tuberculous character, in most of which I diagnosed the presence of crude or softened tubercles, and all of which had been pronounced by others incurable. In only one of these cases has death supervened, and in that instance life

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was prolonged two years after the treatment was commenced, although even then, tuberculous ulceration had been going on for some time, and the upper lobes of both lungs were already consumed. In three instances where tubercles of the lung were distinctly detected by several medical men of some reputed skill in diagnosis, health has been so far restored, that no treatment has been considered necessary for the past six months. Of course we cannot pronounce such cases permanently cured, simply because they have been relieved for three years, but it is something to recover a degree of health and strength, sufficient to attend to business and to enjoy life free from suffering, and it is an object worthy of persevering effort, to arrest even for a few years the progress of a fatal disease. I have no doubt in my own mind, from past experience, that sooner or later, scrofulous inflammation will be again set up, and the process of ulceration be renewed in each of these cases, and in every other case of the tubercular disease of the Lung, and that death will ultimately ensue from this cause. I believe with Dr. Latham, that "pulmonary consumption is no more than a fragment of a great constitutional malady," and once thoroughly engrafted in the human system can never be eradicated. But I also believe that proper dietetic and medical means may yet be found, which shall prevent its existence, *de novo*, and do much to arrest its hereditary transmission. But to show the improvement by, or at least consequent upon the treatment by inhalation of the proper Homœopathic remedies, I will briefly state one of the three cases alluded to, which to say the least, seemed as bad as any of them: Mr. K., aged 35, of decidedly strumous diathesis, with hereditary predisposition to consumption, came under my care in December, 1852—he had resided for some years at the west, mostly in the state of Michigan, where he had been apparently relieved of many of the pulmonary symptoms, which troubled him at intervals from the age of puberty until after he attained his majority— his return to the New-England States, undertaken on account of his health, which was then failing, was the signal for the return and the rapid development of all his pulmonary symptoms. I found him suffering with the following symptoms, which he said were noth-

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ing but an aggravation of his chronic catarrh, caused by his taking cold on the journey here— cough, worse at night, almost forbidding sleep and dry and painful, but in the morning loose and attended with a copious expectoration, dyspnœa alternating in severity with each periodical exacerbation and remission of the circulation, emaciation considerable, occasional hæmoptysis, slight in quantity, but of bright fresh blood, morning chills and evening hectic—followed by night sweats, leaving him exceedingly languid and depressed until after breakfast.—Copious expectoration from early in the morning until nearly noon, of a stringy tenacious mucus, streaked with yellow matter of different shades and often containing little cheese-like granular bodies, that had a gritty feel between the fingers—occasionally appeared those flocculent masses, which the French call nummular sputa, but very rarely streaked with blood. Auscultation and percussion revealed great dulness over the sub-scapular regions of both lungs, pectoriligny with very indistinct vesicular murmur, cavernous respiration, bronchial mucus râle, with that peculiar click, which is thought to be one of the most pathognomonic signs of softened tubercle, particularly distinguishable in the upper sub-scapular and sub-clavicular regions of the left lung. The patient was very weak, and when I first saw him, could hardly walk from the bed to the sofa—seldom even went to the window, and dared not attempt to breath the open air, in short, he presented all the symptoms of confirmed Phthisis. His case seemed so desperate, that I could not give his friends the slightest ground for hope, for I had none myself, but I encouraged him to make a trial of homœopathic remedies, particularly advising the new process of applying these remedies directly to the lungs by inhalation. The novelty of the method and its consonance with his own ideas of medication gave him a stimulus he had not before, and he made every effort in his power to second and carry out all my advice and directions. The medicines used were Calcarea, Phosphorus, Phosphoric-acid, Arsenic and Sulphur, with occasional doses of Hyosciamus and Conium at night for his cough. These medicines were inhaled twice a day and taken by the mouth twice a day, using sometimes Calcarea in the morning and Phosphoric-

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acid at night, or combining the two in one solution in Alcohol and simple syrup. Contrary to my expectations, his most troublesome symptoms were relieved in the course of three weeks, the cough and dyspnœa yielding first, then the expectoration improving in character and diminishing in quantity, then at last the chill and hectic fever with the night sweats disappeared, although the latter symptom appeared occasionally for six months or more. His appetite and muscular strength returned, so that in two months he could walk two miles a day, and in three months he was able to go South, where he spent two or three months, still continuing the treatment. He came from the South in the summer, very much improved in every respect, and again at the approach of winter and at my advice, he moved to the State of Maryland, where he still remains in the enjoyment of very comfortable health. He has still continued under my professional care and direction, and has adopted the same course of treatment, occasionally at long intervals and only when suffering from attacks of cold; at all events he has never been sick enough there to be confined from business, or to be obliged to solicit medical aid. It is now two years nearly, since I last examined his chest, but then very little change had taken place in the structural condition of the diseased portion of his lungs; I had no doubt of the existence of cavities in the upper lobe of both lungs, particularly the left, which I thought extensively adhered to the pleura, giving, as it did, a very dull sound on percussion. The vesicular murmur was however then heard quite distinct throughout the remaining portion of the Lung and all mucous râle had disappeared; and the natural healthy action of the pectoral and intercostal muscles seemed once more established—respiration 18 to the minute and pulse always 75.

In this case it seems to me proper to infer, that the course of treatment had decidedly arrested the progress of disease, whether by chance or not, whether it would have been so without any kind of medical treatment or not, I leave others to decide for themselves. It is so easy for us to fall in the habit of ascribing all changes in disease to the treatment we use, and it is so easy for the sceptic to overthrow our strongest therapeutic triumphs, by asserting what we have no means of

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disproving, viz., that the disease we think *we* have cured, would have got well as surely and speedily without our aid, that I desire to be cautious in pronouncing opinions as to the absolute efficacy of any remedial measure. But here are the facts in the case before us: how far the climate of Maryland tends to prevent the progress of the disease I know not, probably a very considerable: how far the treatment used has stayed the hand of the fell destroyer, I cannot judge, except by comparing his case with hundreds of others similarly affected who have not thus escaped: I know of many cases of consumption, so called, which drag their weary course through a long lapse of suffering, wasting years, to whom death comes not until his approach has long and anxiously been sought; but here is a case with all the physical signs of tuberculous Phthisis, and all the appearance of tending rapidly to a fatal termination, with extensive disorganization and loss of structure of a vital organ, and yet this rapid downward course has been arrested by some means and the disease kept at bay. If the treatment had anything to do with it at all, it must have been the sole therapeutic agent, for nothing else was tried, and if so, it deserves repeated trials in such cases, until we can demonstrate its value with the precision and certainty of a mathematical problem. If you ask, do I suppose the disease cured, I answer emphatically no, for I never saw a case of the kind that was cured, and not until I do, shall I ever expect to see tuberculosis in any of its forms, thoroughly eradicated from the unfortunate victim upon whom it is engrafted. But by approximating a cure, by greatly relieving suffering and prolonging life, we do good not only to the individual benefited, but we are advancing a science, which may yet discover a specific for even the worst of constitutional maladies; while at the same time we are taking measures to uproot that whole class of diseases, which have so long affected the human race and which without medical interference would tend to a constantly lower degree of degeneration and decay.

But there is another of class diseases, equally troublesome and dangerous in their development, in the treatment of which we can predict a more certain therapeutic triumph for the inha-

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lation of medicated vapor. I mean those bronchial affections which are often the first beginnings of consumption, acute and chronic bronchitis, laryngitis, asthma, &c. I have treated two cases of chronic asthma with the inhalation of Phosphorus alone, and the spasmodic respiration has never returned, although two and three years have elapsed since their treatment. I have also treated several cases of diffused chronic bronchitis, with very satisfactory results, and where I think we are justified in pronouncing a cure, all the symptoms having vanished, and the bronchial membrane, as far as it can be examined, restored to its former tone and soundness. The following I considered the worst case in all its features, and therefore transcribe it:

Mr. A., a manufacturer, aged 40, had been troubled for five years past with cough and expectoration, first of a catarrhal character, but gradually becoming more and more bronchial, until he applied to me in the summer of 1852. His condition then presented all the physical signs of diffused chronic bronchitis; his cough was constantly annoying, aggravated at night, attended with constant hoarseness and expectoration of grey, viscid mucus, except in the morning, when it was a dark, yellowish sputa, of a decidedly purulent appearance and consistence; bowels loose, with slimy stools, sometimes resembling what he expectorated; no appetite; considerable emaciation; exhausting night-sweats, followed by a chilly feeling every morning. Auscultation revealed decided bronchophony; crepitation in the left lung, and the mucous râle throughout the whole bronchial membrane. At the base of the left lung there was adhesion of the pleurse and partial induration of the lung, the result of an attack of pleuro-pneumonia which he had five years before. This patient inherited a scrofulous diathesis and a strong proclivity to tubercular Phthisis, of which many of his progenitors and relatives have died. He was constantly hoarse and his voice weak: throat constantly irritated by coughing. He could not lie on the left side without coughing, and occasionally had sharp pains in the shoulder and under the scapulæ. Percussion showed great dulness over the sub-scapular regions of both lungs, particularly of the left, which was also dull at the base from the

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adhesions I have before mentioned. Pulse full and seldom below 120—but in the afternoon and evening would rise to 140 and sometimes to 160. Without more minute detail of symptoms so familiar to all, suffice it to say I pronounced this case a bad one, of diffused chronic bronchitis, and I feared scrofulous inflammation had already commenced the formation of tubucular deposit in the left lung, although I could not distinctly detect it. I have marked the slow but surely fatal termination of so many such cases, that I commenced the treatment with but faint hopes of success. After subduing the most violent symptoms with Aconite, Arsenic and Phosphorus through the day, and Hyosciamus at night, I put him upon the following course of treatment: one dose of Calcarea 3d every morning, one drop of Phos.-acid. 3d, every afternoon, with an occasional dose of Hyosciamus at bed time, if the cough threatened to prevent his sleeping, which it seldom did after he began to inhale. I put ten grains of Calcarea 1st, and ten drops of Phos.-acid 1st, into ʒij. of water, and after well mixing, added ʒiv. simple syrup of sugar. I ordered a table spoonful of this mixture, well shaken, to be put on the sponge and inhaled twice a day, until the medicinal vapor was all gone, about ten or fifteen minutes. This treatment was persevered in for five months, and was attended with a gradual convalescence; the symptoms one after another all yielding until six months from the time he commenced, he was pronounced well, and discontinued treatment. I ought to add, that the potentization of the remedies used was gradually raised as he convalesced, up to the 30th, and that an occasional dose of Sulphur was used as an intercurrent remedy. Moreover, I laid down very strict dietetic rules, and ordered more relaxation from business and free exercise in the open air, all of which he faithfully followed, and is now in the enjoyment of apparently robust health.

This case, I think, would be considered cured by any medical man who had watched it from the beginning, however faithless he might be in the effects of remedial measures, and being the most severe of the kind which I have had to treat within the last three years, I feel justified in recommending the treatment by inhalation of the proper homœopathic re-

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medies in such cases, with some confidence, that it will prove in very many instances a permanent cure.

As I have said before, my own experience with inhalation is by no means sufficient to establish its efficacy in the treatment of bronchial and lung diseases, further than in the cases where it has been used apparently with success; still a remedy which in the hands of one has proved successful, may in another, and at least where the diseases are of so grave and generally fatal a character, it is worth persevering care and trial with every member of a profession whose office and dignity it is to relieve, and where it is possible, to cure disease.

Since commencing the treatment of this class of diseases by inhalation, I have so treated eight cases of what I consider tubercular Phthisis, all in a stage of rapid development, which I have never before known to be checked, and all but two are still living, their sufferings relieved so as to enable them to attend to business and to enjoy life as formerly, the progress of disease being evidently for a time arrested: two have passed away, bearing witness to the relief afforded by the mild influence of the vapor inhaled, and to the unexpected prolongation of their lives. I have also treated upwards of twenty cases of Chronic Bronchitis, some as severe as the one detailed, others of a milder character, but of them all not one has died; on the contrary all but three have entirely recovered, and those three were convalescing when they left this city, and passed beyond my observation.

I am aware, that to make this article intrinsically valuable in furnishing statistical information, each and all the cases so treated should be detailed, with all their collateral circumstances. That however would carry this article beyond the limits assigned to it, and as my object is merely to call attention to the subject, that others may join with me in making these therapeutic experiments, I trust I shall be excused for offering so few details. I am happy to learn that the treatment by inhalation is being tried by many of our number in different sections of the country, and that Dr. Füllgraff has opened a Homœopathic Dispensary in New-York at 59 Bond-street, where our remedies are administered in this way, in

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suitable cases, on so large a scale, that we may hope to obtain some important statistics concerning the practice and its therapeutic value.

The Homœopathic School, as the leader in the present march of medical progress, has a great duty to perform in regard to the treatment of a class of diseases so universally fatal as those we have been considering. While here and there an individual, seizing upon the novelty of the practice of inhalation, and the general favor it meets with the common people, is circulating his promises of certain cure to the thousands who have given up all hope and resigned themselves to die,—for the sake of filthy lucre alone, is advertizing hosts of cures, and alluring the despairing into a specious vortex of crude and indiscriminate medication, which, notwithstanding slight temporary relief at first, is sure to hasten the morbid process to a fatal termination, we, as professional philanthropists, should look calmly at the real facts, and submit all therapeutic means, however novel and strange, to the searching test of oft-repeated experiment. We know, from ages of sad experience, the utter inutility of all the old methods of treating what is called consumption—very few, however long their practical observation, can say they have even seen it cured. Those who most object to the Homœopathic Therapeia, here come unconsciously to recognize the law of similars, for when all else fails, they recommend their patients to move to a country where Intermittent abounds, and tell them I know of nothing but the marsh miasma that has ever arrested the development of tubercular ulceration:—and where are two diseases more similar than Phthisis and Intermittent!—This fact should lead us to regard the treatment by inhalation with much favor, for if the inhalation of marsh miasma will do this, as it unquestionably has done. Why may not some remedy similar to it be yet discovered, which, inhaled into the lungs, shall prove the exact specific in Phthisis, and enable us to control that most insidious and most surely fatal scourge of the human race?

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ARTICLE V.—*Proving of Zizia Aùrea.* By E. E. MARCY M.D., New-York. *Zizia Aùrea.* (*Smyrnium Aureum*, of some botanists.) *Golden Alexander. Muskquash root. Water-Hemlock*, &c.

This plant must not be mistaken for the *Phellandrium Œnanthe*) or the *Conium virosa*, which have also received the appellation of *Water Hemlock.* The *zizia aùrea* may readily be distinguished from all other plants to which the appellation of hemlock has been applied, by its orange-yellow flowers, ternate radial leaves, the external brown, and internal yellow color of the root, and its warm, aromatic taste. The fresh root has a somewhat strong, unpleasant, and nauseating odor, not unlike that of conium. It has an aromatic pungent taste, and is disagreeable and loathsome to the stomach. If a small piece of the root be chewed, or a few drops of the tincture be applied to the tongue, it produces a sense of faintness and exhaustion. On one occasion, after filtrating some of the tincture, the eyelids became somewhat inflamed, accompanied by smarting, itching, and prickling pains,—the right eye being affected more than the left. On bathing the face with a lotion, made by adding a few drops of the tincture to a pint of water, a creeping, smarting and itching sensation was felt in the cheeks and lips.

The seeds of *zizia aùrea* have been successfully employed in domestic practice for the cure of epilepsy.

Judge Gray, of Chatauque, N. Y. states that a gentleman of his acquaintance chewed a piece of the *zizia root* for the purpose of testing its properties, and was immediately seized with nausea, vomiting, spasms, general convulsions, and fainting fits, which terminated in death at the expiration of three hours.

The Judge relates another instance in which a young lady of his acquaintance, ate a large root of the zizia, supposing it to be sweet sicily root. Soon afterwards she was siezed with violent vomiting, spasms, swooning, and convulsions. The speedy discharge of the poison by vomiting, enabled her to resist the toxical influence, and regain her usual health in a few days.

The odor of the root has been known to produce such an effect upon the system as to confine the subjects of its influence to bed for days. In these instances, nausea, faintness and lassitude, were the symptoms produced.

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The following effects were observed in an ox, after having eaten the top of the plant, early in the spring: vomiting and staggering about, as if intoxicated. The animal continued sick, —reeling and staggering about for three days, and then recovered.

A fistulous ulcer of long-standing in a horse, was speedily cured by introducing daily into the sinus, a small piece of the root. The quality of the discharge was promptly improved, healthy granulations appeared, and an effectual cure resulted.

One case of chronic ophthalmia, with ulcerations of the cornea and granulated lids, was cured in six weeks by the use of the first dilution.

The writer has cured one case of epilepsy of more than ten years' duration, the fits occurring upon the average as often as once in eight or ten days, by the third decimal dilution of the Zizia. Drop doses were prescribed morning and evening, every alternate week for two months, since which period, (nearly three months) all unpleasant symptoms have disappeared, and there has not been the slightest indication of a convulsion. During the treatment of this case, the patient, on several occasions took more than the prescribed dose, and in each instance he observed the following results: unusual exhilaration of spirits; lightness and pain in the head; sensation of tightness around the forehead, and at the back of the head; increased physical strength, with inclination for muscular exertion.

It is proper to remark, that while under the influence of the drop doses, there was a marked improvement in spirits of the patient, which had been habitually depressed.

Another case of epilepsy, in a lad of seven years of age, has apparently been cured by this remedy. In this instance, the boy had been afflicted with convulsions, at intervals of from one to three weeks, for a period of five years. Six weeks have now elapsed without a recurrence of the malady—a much longer interval than has ever before occurred. Excellent cures have also been made of the following maladies, with the Zizia: tic-doloreaux; three cases of neuralgia in the head—two of them semi-lateral, and the other one affecting the forehead and vertex; one case of intermittent neuralgia of the left ovarium; two cases of ordinary sick-headache with acid and bilious vomiting; one obstinate case of hypochondria, accompanied with

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disgust of life, and almost constant inclination to commit suicide; sleeplessness; hysteria; spasmodic twitchings; tight coughs, accompanied with stitches in the chest,—worse in the evening and during the night; cold in the head, with sneezing and watery discharge; chronic catarrh, with yellow and fetid discharge; leucorrhœa, retarded and suppressed menses.

The provings which have hitherto been made with zizia are quite limited. The writer has made use of the 3d dilution exclusively, taking five drops at a dose, and repeating every four hours until some effects were produced. Three other gentlemen and one lady have likewise taken the drug for the purpose of ascertaining its pathogenetic effects. These provings have been made with the 3d dilution, with one exception, (Dr. O. Fullgraff) who used the 1st dilution and tincture.

We arrange the following symptoms, not as a complete proving, but to call the attention of the profession to a new remedy of great value, and to induce *others* to enter the field of physiological and clinical experiment. The present provers will continue their experiments as opportunities offer, so that when zizia is presented at its proper place in the appendix, we shall have acumulated a creditable pathogenesis, and a goodly number of clinical facts.

We will most cheerfully supply any member of the profession with the Zizia in tincture or dilution, provided he will endeavor to return some physiological symptoms from its use, or some interesting clinical facts.

Symptoms derived from the third dilution of zizia aurea:—

Mind and Disposition.—Depression of spirits, with disgust of life; depression of spirits, followed by great exhilaration, and desire for conversation; dreamy, imaginative mood; exhilaration like intoxication, from the 1st dilution; irritability with lowness of spirits, and indifference to every thing; laughing and weeping moods in alternation; sense of exhilaration lasting twelve hours and then succeeded by great depression, which lasted for several days.

Head.—Sensation of tightness around the head; giddiness; acute aching pain in the whole left side of the head, increased by light or noise; shooting pains through the orbits; rush of blood to the head and face, with feeling of fulness; pressure upon the top of the brain; dull pains in the occipital

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region, extending down the muscles of the neck; severe pain in the right temple, with nausea; swimming in the head; drowsiness.

Eyes and nose.—Redness of both eyes; eyes sensitive to light; sharp pain in the right orbit, increased by moving the ball, by stooping or stepping; shooting pains through both orbits; eyes watery; smarting of the lids; eyelids adhere together on rising in the morning, in consequence of a yellowish muco-purulent secretion; stye upon the right lid; irritation of the schneiderian membrane, with discharge of mucus, and sneezing; obstruction and soreness of the right nostril, which is painful to the touch; burning and smarting sensation in the nostrils and eyes.

Face.—Face pale and puffy; redness and heat of the cheeks, following the use of a single drop of the 3d dilution; sense of fulness and heat in both cheeks; dull pains in the jaws; boring pains in the cheek bones.

Pharynx and Œsophagus.—Inflammation of the mucous membrane of the pharynx; slight redness of the tonsils and palate, with soreness of the throat; increased secretion of mucus in the throat.

Appetite and Taste.—Loss of appetite; bitter taste; craving for acids and stimulants; thirst; tongue covered with a whitish fur; redness of the tongue, with unusual sensitiveness to cold or warm drinks.

Gastric Symptoms.—Nausea; acid and bilious vomiting; stomach sensitive to the touch;—pressure causing nausea and faintness.

Male Genital Organs.—Excitement of the male genital organs; sexual power enhanced; in one instance where great lassitude and prostration had long been habitual after connection, the drug appeared to effect an entire change for the better; involuntary emissions for two nights in succession while taking the drug.

Female Sexual Organs.—Acrid leucorrhœa; bland and profuse leucorrhœa; sudden suppression of the menses; profuse menstrual discharge for one day, followed by an acrid leucorrhœa.

Larynx and Trachea.—Roughness in the upper portion of the larynx when inspiring or coughing; sensitiveness of the trachea to the touch; tight cough, caused by taking a deep

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inspiration; tight cough excited by dryness of the larynx; raw and smarting sensation in the larynx from coughing.

Chest.—Dry cough, with shooting pains in the chest; pleuritic stitches in the right side, much increased by coughing, or taking or attempting to take a long breath; bruised feeling in the muscles of the chest; pressure excites pains in the intercostal muscles; sharp pains extending from the sides of the chest to both shoulder-blades; respirations accelerated and oppressed; asthmatic respiration, with inability to retain the recumbent position; short, dry cough, excited by tickling in the throat-pit; short, dry cough, attended with severe stitching pains in the right side, and a sense of suffocation.

Back.—Dull, aching pains under the right scapula; severe shooting pain extending from the front part of the thorax to the scapula; smarting, burning pain in the small of the back; dull pains in the loins, increased by movement.

Superior Extremities.—Lameness in the muscles of both arms, from the shoulders to the elbows; prickling sensation in the right arm, with slightly diminished sensibility of the part.

Lower Extremities.—Dragging sensation in both hips; unusually tired feeling of the legs after the slightest muscular exertion; great desire to move about, with apparent increase of strength, but slight exercise causes fatigue.

Sleep.—Drowsiness, with a sense of lassitude and fatigue; exhilaration of all the faculties, followed by strong desire to sleep; sleep disturbed by unpleasant dreams; spasmodic twitching during sleep; talking during sleep.

Fever.—Feverish symptoms, accompanying severe stitching pains in the chest; fever with headache, pain in the back, thirst; dryness of the mouth, yellow fur upon the tongue, and oppressed respiration; chilliness and heat alternating, with faintness, nausea, pain in the right temple, redness of the eye-balls, dry and red tongue and thirst for cold-water; hot flushes in the face and head, followed by perspiration; chilliness, accompanied with spasmodic twitchings of the muscles of the face and upper extremities, followed by fever; flushed cheeks, hot head, visible pulsations of the carotid and temporal arteries, coldness of the hands and feet, drowsiness, and irritability.

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Skin.—Surface of the whole body paler than natural; face and ankles œdematous; itching pimples upon the forehead, wrists and legs; sensitiveness of the entire surface of the body to the touch; redness of one cheek and paleness of the other; white and puffy appearance of the whole body.

General Symptoms.—Pains, increased by movement, noise, light or contact; spasmodic movements of the muscles of the face and extremities; affections of the brain and nervous system; uterine affections characterized by increased vascular and nervous excitement; catarrhal, asthmatic and pleuritic maladies; convulsions; epilepsy.

The following proving of Zizia Aûrea, by inhalation, was made under the superintendence of Dr. M. E. Lazarus, to whom we tender our cordial thanks. The common employment of homœopathic remedies by olfaction and inhalation, renders drug-provings by inhalation especially valuable. By presenting to the profession occasional provings by this method, we hope to do our cause good service. The provings of Phosphorus and Zizia, in our present issue, will, we trust, awaken the attention of physicians to this mode of testing drugs in health, and of administering them in disease.

ZIZIA AUREA.

Proving by Inhalation, under the inspection of M. E. Lazarus, M.D.

At each inhalation, four drops of the 3d dilution were added to four table spoons full of water, and inhalation performed four times a day for six days, for ten minutes each time.

The prover, Miss J. L. is in her twenty-third year, of fair complexion, delicate skin, auburn hair, eyes light brown, slight frame, habit neither spare nor full, gentle and lively temper, regular though delicate in her vital functions, has suffered in years past from dyspepsia, and difficulties of the kidneys, and from asthma. During the two years past, chiefly from occasional paroxysms of nervous and sick headache, with pains between the shoulder-blades, and disorders of the uterine function, without any serious organic change or displacement, but only such as are common among unmarried females. The headache and back-ache have been commonly attributed to uterine influence.

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During a first proving of four days, the symptoms of indisposition were so much like those, which she had often observed before in her constitutional difficulties, that she hesitated to register them as Zyzia symptoms.—They were all however reproduced with increased severity in this second proving, and as there was no other appreciable cause or reason to expect them, we infer that, if they are not specifically Zizia symptoms, they have been due to a diminution of the life-force by Zizia, which favored their invasion or their return. Of this character were the uterine and asthmatic symptoms as well as the cephalalgic.

The actual state of health at the time of commencing this second proving is in every respect good.

First Series; *Sensorium Commune.*

a. Aromal group.—On the first day only of both provings, slightly manifested { 1. Swimming in the head, 2. Drowsiness.

b. Psychical group.—1. Indolence with contentment. After the first day these give place to

2. nervous irritability and depression of spirits, which increase throughout the proving, and on the sixth evening, culminate in a paroxysm of self-dissatisfaction, with weeping.

3. The behavior throughout is quiet, with much apparent suffering and sadness. The sleep is sound, until the sixth night, when it is prevented by pains.

Neuro-Cephalic Group.

This group is suspected to be sympathetic with the Uterine, yet not wholly so, as there is a hereditary predisposition to headache, from the father's side, from which only two members of a large family are exempt.

Headache sharp, over the right eye, begins slightly on the second day and increases until the eighth.

Pulsatilla 6°, which promptly relieves it on the third day, acts but feebly on the seventh.

In its full development on the seventh day, the headache is grievous, with nausea, inclination to bilious vomiting, need to lie still in a darkened and quiet room; light, noise, and jar ag-

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gravate; differs from the usual type only in the pain being permanent on the right side, instead of shifting.

It abates twenty-four hours after discontinuing the inhalations, leaving much sensitiveness, a bitter taste in the mouth and a susceptible and feeble stomach for several days longer. While inhaling, the headache was worse in the evening, after stopping the inhalations, its aggravations occurred in the morning in accordance with the constitutional predisposition.

When at its worst, the pain descends behind the right ear into the neck.

It leaves the lips parched as from fever.

It is consociated with severe back-ache, between or at the borders of the shoulder-blades.

The forehead is affected by a sharp cutting pain by the jar of coughing on the ninth day after the cough pain had ceased in the chest.

Catarrhal Series.

1. Nasal catarrh, with sneezing and coughing, from the first inhalation.

Nasal discharge of thick mucus.

The right nostril only is affected, it becomes sore and tender to the external touch.

2. Consociated with this, was observed a diffused injection of the mucous membrane, covering the arches of the pharynx, with the ordinary sensations of catarrhal sore-throat.

3. The conjunctival membranes exhibited a similar diffused injection.

Ophthalmic Series.

While both eyes exhibit a diffused injection, the right eye is more particularly the seat of painful and quite unaccustomed symptoms.

A stye developed in the middle of the upper lid, and gave so much pain on the fourth day, that she sought relief from an antidote.—Carbo-animalis, four doses at hour intervals relieved promptly, and in twenty-four hours the stye had vanished.

Still the right eye continued burning, smarting and weeping, and both eyes continue on the fifth day after stopping the inhalation, very weak, and painful, if they are used at night.

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Facial Series.

The face exhibits throughout the proving a pale puffy state, quite morbid.

Painful tenderness over the lower jaw-bone an inch bêlow the root of the ear, observed only on the seventh day.

Thoracic Series.

a. Pleural group.—The symptoms are severe, painful, regularly developed from the first inhalations, reach their acme on the seventh day, and are still very troublesome on this, the tenth.

1. The cough is hard, dry and short, with stitching pain on the right side, from the region beneath the sixth rib down as far as two inches below the ziphoid cartilage.

2. Over the ziphoid cartilage and at circumscribed spots on each side about the size of a fifty-cent piece, two inches below, there is painful tenderness to the external touch.

3. She cannot draw a full breath without severe pain, in the latter days of the proving from the fourth day, worst on the seventh, and sensible on the tenth.

It catches her about the sixth rib in front and pierces through to the back—like the other pains, confined to the right side.

b. Asthmatic group.—Not very severe, or remarkable by other persons, but recognized by the prover as a reproduction of symptoms, which have been latent for years.

It is now six years, since the critical acme and sudden disappearance of a chronic asthma. Since then she remembers only one short attack about two years ago—merely a fit of half an hour.

After each inhalation, she felt almost stifled for about ten minutes, although the inhalation itself was made easily and freely. *This annoyance augments as the proving proceeds,* and becomes *more constant* though less severe *since discontinuing the inhalations.* It is still felt on the thirteenth day, although faintly.

Its seat is central, beneath the sternum on a line with the axillæ.

There is no audible wheezing, yet the same sensations in the chest, as during her former fits of asthma; sometimes so serious as to keep her up for hours at night.

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c. Dorsal group.—The symptoms are painful—perhaps sympathetic with the uterine sphere. They begin to be felt on the second day of the proving, increase in severity until the seventh evening, and are still felt on the thirteenth day.

They are ordinary with her, at any time when her vitality is depressed, as by prolonged nervous headaches or other causes. She had no reason to expect them from any such cause before commencing the Zizia proving.

Their seat is at the posterior lateral margins of the scapulæ, generally worst on the left side. During the inhalations, it was the right side which chiefly suffered; since leaving off, it is the left.

The pains are aching, smarting and stinging—when worst, there is also aching in the small of the back.

Uterine Series.

Leucorrhea commences on the second day and continues, slight as to quantity, and at first acrid; afterwards more bland and copious.

This is another constitutional disorder, and was observed during both provings. It ceased on the seventh day.

The catamenia appeared in due time, but ceased after only twelve hours. This is altogether unusual with the prover.

Assimilative Series.

No well marked or apparently idiopathic symptoms.

1. The appetite diminished as the drug illness became more and more serious.

2. The thirst was increased.

3. The tongue was broad, furred in the middle and reddened at the tip and sides.

4. After the sick headache, on the seventh day, there was a bitter bilious taste in the mouth.

General Remarks on this Proving.

1. The drug action has been almost exclusively upon the right side of both the head and the trunk.

2. The exacerbation assumed the evening type.—The morning is, on the contrary, the time at which the prover's constitutional disorders are generally most severe.

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3. The pains of Zizia have been fixed: those, to which the prover is at other times subject, are oftener shifting.

4. The general aspect and sensations of the prover were those of a grave and chronic deterioration of health.

Most of the functional disturbances persist after ceasing the inhalations, and very gradually abate during fifteen days.

5. *Clinical remark:* an ordinary catarrh with sore throat, on the prover's brother, was promptly dispelled after two inhalations of Zizia third dilution, about two minutes each time.

Queries on the foregoing.

It remains for other provers to decide how far the uterine group of symptoms are characteristic of a Zizia pathogenesis, and if they are so, whether they tend, as with this prover, to consociate sympathetically with the headache and scapular or dorsal pains above mentioned.

In connection with the marked or otherwise causeless depression and nervous irritability, observed throughout the proving, after the first day, the prover remembers, that all her serious disorders of health during later years, pivoting, as she believes, in the uterine function, are attributable to a period of prolonged moral or social depression of her life-force or spotaneity, by adverse circumstances.

Article VI.—*Some Practical Observations on Scarlet Fever.*
By Wm. H. Holcombe, M.D., of Natchez, Miss.

Last November (1854) I was called to a case of Scarlet Fever. There had not been a case in the city for a long time: the family had been no where to contract it; its origin, except on the *de novo* hypothesis, was inexplicable; but scarlet fever it was, sore throat, diagnostic rash, desquamation and all. Within a month or six weeks there were one or two mortuary reports from our Allopathic friends, showing that there was more of it. After that, cases occured in greater frequency, until the disease gradually pervaded the whole place,

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nor has it entirely disappeared at the present time of writing, June, 1855. The epidemic has been of about average severity—the cases presenting every variety of type from the simple fever and rash to the most malignant sore throat. Dysentery was so very prevalent at the same time as to be almost epidemic. Many cases of scarlatina were attended by vomiting and purging, almost amounting to cholera morbus: some even with bloody stools. Bloody urine was observed in several instances; ear-ache was very common. Convalescence was generally rapid and permanent. Belladonna was used in a good many cases as a prophylactic, but the evidence, for and against its efficacy was about equal. I treated seventy-six cases of genuine scarlatina, not including the sore throat with febrile symptoms, very common in those who had nursed patients with the fever. Of these, thirty-six were males, forty females; forty-five whites, thirty-one black or mulatto. A line of accurate demarcation is impossible, but an approximation would be—*scarlatina simplex* twenty-six cases, *scarlatina anginosa* fifty cases, of which thirteen were severe enough to be characterized as *scarlatina maligna*. The only troublesome sequelæ were five cases of scarlatinal dropsy, five cases of pneumonia, and six cases of cervical abscesses. There were four deaths, and as the cases were themselves interesting, and fatal reports are not often made through public journals, I will sketch them for my readers and make them the basis of some practical comments.

Case I.—A little mulatto girl, aged one year and six months, became restless and feverish in the night, vomiting once or twice. When called in the morning I noticed the deep mahogany flush, indicative of the scarlet rash in the mulatto. There was moreover considerable itching and roughness of the skin. The infant was very averse to swallowing. Its head was very hot, the open space of the anterior fontanelle (which had scarcely began to ossify) quite protuberant, pulse rapid and full. Left *Aconite* and *Belladonna* to be taken every half an hour alternately: cold applications to the scalp. Called again towards night, found the fever undiminished, occasional efforts to vomit, rapid and apparently painful respiration, pupil a little dilated and quite insensible to light.

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Apprehending effusion of serum in the ventricles, I put the patient on Bryonia and Hellebore. Summoned at day-break to visit the child, said to be in convulsions: it was dead before I reached it. It appears that it became profoundly comatose after I left, which condition the ignorant negro mother supposed to be a good sound sleep, and had left it without medicine or particular attention until the little creature became convulsed.

The first question suggested by a consideration of this case is, whether its fatal rapidity was due to a concentrated malignity of the scarlatinal poison or not. There was no asthenia or typhoid sinking, no imperfect development of rash, no cool surface, no tremulous uncountable pulse, no involuntary discharges, in fine, none of those indications of imperfect reaction of the system from an overwhelming morbid impression. Unfortunately I did not inspect the fauces, for that dark greyish sloughing ulcer, said to be present in many terrible cases of scarlatina maligna, and to constitute almost the only reliable symptom of the disease. The case appears to me rather to have been one of active cerebral congestion, such as is common in children at the very outset of eruptive fevers. It resembled the violent vascular erethism and the consequent disturbance of the cerebro-spinal axis, which sometimes results from prolonged exposure to the sun in this climate. Similar symptoms I have met with in small children from the ingestion of unripe fruit, and that without any prominent appearance of gastric derangement. I saw one case of scarlatina in a very delicate child ushered in by prolonged convulsions, the appearance of the rash twenty-four hours afterwards being my first clue to a correct diagnosis of the disease. There may have been particular reasons for super-excitability of the nervous system in this child, with whose previous history I am unacquainted. It may have had worms, or difficult dentition, or falls followed by insidious encephalitis. The uncommonly latent state of the fontanelles would suggest some abnormality of the cerebral or cranial nutrition. My strongest reason for suspecting some latent and insuperable dyscrasia, was, that the Aconite and Belladonna, administered for ten or twelve hours, did not produce a marked amelioration of the erethric symptoms.

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Vomiting, unconnected with any proper gastric disease, is a well known early symptom of hydrocephalus. In an analogous manner, disturbances of the respiration, *cephalic* respiration, indicate abnormal conditions of the cerebro-spinal axis. Neisser says, the respiratio cephalica consists of one, two, three or four slight, superficial, rapid respirations at equal intervals generally, followed by a very deep full inspiration, expanding the thorax largely and often accompanied with a sigh. He considers the symptom pathognomonic of pressure on the motor respiratory centres. In children with arachnitis it is proof that exudation is already in progress. A still more dangerous symptom is a few rapid inspirations with explosive expirations, and followed by a little interval of almost tacit respiration, when the irregular acceleration again begins. It precedes and follows convulsions, and sometimes points to impending dissolution. The respiration of the above case presented neither of these characteristics, but still it announced, in my opinion, a high degree of cerebral and not pulmonic disturbance. It was rapid, the expiration explosive, and suggesting the idea, that it was very painful to expand the thorax. It was such respiration as we meet with in the acute pleurisy or pneumonia of children, and I have seen quite skillful diagnosticians mistake hydrocephalus and even infantile remittent with cerebral complication for inflammation of the lungs, misled by this peculiar respiration. In the above case there was no cough, decubitus indifferently on both sides or back, and the natural puerile respiration everywhere detectable.

On reconsidering the treatment of this case, I think, the *Zinc* might have been more beneficial than the *Hellebore*. This latter substance, repeatedly found useful in the dropsical effusions sometimes consequent upon acute disease, appears to me little applicable to an erethric or inflammatory stage. The Zinc was strongly recommended by Dr. Elb of Dresden (Brit. Jour. Hom. No. 27) and its utility, in the state which he defines as incipient paralysis of the brain, has been verified in the practice of many physicians. Dr. Davis of this city, whose medical tact and remarkable success have contributed so much to the establishment of Homœopathy in the

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South-west, speaks of this remedy in the highest terms. The preparations of Zinc have been long used in Allopathic practice for chronic nervous diseases, such as epilepsy, chorea, asthma, hysteria, hooping-cough, intermittent, &c.,—under the vague and unsatisfactory titles of tonics, antispasmodics, anti-periodics, nervines, &c., &c. Pathogenetic experiment can alone define its exact and scientific use. Dr. Elb collates its symptoms from the Mat. Med. Pura, and endeavors to make out a strong picture of scarlatina with cerebral complication. I think, he fails in his attempt, or at least, that twenty other remedies present just as good a likeness of the the disease in question as the Zinc does. However that may be, its use in disease, *usus in morbis;* shows it to be quite specific, when in the course of acute diseases, drowsiness amounting even to insensibility, muscular tremors passing or likely to pass into convulsions, cephalic respiration, involuntary evacuations, double-stroked, tremulous, rapid or irregular pulse, and other collateral symptoms indicate a profound functional lesion of the cerebro-spinal centres. When there is good reason to conjecture an inflammatory state of the serous membranes of the brain, liable to terminate in rapid effusion, *Bryonia* is a remedy of great value. If there had been in the above case a clear retrocession of the rash, with coolness of the surface and other evidences of sinking, I would probably have used the *Cuprum Aceticum* as recommended by Dr. Schmid of Vienna. (See Brit. Journal. Hom. No. 3.)

Case II.—A little girl, six years old, was attacked after dinner with trembling, dizziness and nausea. After she had vomited once or twice, fever began rising and by nine o'clock at night she was red all over with the scarlet rash. She had just been cured of chronic sore-throat and glandular swellings about the neck, by six or seven weeks of Homœopathic treatment. The fever, head-ache and intense heat of the skin continued unabated for more than twenty-four hours. *Aconite* and *Belladonna* were persistently used all the while and cold applications to the head employed. The next night she became more delirious, exceedingly restless, and had occasional muscular twitchings and ocular distortion. Ordered

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Belladonna and *Bryonia* every hour in alternation, and *Hyosciamus* to be interposed if the nervous agitation did not subside. The day following she was profoundly comatose, respiration labored and irregular, pulse nearly 200 to the minute, skin cool, rash not so distinct. There was sordes on the teeth and gums as in typhoid fever—and a white membranous crust lining the tongue, fauces, and from the difficulty both of respiration and deglutition, extending very probably into the œsophagus and trachea. Occasional efforts to vomit, partially relieved after free evacuation of the bowels by enema. Dr. Davis recommended *Belladonna*, *Bryonia* and *Zinc* to be given in succession at intervals of half an hour, and very cold cloths or compresses to be laid over the chest and abdomen. She continued for several hours so thoroughly insensible to stimuli that ice-water poured profusely over her head did not excite the least reflex movement. During the night her cerebral functions seemed to be resumed: she spake rationally and exhibited tokens of affectionate regard for her mother. The rash came out fully, but notwithstanding the intense redness of the surface, the skin was cold and the pulse too feeble and rapid to be counted. The lips and extremities were livid, the breathing labored and nearly croupal in its character. She was collapsed almost like a cholera patient, mainly with this difference that her chief suffering appeared to be in and about the throat. Towards evening her mental faculties again became obscured, and it was very difficult to arouse her to an appreciation of anything. We tried various remedies mainly *Arsenic*, *Opium* and *Carbo* without producing any reaction. In the night she became pulseless, tossed about unceasingly and we expected her death every moment. From this state she was rallied—the pulse returning quite perceptibly, the skin getting a good deal warmer and the restlessness abating, by two or three drops of *Camphor* every five minutes for one hour. She sank however again in the course of an hour into collapse, and all remedies proved unavailing. The bright scarlet of the skin continued undiminished to the moment of death— and afterwards turned into a very dark purple. The cutaneous sensibility for the last twelve hours of life was remarkable, con-

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sidering the terrible oppression of all the other nervous functions. She would move on being touched, would not permit her pulse to be felt, and was constantly scratching the skin even to tearing it with her nails, although cold and pulseless. This violent itching was unrelieved by inunction with lard, sprinkling with flour, cold or warm applications, or any external appliances whatever.

It was a matter of astonishment in this case, why a salutary reaction could not be brought about, after the *Belladonna*, *Bryonia* and *Zinc* had so strikingly relieved the worst cerebral symptoms. The patient appeared as if partially asphyxiated, as if the blood was unfit for the common nutritive purposes of life. The Old School would probably have employed carbonate of ammonia, brandy, wine or other stimulants, but the inutility, not to say deleteriousness, of such remedies in collapsed Cholera, has caused me rather to trust to nature and pure Homœopathy in such cases, than to doubtful measures based upon hypothesis and resulting usually in disappointment. It was also surprising that the scarlet rash should have stood out so boldly and persistently in the cold, clammy and almost pulseless condition of the patient. There was evidently extensive diptheritic exudation in this case, which would of itself alone have made the prognosis unfavorable. The local treatment of these severe anginas is very unsatisfactory, and in the great majority of cases quite useless. Inhalation of warm vapor to detach the tenacious, adherent mucous, and in small children swabbing out the throat with warm water were sometimes advantageous. Gargles of red pepper and paintings with nitrate of silver, which these lingering Allopathic prejudices induce some physicians to employ, do more harm than good; for the trifling local benefit they may effect, does not compensate for their serious interference with purely Homœopathic treatment. On one plantation in this neighborhood where such mixed measures were employed, there were nine deaths in about sixty cases—a mortuary report smacking very strongly of Allopathic practice. Certain it is, that a rational therapeutics will busy itself with the great central dynamic disturbances in disease, and not with the superficial effects

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—the terminus and not the initial point of the morbid process. Poisoning of the nerve-centres, not a membraneous concretion on the fauces and pharynx, is the cause of death.

The applications of cold water to the chest and abdomen brought out the rash very vividly to the surface. It is not improbable that the cold packing process of Hydropathy might have excited a better reaction and saved the patient. In a similar case I shall certainly make use of it. The old prejudice against cold in eruptive diseases has occasioned many useless precautions, sometimes determining cerebral inflammation by excessive heat, but mainly deleterious by excluding the free action of the greatest hygienic elements, air and water. Many physicians have recommended cold affusion in scarlatina. Prof. Bell in his admirable work on baths and the watery regimen (another name for Hydropathic therapeutics) has given his voice strongly in its favor. I can vouch that it has repeatedly in my practice reduced the temperature of the skin, allayed restlessness, removed delirium, promoted sleep, and conduced materially to the comfort and cure of the patient.

Case III.—I was called to a little girl, aged two years, with symptoms of acute hydrocephalus. A week before, the parents had noticed uncommon awkwardness in her movements. Her feet would frequently cross each other, making her fall to the floor. Her head appeared too heavy for her, so that she would often rest it on her mother's lap or a chair. A curious sideways, oblique walk they had repeatedly scolded her for, but could not prevent. An occasional squint of the eyes also alarmed them—particularly as the child had received several severe falls within a recent period of time. I found her with burning fever, pulse very rapid, but tremulous, pupils a little dilated, very great drowsiness, occasional vomiting, obstinate constipation. I lanced the gums over two or three protuberant teeth, ordered an enema of molasses-water, and gave her Belladonna and Arnica alternately every hour. The case proceeded for three days with intense fever, vomitings, occasional coma and muscular twitches, and was treated by Aconite, Belladonna, Bryonia, Arnica and Hyosciamus, as the symptoms appeared to indicate one or the other of these

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remedies. On the fourth day a dark purplish rash came out on the trunk and lower extremities, indicating that scarlatina had been masked all the while by the cerebral symptoms, or had supervened as a new disease upon them. The case then proceeded favorably until the entire disappearance of the rash at its full time. The child was convalescent, playful and with excellent appetite. One of the parotids commenced swelling; next day the opposite side became implicated. The inflammatory action continued until the swellings met on the median line, forming a perfect collar,—red, painful, immense and remarkably hard. The head was forced away back, respiration difficult, deglutition almost impossible. At this stage, poultices and fomentations having proved useless, and apprehending suffocation, I plunged a lancet freely into the mass, but nothing escaped but a bloody serum. The pulse was rapid, but with good volume, sensorium undisturbed, but the paroxysms of dyspnea were terrible, the little creature actually tearing out her hair during their height. On the fifth day of the cervical swelling and the fourteenth of her illness, whilst warm and not apparently sinking, she suddenly threw her arms about her mother's neck, made a long futile gasp at respiration and expired—I may state also that much of the suffering of this patient was due to ear-ache, as both ears discharged pus freely a day or two before her death.

This case was conducted happily throughout its most trying period to terminate fatally and unexpectedly from a local affection. What was the immediate cause of the sudden death? There may have been a retro-pharyngeal abscess, an occasional complication of scarlatina—producing gradual and mortal pressure on the respiratory outlets. There may have been sloughing of some large cervical vessel and death from hæmorrhage. Deaths from both these causes have been repeatedly reported. Again it may have occurred from œdema of the glottis. This appears to me most probable, but I cannot make out the nicer shades of diagnosis, because I did not witness the peculiarities of the dissolution, having visited the patient for the last time at least ten hours before it. In connection with the last hypothesis, a quotation from West on the Diseases of Children will be *apropos*. "I have found the mucous

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membrane at the under surface of the epiglottis and about the arytenoid cartilages much injected and thickened, a condition, which, during life, was sufficient to occasion intense dyspnœa, and to give rise on each attempt at deglutition during the last twenty-four hours of the child's life to a struggle for breath, which threatened every moment to be fatal. The swelling of the parotids in some of these cases, increases with very great rapidity, and forms not unfrequently, by the implication of the integuments of the neck, a sort of collar of brawny hardness, which interferes alike with deglutition and respiration. These swellings are remarkable for the slight tendency which they show to suppurate, and even after they have attained a very considerable size, and been in great measure instrumental in occasioning the child's death, I have found the parotids much enlarged, of a rose-red color, infiltrated with thin serum, and a dirty sero-purulent fluid also pervading the cervical cellular tissue, but no true pus either in the gland itself or in the surrounding cellular tissue."

I had another case of scarlatina which began like this one with the symptoms of a very different disease. I was called to a little mulatto girl, aged three years, said to be in convulsions. I found her suffering with tetanic spasms. There was opisthotonos and paroxysmal contractions of the extremities, those of the upper being the most severe. Her jaws would be firmly clinched and foam issue from her mouth. Contact, attempts to swallow, even a puff of wind on the face, or the least noise, would excite the convulsive movements. The intellect was perfect: with the exception of hot skin and some fever, the other functions were normal. On asking if she had received any wound or injury lately, I was pointed to a deep, ill-conditioned ulcer on the middle finger said to have been produced by a burn. I concluded that I had a case of tetanus, and gave a very unfavorable prognosis. I applied a small blister over the burn, in obedience rather to my early surgical instructions, than from any clear conception of its real *modus operandi*. I consider however the entire question of external applications of therapeutic measures as unsettled, until we discover the true physiological relations between the internal viscera and the cutaneous surface. In the mean time I am

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ready to avail myself of what grains of usefulness there may possibly be found in a bushel of empiricism. I treated the case medically with Belladonna, Hyosciamus and Ignatia—and was congratulating myself upon the third day with being about to cure a genuine case of tetanus, when a profuse scarlet rash and a very sore throat modified my prognosis and treatment. The tetanic symptoms did not entirely disappear for five or six days. The scarlatinal attack was very severe, the mouth, fauces and pharynx being for nearly a week in a dreadful condition, but the little patient convalesced slowly and made a perfect recovery. Now, was this a case of tetanus, occurring whilst the scarlatinal virus was in a state of incubation, and promoting the development of the exanthem which was them epidemic? Or, was it a case of spinal irritability, the primary action of the scarlatinal virus on the spinal cord—and connected somehow with the retarded eruption? I incline to the opinion that both this case and the one previous were examples of independent, but coincident diseases, a cerebral and a spinal affection happening to come on whilst scarlatina was latent in the system.

Case IV.—A little boy, aged six years, had a mild attack of scarlatina, so mild that I paid him but a single visit. A fortnight afterwards I met him on his way to school, and noticed a little puffiness about his face, and warning his father of the danger of scarlatinal dropsy, prescribed Arsenic and China, four times a day, or each twice. Four days afterwards I was called to him, as he had been obliged to leave school and lie down on account of shortness of breath. It was just before dark. He was sitting up on a lounge, breathing hurriedly, but very bright and demanding food. The abdomen was considerably protuberant, the cardiac sounds very dull, the pulse very rapid and irregular, skin in a profuse perspiration, urine said to be usually abundant. He had been lying down without difficulty. I prescribed *Apis* and *Arsenic* every hour. *Cannabis* in pure tincture two or three drops every half hour until diarrhœa was produced, would be my treatment now for a similar case. Early in the morning I was informed my patient had just died. I knew I had a difficult and very probably a hopeless case, but I was astonished at such a sudden

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termination. He became worse early in the night, could not lie down at all, and complained bitterly of pain in the diaphragmatic region. The case was very probably one of insidious pericarditis, with extensive effusion of serum into the sac, and associated with œdema of the lungs.

The four other cases of scarlatinal dropsy yielded readily to Arsenic, China and Bryonia. The fatal case I suspect was produced not by renal but by cardiac disease and therefore still less amenable to treatment. I cannot pretend to decide the disputes of medical authorities as to the cause of renal dropsy after a scarlatinal attack, whether the kidney becomes congested by exposure of the tender skin after desquamation and before it has resumed its functions, or whether the scarlatinal virus directly attacks the mucous epithelium of the tubules of the kidneys, as it does the skin and mucous membrane of the fauces, lungs, alimentary canal, &c. I refer my reader to an elaborate essay on Scarlatinal Dropsy by Dr. John W. Tupe, in Nos. 25, 27 and 29 of the Brit. and For. Med.-Chir. Review—an essay which will richly repay perusal. In this connection however I may mention another case of cardiac inflammation occurring after scarlatina. The patient was a little girl—five years old. She had convalesced very slowly—was very weak, and had a dingy cadaverous hue of the skin. Two weeks after I dismissed the case, I was called to see her with a severe pain in the left side. She had been complaining for several days, and found it very difficult to get up and down stairs. The respiration was nearly normal, no cough, pain very little increased on respiration. The heart's action was very tumultuous and the pulse 150 to 160 per minute. She had been partially relieved of the pain by mustard plasters. I prescribed *Aconite* and *Belladonna*—every half hour. This was continued for two days with complete relief of all the painful and serious symptoms. Great debility and a very rapid pulse still remained. I prescribed *Arsenic* and *Digitalis* alternately night and morning. In two weeks she was perfectly well, bright and active as ever.

The Allopathic treatment of this disease presents an inviting field for stricture and satire, but I forbear for the present, as my zeal might carry me into too great prolixity for an article

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designed to be purely practical. The above cases give a brief outline of our treatment on specific principles. *Belladonna* stands preëminent on the list of remedies, and would probably be sufficient alone to conduct the majority of even severe cases to a successful issue. Its adjuncts are powerful in their respective spheres, and will rarely disappoint our expectations: *Aconite* for vascular erethism, *Bryonia* for implication of the serous membranes, *Mercurius* and *Arsenic* for disturbances of the alimentary canal, *Rhus* for glandular swellings and a threatened typhoid condition, *Pulsatilla* for otitis, *Iodine* for diphtheritic and croupal symptoms, *Phosphorus* for pneumonic complications, *Cantharides* for dysuria, *China* and *Sulphur* for tardy convalescence, &c., &c. With these remedies in our hands we need not fear the most rigid comparison with the results of a treatment which has failed to diminish the average mortality of a single disease from Hippocrates to the present time, except where it has abandoned its drugs for "expectant medicine" or felicitously stumbled upon Homœopathic measures.

ARTICLE VII.— *What Broussais said of Homœopathy: translated from his Examen des Doctrines médicales, with Comments:* By WM. H. HOLCOMBE, M.D. of Natchez, Miss.

A physician of Germany felt disgusted and disappointed with medical systems: at which no one need be surprised. Instead however of rejecting them for arbitrary empiricism and eclecticism, as those do to whom mental labor is painful, he undertook to create a system of his own which would justify him in neglecting all others. This system is itself a species of empiricism, excusable to a certain degree in those physicians, who, not having appreciated Bichat, have not foreseen what could be achieved by following his footsteps, and whose eager curiosity in these our times has been constrained to feed upon the doctrines of absolute humoralism, of exclusive vitalism, or upon the arbitrary mixtures of these two great general theories. (1.)

(1.) This seems equivalent to saying: If *I* had not truly appreciated Bichat and by following his footsteps founded the Physiological school of

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medicine, then, rather than flounder in the uncertainties and absurdities of humoralism, vitalism, or any of their hybrids, I might possibly myself have been led to adopt the Homœopathic system. "If I were not Alexander, I might wish to be Parmenio." Medical as well as religious factions are more tolerant of very wide, than they are of very trivial departures from their own creed.

The system of which I speak, is Homœopathy and I proceed to give it a critical consideration. In reviewing it, I shall recall several axioms of our doctrine already familiar to the reader, which constitute in themselves a critique, without the necessity of further exposition.

"The internal morbid changes which constitute the proximate cause of a disease and its intimate nature being always occult and shrouded from our investigations, can never furnish a satisfactory basis for therapeutics."

If the proximate cause and intimate nature of disease escape you, it is because you cannot content yourselves with the appreciable relationships of the organs with their *modifiers* and of these same organs with each other. (2.)

(2.) I do not see how Broussais' "appreciable relationship," &c.—which by-the-way, are quite as diligently cultivated by our School as by any other, can bring us any nearer to the intimate nature and occult starting-points of disease. Suppose we have before us all the unequivocal symptoms of gout. The discovery that these depend upon the presence of certain chemical elements in the blood does not advance us a whit towards a knowledge of the intimate nature of gout. The altered crasis of the blood is only an additional *fact* in the case, classifiable then with the pain, swelling, calcareous concretions or other prominent symptom. Suppose we trace this modified blood to digestive derangements, we have still to find a cause for these, and these are in turn reduced to a level with the first easily recognized phenomena. All of the *facts* are of vital importance to our therapeutics, for we must then search for a remedy capable of producing just such digestive derangements as induce just such a chemical constitution of the blood as that which determines just such and such local manifestations. It is Broussais who is superficial; Homœopathy is as deep as the well of Truth.

"The *totality* of the symptoms can alone furnish the proper therapeutical indications."

This conclusion does not follow from the premise: indications may be drawn from *each* symptom without understanding its intimate nature. It is only necessary to keep in view the appreciable relationships above mentioned. (3.)

(3.) The principle here stated makes no pretension to syllogistic pre-

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cision, and hence this critisism of Broussais is gratuitous. It is true however, the intimate essence of disease being occult, and its ultimate or organic lesions multiform and sometimes difficult of detection, it is true, I say, that the totality of symptoms is a better ground for any deduction, pathological or therapeutical, than any single symptom possibly can be. The broader the basis of facts, the more reliable the therapeutic superstructure must be. The objections urged against a principle so clearly philosophical arise from the meagreness of the Allopathic Materia Medica. The Allopaths have no need of a totality of symptoms. Colocynth will purge and opium will relieve pain, and these drugs are used in this easy, slip-shod manner, irrespective of a vast number of morbid phenomena which they both produce and cure, of which Allopaths with their present modes of investigation must necessarily remain ignorant.

"The treatment which removes the totality of the symptoms necessarily cures the occult disorder."

This proposition is too general. The group of symptoms of an acute disease may be made to disappear without the chronic malady on which it sometimes depends having ceased to exist, and sooner or later this chronic malady, if not itself cured, will reproduce the acute disease under the same or another form, or prove itself the cause of death. But the physician who judges only from the totality of symptoms cannot recognize the difference between these cases. Their diagnosis is reserved for him who associates the special symptoms with their respective organs. (4.)

(4.) What a curious misapprehension of what we mean by the totality of symptoms must have here existed in the mind of Broussais! One would suppose that we could not distinguish between a simple pleurisy and that arising from the progressive development of tubercle, between an idiopathic abscess of the liver and one consequent upon injury of the brain, &c. &c., as if a pre-existing disease did not constitute a *part* of our desired *totality*, the knowledge of which would very greatly modify our treatment. In managing these intercurrent local affections, we of course look deeper than the phenomenal surface, for all chronic ailments, latent discrasias, peculiar idiosyncrasies, and even personal habits and mental peculiarities enter as constituents into that "totality of symptoms" we endeavor to grasp.

"The active properties of medicines cannot be deduced by analogy from their physical qualities or chemical compositions."

Very well. (5.)

(5.) Notwithstanding this explicit statement, the British and For. Med. Chirurg. Review (April, 1850) asserts that Homœopathy is a mere phase of the ridiculous old "Doctrine of Signatures" which taught that the curative

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uses of drugs were to be learned entirely from their external properties and visible characteristics! Since the discovery that Isomorphous substances have a certain similarity of action on the human system, the properties of drugs may to a limited extent be deduced analogically from their chemical constitution. Chlorine, Bromine, and Iodine have such resemblances, that we might almost know if Iodine would cure croup, Bromine would do so also. This is true also of their compounds. The Iodides of Mercury have been found strikingly analogous to the Chlorides, and I once heard Prof. Robert Hare define from analogy what he believed would be the curative sphere of the Bromides of that metal whenever they shall come to be used.

"The relationships existing between drug-action, and diseases are recognizable only by the effects they produce on the economy."

Admirable! but let us see how you proceed to deduce those effects.

"Observing the re-establishment of health frequently and promptly follow the administration of drugs, we are led to attribute the result to the medication. But this mode of studying the medical properties of therapeutical agents can lead to no complete or positive knowledge, because, with the exception of certain maladies produced by invariable specific causes, as plague, small-pox, scarlatina, syphilis, itch, &c., every morbid state should by regarded as an individual, isolated case, characterised not by the predominance of one or more symptoms but by their totality. Consequently measures found useful in one condition may not be applicable to another resembling it only in some features. Such a method of experimentation, presenting only a multitude of individual cases and cures, and permitting with rare exceptions no just analogic induction, it becomes necessary to search in some other mode for the general principles of therapeutics."

It is simply an impossibility to find complete resemblances between whole groups of symptoms. These resemblances do not even exist in the contagious diseases which the author has specified. It does not however follow that the same remedy may not be applicable to several groups having certain analogies. The same bread, the same meat, the same wine, are equally suitable to healthy persons of different constitutions, if the quantity is duly proportioned to the excitability of each individual. Just so the same antiphlogistics or

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the same tonics are indicated in different sthenic or asthenic states, provided the doses be accommodated to the individual susceptibilities. It is because there are features of resemblance as well as of difference between different subjects, healthy or diseased, and the physician should be equally expert in recognizing both. If Hahnemann had referred his groups of symptoms to these organs, and if he had appreciated the excitability of each organ in its relation with other organs and with external agents, he would have recognized the resemblances as well as he has recognized the differences which exist among maladies. I conclude therefore that there is no need of another method for the discovery of therapeutical truth. (6.)

(6.) Broussais' constant reproach of the Homœopathic system for not endeavoring to establish a connection between external symptoms and some organic lesion is entirely unfounded. It reminds me of a most preposterous and false assertion in Paris' Pharmacologia. "The homœopathist can have no other object than to deal with the symptoms: he does not inquire whether the patient has a fever or a fit of the gout, or a disease in the brain, liver or lungs, but he makes curious inquiries into the state of the skin, the joints or the great toe." The risibility excited by the stupidity of this statement mollifies the indignation which its disgraceful falsity is well calculated to arouse. Homœopathists do endeavor always to trace the symptoms of disease to their *organic* causes. A gastric cough is not successfully treated by a remedy exercising a specific influence on the lungs, unless also it primarily produces such gastric disturbance as occasions a sympathetic cough. Pain in the shoulder dependant on hepatic disease is not cured by substances which induce pains in the shoulder of rheumatic or neuralgic kind, but by those exercising a specific action on the liver. Every symptom is referred in Homœopathic practice as far as possible to its antecedent organic or functional lesion. "Similia similibus" means like disease, like remedy, and the parallel must be traced through their minutest ramifications. Homœopathy therefore as a system demands a thorough acquaintance with all pathological processés and all medicinal properties. The objections to Hahnemann's individualization of cases are shallow and irrelevant. One had as well insist on studying all the metals at a view instead of scrutinizing them separately or be complacently satisfied with his own unaided vision instead of availing himself of the powerful aid of the microscope. And why any one mode of inquiry should be adopted to the exclusion of others, or rather why a method promising great results should be rejected without trial, Broussais does not pretend to explain, and his dogmatic assertions are unworthy of his acute and generally philosophic mind.

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However, since he believes he has discovered a better method, let us proceed to examine it. This method is the proving of medicines upon men in good health. By this mode of investigation it is discovered that every drug produces a group of morbid symptoms, a veritable artificial disease. Thus every medicine has two actions: it re-establishes the health of a sick man, and produces a malady in the well one. Hahnemann does not hesitate to conclude that medicines become remedies by virtue of their power of pathogenetically modifying the healthy organism.

This idea is not his own: it originated with Linnæus. (See. Vol. II. page 331) but that is a point of indifference, the true question is, as to its justness. A substance is not remedial because it is pathogenetic, for there is not one even of the most salutary aliments, the excess or untimely use of which will not morbidly disturb the organism; it is remedial because its application is appropriate to the existing state of our organs. What absolute pathogenetic property do simple aqueous draughts possess, which cure gastritis in its first stage, if we take care to abstract all sources of stimulation. But Hahnemann takes no account of the cures effected by the simple subtraction of noxious influences. Doubtless poisons may become remedies, but a great number of practitioners abstain from their use in the vast majority of cases. They cure by simply subtracting or diminishing stimuli, or what may be called the noxious modifiers of the economy. The essentiality of a medicine does not lie in its pathogenetic faculty, but we can utilize this faculty for curative ends by proportioning the doses to the susceptibility of the organ primarily or sympathetically acted upon; a susceptibility by no means the same in the healthy and in the morbid state. But this last proposition, founded upon rigorous observation, defeats that of Hahnemann by showing it to be too general and too vague to serve as the basis of a system. (7.)

(7.) The use of attenuated doses proves that we do clearly recognize the different susceptibilities of health and disease. It takes a very appreciable quantity of Cantharides to produce strangury in a healthy person, but a case of that disease may be cured by a thousandth or a millionth of the same quantity, and that on account of the immensely increased susceptibility

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of the diseased part. Hence it is Broussais and not Hahnemann who is at fault.

The idea of cold water *curing* a gastritis, when the withdrawal of all stimuli is sufficient to account for the result, is too gratuitous to be worth reply. Broussais in common with most of our Allopathic opponents has failed to recognize an immutable distinction between a drug and certain other noxious agents. Green apples, say they, will produce diarrhœa: therefore you ought to use them to relieve a diarrhœa. We answer that such a diarrhœa is idiosyncratic and arises from the peculiar state of the individual's digestive apparatus and not from any fixed property in the apples. Ten persons might eat them with impunity to one injured by them. So milk acts pathogenetically on one man, lobsters on another, mutton on a third, honey on a fourth, &c.: but Colocynth purges every body, Belladonna dilates every pupil, Ipecac. nauseates every one who takes it, Arsenic produces burning pains in every stomach, Mercury exites the mucous secretions of every healthy man, &c. &c. True medicines are always innutritious, never assimilable, but excite definite morbid reactions until they are expelled from the system. On the uniformity and comparative invariability of these reactions lies the sole hope of rational medicine. Homœopathy is the only system yet mooted which endeavors to substitute *fixed facts*, for loose experimentation, and the system is imperfect just in proportion to the uncertainty of its supposed facts.

"Since we recognize diseases only by their symptoms and the pure properties of drugs only by their effects on the healthy organism, we must seek the general principle of treatment in the relationship existing between the symptoms of the former and the effects of the latter."

The author understands by diseases the totality of symptoms: but we have proven the knowledge of disease to result from its analysis and from the reference of its symptoms to special organs. We have also shown that medical properties are not ascertained by experimentation in health; therefore the major part of Hahnemann's proposition is false. The conclusion, that the law of cure is to be derived from the relationships existing between the disease and the remedy is true, if it refers to relationships between the diseased organ and its medicinal modifiers, but false, if it applies only to groups of symptoms taken in the mass, as Hahnemann intends, because no agent can modify these groups except by first acting upon the organ from whose lesions the symptoms have arisen.

"There are but three possible relationships between the symptoms of disease and the effect of remedies: *antagonism*,

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heterogeneity, or *similitude;* consequently there are but three therapeutic methods. 1st, the *antipathic* method, which employs remedies supposed to produce effects directly *opposite* to those of the disease; 2d, the *allopathic* method, in which the remedies produce simply *different* effects from those of the natural affection; 3d, the *homœopathic* method, based upon the principle "similia similibus curantur."

These three terms of comparison which appear just to the author, who has in view only groups of symptoms, are not so to us, who look only to organs as modified by agents. Every *modifier* has its peculiar operation, of which there is infinite variety without any accurate and absolute similitude or opposition in the effects; to these extremes we have only approximations. But we busy ourselves constantly in endeavoring to discover what are the artificial or pathogenetic modifications, after the subtraction of all known determining causes, which succeed best in destroying the abnormal modifications of the different organs which constitute the morbid state. We cannot therefore admit Hahnemann's proposition about the three methods, and we must be always careful not to be misled by his use of words. Let us see if his experience in the employment of the three methods which he admits as the sole elements of therapeutics corresponds with our own.

"The antipathic method appears at first view to neutralize the natural malady and even to cure it: but when the medication has ceased, not only do the symptoms re-appear, but they acquire greater intensity, because the organism reacts against every foreign substance by opposing to it a state precisely contrary to that which the remedy had determined. The antipathic treatment is never more than palliative, and cannot cure a serious affection, especially if it be chronic."

If by antipathic treatment the author understands diminution where there is excess, refrigeration where there is too great heat, stimulation where there is inertia, restoration in cases of inanition, &c., I do not see how he can affirm that such therapeutics are not positively useful. Do we not daily arrest by such measures the progress of both chronic and acute diseases? Doubtless there are cases which can only be palliated? but there is great skill exercised in doing that, of which the

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author appears to have known nothing. Moreover, every one knows that arrived at a certain point diseases are incurable. Here too is another difficulty: the proposition of the author is general, it of course includes all pathological cases. Ah, well! since he rejects all contraries, how would he treat asphyxia from the want of oxygen? Would he refuse to employ an atmosphere different from that which has plunged the patient almost into a state of exanimation? Would he deny caloric to him whom a very low temperature of the air or very cold water had deprived of his natural heat? We rub, says he, frozen limbs with snow. Yes, but it is at a temperature higher than that by which congelation is produced, and besides, we pass as rapidly as possible from ice to cold water, from cold water to warm water, and to dry substances capable of keeping the reanimated part warm. In fine, we give caloric to him who has not enough of it, oxygen to him who has been deprived of it, nourishment to the nearly starved, &c., just as we take away blood from him where head, lungs or heart are so overcharged with it that an arrest of their functions is threatened. The fathers of our Art have never done otherwise; and we can only progress by perfecting their procedures and endeavoring to rectify whatever errors in diagnosis they have made. But the general principles of the medicine of good sense have stood immovable since the dawn of civilization. There has never been any reasonable or dignified controversy except about their application, and if anything distinguishes physiological medicine from all other systems, it is its greater conformity to those eternal principles. We have applied to the concealed viscera the facts known to be true of those organs subjected to the inspection of the senses: such is the sum of our labors. I will say more: it is impossible for Hahnemann himself not to conform to these rules in cases such as those we have cited, in which the indication for contraries is so apparent. For instance, he would not let an apoplectic die for want of bleeding, refuse atmospheric air to an asphyxiated person, or prohibit stimulus capable of arousing the action of the heart to one in a state of syncope. But let as look further. (8.)

(8.) Our illustrious author has here thrown himself very needlessly into

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a spasm of eloquence! He mistakes entirely the true scope and proper limitations of Homœopathy. "Similia similibus" is not a physiological, or a hygienic, but a therapeutic law. To remove or withhold stimuli when they are hurtful, as light from an inflamed eye, food from a diseased stomach, motion from a broken limb, &c., and to supply such stimuli, when their subtraction has produced asphyxia, syncope or collapse, such procedure, I say, is not *medication* at all: it is simply putting the system into that physiological condition in which we find by observation the vital functions are best performed, under the existing circumstances.

"The Allopathic method offers three chances: 1st, If the drug-action is less intense than natural symptoms, the disease will remain the same; 2d, If it equals or exceeds them, the disease will be suspended as long as the treatment lasts, but it will re-appear when it is discontinued, unless in the mean time it has finished its natural course: lastly, if allopathic medicines are used for a long time, especially in chronic diseases, a complication of natural and drug-disease is the result. This Allopathic treatment is sometimes palliative but never curative." (9.)

(9.) This complication of natural and drug-diseases is a matter of very common occurrence in the South-West. Mercury, Quinine, Iodine and purgatives are perhaps the remedies most abused in this way. We scarcely meet with a chronic malady which is not an intractable hybrid between the disease and the doctor. The first two clauses of this proposition are however in my opinion erroneous. The result is made to depend on the mere intensity, instead of on the character or direction of the medicinal action. Nor is quite enough conceded to Allopathic practice. An opiate which abolishes pain and diminishes motion in an inflamed rectum, by acting on a remote part the nerve-centres: may not only palliate, but by promoting sleep and the rest or repose of the muscular fibre, permit nature to effect the cure. Such treatment may almost by classed with the hygienic management mentioned above. Again, a purgative or a blister may not only palliate, but cure a distant inflammation, by a reflex irritation, an indirect Homœopathy, less prompt and thorough than the true specific plan, but still curative.

For the physician who considers not only groups of symptoms, but who analyses them, referring their elements to organic lesions, the Allopathic method consists in creating an irritation in a healthy organ for the purpose of destroying one already existing in the diseased part. If the author does not intend to say this, no rational person can understand him. But this medication, which we name the revulsive, has its

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fixed laws, especially since the establishment of the physiological doctrines. Since Hahnemann is ignorant of them I am not surprized that he has condemned this method, for after Brownism, it is the one which the moderns have most abused. But despite the very bad employment which has been made of it, it does not deserve this sweeping proscription, and it is in obstinate opposition to facts that any one asserts it to be useless, to do nothing but suspend the disease, or to adjoin an artificial malady to the one under treatment. Amidst these three chances, there lies a fourth, that of a veritable cure, and an impartial man would have taken it into account. He assures us that when it seems to have been cured, the malady has only terminated its natural course. This subtility which he applies to all diseases, makes it apparent that he did not recollect that chronic diseases have no natural course, and that he has not discovered the *modifiers* of vitality and the organic revolutions which really determine the prolongation of those diseases. This second proposition therefore, without being directly opposed to facts, is, like the first, much too exclusive.

"The Homœopathic method is the only one which may be thoroughly and constantly efficacious." Hahnemann has tested this superiority by experience, and let us see how he proposes to explain it. "When the specific effects of a medicine are closely similar to those of a natural disease, the remedy of course acts directly and pathogenetically on the diseased parts. But since two similar diseases cannot exist simultaneously in the same point, the artificial malady being more intense than the natural one, takes its place and being less persistent, its effects are soon dissipated. The reactionary movement, which we have seen to be unfavorable in the antipathic treatment is here salutary, for the homœopathic remedy, acting in the line of the disease, excites reaction in the opposite direction, that is to say, in favor of health. Consequently the homœopathic method being preferable to the two others, we find in it the fundamental principle of treatment, which may be thus expressed: a medicine removes or cures in the diseased state a totality of symptoms similar to that which it produces in the healthy condition."(10.)

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(10.) It is scarcely necessary to say that this rationale of Hahnemann has proved satisfactory to but a small part of the Homœopathic profession. It is not proven absolutely, that two similar diseases cannot exist in the system at the same time. It is not proven, that the action of the Homœopathic remedy is more intense than the natural disease: indeed, that is quite improbable. Lastly, it is not proven, that the medicinal action is so evanescent: and Hahnemann himself frequently states in his Materia Medica, that the pathogenetic action of remedies lasts for days, weeks and even for months. The entire hypothesis is questionable, not to say easily refutable. And its total demolition will not advance our opponents a single pace towards the overthrow of the Homœopathic system. If the rationale of that system is at present inexplicable, it is so, only because it is so true, that it demands the widest possible basis of facts and experiments before a logical induction can be reared—a basis, which its friends are now doing their utmost to construct.

The reader will no doubt remember, what was said above about Brown, taking hold of a single observation, regarded it independently of the great body of facts, which should have concurred to establish its general history. I showed that Brown made a factitious general history of the phenomena of incitation (excitability) and the risk of finding himself contradicted by the same excitability in the organs, which possess it. That is what I call ontology! This method is exactly that of Hahnemann: what Brown did for his excitability, Hahnemann has done for what he calls the homœopathic medication: he abstracts it and considers it independently of the facts of the practice: he sketches the history of it as if it were a thing independent of those facts. Some one will say, what proves your assertion? The facts themselves I respond: 1st, because they depose precisely the contrary of the propositions we have just cited; 2d, because they show clearly, that what the author has said is false, and consequently imaginary. The homœopathic chimera may have seemed a rarity to him from his point of view, abstracted from the living body, separated from those facts, which oppose it, and compared with his views of antipathy and allopathy, which we have already shown to be chimerical. Just so the dogmas of Brown on excitability appeared trustful to him, looking at the phenomena as he did, disengaged from all the facts, which stamp it as a genuine chimera. Since critical analysis has disproved the existence of any

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such abstract property as excitability, and left nothing for us to consider but excitable organs, the chimera of Brown has vanished. So will it be with Homœopathy, when the effects of artificial stimulation are observed, not only on the group of symptoms but on the organs already super-stimulated by disease. I need not lose time by reproducing one by one the allegations of the author in defence of his favorite method: it is sufficient to deny them in general, either as inexact or directly opposed to the truth, and to challenge proof to the contrary.

"This method demands that the medicinal doses employed shall be infinitely less than those hitherto used, and for this reason, that when remedies act homœopathically on the diseased parts, there is not so much need of strength for them to outdo the natural disease. A still more elevated dose would produce the most serious accidents."

See how the author contradicts himself by this last assertion! What in reality are these doses in which he administers stimulants in inflammatory diseases, for example, Quinine on intermittent fevers, Belladonna in amaurosis? Millionths, quadrillionths, quintillionths of a grain: and he declares that more attenuated doses will produce the most serious accidents. This alone is a formal and sufficient condemnation of the homœopathic method, which at the bottom is only that of Brown, since it consists in stimulating organs already super-excited. (11.)

[11.] What right has Broussais to call our medicines stimulating? He had as well call them cathartic, astringent, sedative and the like. It is perfectly evident, that the most powerful and lucid mind in the world, fixed at the Allopathic standpoint, and bound, or at least warped by allopathic nomenclature, cannot do any thing like justice to Homœopathic theory or practice. A critical philosophy of words, which as we know are almost as powerful as things, has still to be applied like a cleansing river to the augean stables of medical science. It is the glory of our Materia Medica, that it is unclassifiable—that we can get no false impressions from our drugs by naming them according to their partial properties. When we think of Colocynth, it is not as a purgative, but diarrhœas, dysenteries, colics, neuralgias, all indeed that the drug can produce rise up before us like so many pictures of its curative sphere. As to Brownism, better known as the Brunonian doctrine—I have looked in vain through Brown's Elements of Medicine for any resemblance to what I consider the Homœo-

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pathic doctrine to be. Brown indeed recommends wine and stimulants for gout, but does he do so because those influences have produced the disease? No indeed! Brown has a theory of gout, with little or no substantial basis, that it is produced by low diet and debilitating causes. His therapeutic differs from that of his Allopathic brethren only because his pathology is different: but the measures he recommends are always antipathic. *Our* pathology may, and indeed does coincide with that of the highest and most recent medical authorities of France, Germany and England. It is only in the therapeutic principle upon which we chose our remedies, that we differ from the dominant school of Medicine.

As to the pathogenetic power of very attenuated doses. I need hardly state to Homœopathists of the present day, that the terrible aggravation which Hahnemann grandly records from a single dose of the 30th dilution of Drosera, is as much discredited, and indeed laughed at in our School as in any other. Broussais of course takes Hahnemann as the head and front of the system, but medical gentlemen of this current year, 1855, really ought to know that Homœopathy has grown out of Hahnemann's leading strings.

I pass over the remaining arguments which the author and his partizans adduce for the purpose of justifying the use of such infinitesimal doses. It is evident that when the millionth of a grain is given for medication, any effect produced must be due to the vehicle, and unless this be water or some totally inert liquid, the treatment is allopathic and not homœopathic. Add to this, that in the early stage of severe disease our systematics bleed and refrigerate, for, say they, the antipathic should precede the homœopathic treatment in the majority of cases. Add, moreover, that they prescribe, and are obliged to prescribe, the severest diet, considering the imminent danger of substituting Allopathy for Homœopathy, and you will be obliged to confess that if the method of Hahnemann has any virtue, it is due entirely to its inertia. For this reason, although the system cannot do the good which it would, and may sometimes cause unfortunate results by neglecting the antipathic treatment, still it can scarcely reproach itself with doing harm directly. I confess without hesitation, that the method of Hahnemann is superior to many others, but it is clear that it can never become the dominant system. It is too abstract, too superficial, too coldly empirical, too little satisfactory to men thirsting for knowledge, not to meet with continual impediments to its progress. It carries with it, however, one

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feature of utility: by provings of drugs upon healthy men, it will advance our diagnosis of the effects of poisons. Whatever be the motives which impel them to it, it is certainly advantageous to science that there are men willing to submit themselves to this kind of experimentation, and Hahnemann deserves our praises for having himself set the example, if indeed his health does not suffer to such an extent that he is prematurely snatched away from the service of science. (12.)

(12.) Broussais concedes that our labors promise to elaborate the most thorough diagnostic differences in the action of poisons. What is this but acknowledging that our method of investigation promises to give the world a pure and scientific Materia Medica, for what are drugs but poisons? We avail ourselves of all toxicological reports, in order to extract from them valuable therapeutic facts, as the bee collects honey from even the bitterest flowers. Such reports, unfortunately, when coming from Allopathic sources, are so meagre, confused, partial and blended with antidotal and other treatment based "on general principles"—that sandy foundation of the Allopathic edifice, that on this point at least we give much more than we receive from our antagonists.

I have read an extract from a paper written in French and inserted into the Archives of Homœopathy, published at Leipzic, which states that Hahnemann was lead to his discovery by the progressive augmentation of the symptoms of diseases. He thence believed it necessary to prepare the crisis—and facilitate the natural development of the disease by medicines which produce analogous affections. In this there is nothing new. The school of Sylvius, the accelerators of coction, the sustainers of the vital principle, the anti-asthenics, and all the stimulant doctrines which gave example to Brown, have had this idea and put it into execution: with what result we have seen. Hahnemann has managed very adroitly to avoid sharing the same fate. But did he really believe that he could promote the efforts of nature by doses of such prodigious exiguity? Or did he avail himself of this pretext from a double motive, to get rid of the disastrous effects of the polypharmacy of his times, and to give himself prominence by the show of a new system? Such a ruse might almost be justified by such motives. Whether there was genuine conviction of the truth of his system on the part of Hahnemann or not, the world will ever owe him a debt of gratitude, because

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the system will make some conquests amongst those who are strangers to the only doctrine which reason can possibly approve. (13.)

13. Such are the opinions of one of the greatest medical thinkers of the century with regard to Homœopathy, when it was still a crude and unpopular system. The author's arguments have been repeatedly met and answered: from *his* standpoint, and with his very erroneous conceptions of our doctrines, they no doubt appeared strong, probably infallible: the simplest tyro in Homœopathy is now surprised that men of intellect should ever have entertained them. What Broussais thought and said is a matter worthy of medical history: his remarkable independence of the dogmas of his times, a result of his mental strength and originality, would have qualified him admirably to judge of a new system, if he had not already set up an idol of his own creation to worship. As it is, his liberal and dignified criticism compares, most creditably to himself, with the base falsehoods and coarse vituperations of the Woods, Simpsons, Lees, Hookers and Holmes's of the present day. Had he lived to see this system permeate every civilized country, become possessed of colleges, dispensaries, hospitals and journals, its practitioners numbered by thousands, the pet of royalty, petitioned for in armies and navies, the growing favorite of the intellect of the world, proud of its progress, rich in its literature, exhaustless in its resources, he would have very probably given it a candid re-consideration, and doubled his already enviable renown by a cordial adoption of its principles and practice.

Article VIII.—*Idiopathic Typhoid Fever of the South-West.* By Geo. Kellogg, M.D. Nashville, Tenn.

The existence of this disease, except as a sequel of other affections, the result of injudicious heroic, or an ill-advised expectant treatment, uncomplicated by any predominant lesion of any particular organ or tissue, has ever been a mooted point among nosologists. That is does exist as an idiopathic disease throughout the southern part of the temperate latitudes of the United States is conceded by all practitioners of experience. The diagnostic indication between this disease and typhus are very obscure, but close observation will enable us to detect them. It is a disease peculiar to no season, recurring endemically, epidemically and sporadically, most frequent in sections formerly obnoxious to that peculiar type of

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miasmatic fever known as bilious-remittent, and which it seems to have almost entirely superceded, it defies both the Hercules and Sampson of allopathy—viz., Quinine and Calomel, and is almost as frequently fatal under the "masterly in activity" of the expectant treatment. The antipodes and all the intermediate grades of treatment, have been from time to time resorted to with about equal success, but its fatality has been probably greatest under the excessive mercurial treatment. This was the prevalent practice throughout the South-West until recently, but the shocking results have become so obvious, that in many sections of Tennessee and Alabama the disease has been taken out of the hands of the regular medical attendant, and treated with ptisans and other domestic remedies, with much more success. In the vicinity of Atticus, Ala., this want of success has been particularly marked. The May Number of the Southern Journal of Medical and Physical Sciences contains a letter from J. A. Long, M.D. on this subject, from which we make the following extract. "The proportional mortality "has been fearfully great, as it has been treated by every "physician in the county upon the mercurial plan, and in "some neighborhoods three-fourths of the cases have died; "in one instance seven cases in one family and six deaths, "and the seventh both jaws entirely destroyed by mercury; "in another neighborhood, (and I have it from as responsible "authority as our county affords) that in *thirty* cases, *thirty* "deaths took place, all upon the mercurial plan and saliva-"tion took place in none." These fearful results have led the more judicious physicians to abandon most of their therapeutic agents, and patiently to await a spontaneous cure, giving occasionally diffusible stimulants and a nourishing diet. With the adoption of this expectant treatment they have been somewhat more successful, for if the disease does not kill the patients they will have some chance for recovery.

The diagnosis between this disease and typhus fever is, as we have before said, somewhat obscure, and would lead a superficial observer to the conclusion, that pathologically they were identical, and that nosologists had in designating them as different diseases, made a "distinction without a difference." —I will endeavor to point out this distinction so as to make

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the difference obvious.—I have in my Journal-records of fourteen cases of this disease, treated by me within the last few months, and the result of my observation has been, that it is always ushered in by a succession of slight chills, followed by a corresponding series of reactions, and occurring several times during the day, this recurs for several days in succession and is accompanied by unusual heat in the stomach and abdomen, with a peculiar tenderness upon pressure in the right illiac region. Occasional nausea, restlessness at night. great apprehensiveness, face alternately pale, then flushed. These symptoms sometimes are so undefined as scarcely to attract the attention of the patient, and if they do, are attributed by them, to cold, indigestion, or some other cause, and not needing medical interference, so insidious is its approach. About the eighth day an alarming change takes place, and we find then occurring the following train of symptoms:—pulse small, frequent and compressible, occasionally undulating, great restlessness, skin hot, breast covered by rose-colored spots, abdomen tympanitic and tender, the evacuations thin, fetid, and consisting occasionally of thick, viscid, dark-colored blood. Tongue trembling, pointed, and intensely red on the tip and edges, and the centre dry, brown and cracked, great anxiety, and occasional low muttering delirium, the mental derangement is of a bland character, the patient generally harping upon some matter peculiarly interesting to him when in a normal condition. Lancinating pain in the frontal region, with morning exacerbations. Unless the disease is arrested at this stage by a judiciously-directed medical treatment, we find about the second or third week the patient in the following condition: (and the opportunity has frequently offered of witnessing this disease develop itself through its different stages in interference with, by remedies, in patients under the expectant treatment), we have then great accumulation of sordes on the teeth, gums spongy and vascular, blood oozing from them upon the slightest pressure, breath cadaverous, the tongue becoming patched, the dry black crust peeling off in spots, leaving the mucous membrane abraided and intensely red, skin below the natural temperature, occasionally moist, and clammy, circulation depressed, pulse small, and thready,

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great prostration both mental and physical, intense thirst, the spots on the chest becoming darker and more diffused occasionally sudamina, colliquative diarrhœa, stupor, metorism, rapid emaciation, petechia and death finally closes the scene after four or five weeks of suffering. This may be fairly considered the type of this disease. As far as I have observed, I have never noticed any distinct crisis occurring, but when recovery does take place under the expectant treatment, there is a gradual recurrence to a normal condition, if not interfered with by the medical attendant and a judicious regimen is adopted.

The distinctive diagnostic indications between typhus and typhoid fever seem to be the following: the latter is more insidious in its approach than the former, which is a type of fever frequently met with in New-Orleans during the winter months; the color of the eruption is as distinctive as that of measles and scarlatina, and as different in character as that of variola and varicella. The initiatory stage of typhus is more brief than in typhoid, in the former the patient is compelled to yield to the prostration almost immediately upon the accession of the disease. The diarrhœa and intestinal hemorrhage are never attendants upon typhus, and are usual concomitants of the typhoid type, there is also a different expression of countenance in the two, that will be evident to a close observer of the phenomena of diseases; in typhoid fever there is an intense anxiety expressed by the features, that is entirely absent in the other, for there on the contrary the face exhibits a stolid, apathetic expression almost amounting to idiocy. In the typhoid type the complexion is clear and the flush of a bright pink, whilst in the other it is thick and the flush of a dark dusky red color. These are some of the distinctive differences, but I think, that pathologically the diseases are sufficiently analogous to indicate the same therapeutical agents, and consequently for all practical purposes the "distinction is without a difference."

This disease has proved manageable in my hands, having for the past three years been brought constantly in contact with it in this city and vicinity, and when I have had the exclusive control of the patient, have not met with a fatal case,

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and I have frequently to struggle against the effects of previous medication. When called in the initiatory stage, I have generally found the symptoms to yield to a few doses of Bryonia in the morning and Nux-vomica at night. But we seldom have an opportunity of nipping it in the bud, and usually find our patient in the second stage, when Arsenicum and Rhus-tox. are invaluable as therapeutical agents; these with Belladonna, Bryonia and China have been my principal reliances. The disease has invariably yielded to this mild and simple treatment, nor have I ever had occasion to resort to the means and appliances of allopathy, save and excepting the occasional sponging with cold water. And now a word or two as to the diseases that are endemic in the West and South. A residence of twenty years, actively engaged in my professional avocations, the time about equally divided between the two Schools, has given me a somewhat extended knowledge of the peculiarities and changes that have taken place during that period in the types of diseases, and it would be an interesting subject for speculation, did space admit. That peculiar and dreaded form of fever, known throughout the South as the "Congestive Fever," was formerly confined to quite a limited sphere in its epidemic and annual visits; previous to 1840 it was scarcely ever seen north of latitude 35°, and extending to the gulf on the South, but of late years it seems to have abandoned that section where it was epidemic, and only appears sporadically, and is diffused over the whole West, from the great Lakes on the North to the Southern line of Tennessee, only occasionally revisiting its ancient resting places. That form of fever so prevalent throughout the West, and known as the "bilious-remittent fever" is now scarce ever met with, and is superceded by those more fatal forms, viz., typhoid and dysenteric fevers; for I presume it is not an exaggeration to say, that three-fifths of all the deaths in Tennessee and Alabama, and the South-Western States generally, are from one or the other of these two diseases. There are some peculiar features in the dysenteric fever, as it manifests itself in the South-West, that would be interesting but at a future time I will consider fully this "*Opprobium Medicorum*" of the Allopaths, and which occasionally baffles the most carefully-studied and judicious treatment.

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Article IX.—*Fragmentary proving of the 3d decimal dilution of Phosphorus by inhalation, under the superintendence of* E. E. Marcy, M.D. New-York.

During the experiments, the medicine was prepared fresh every morning as follows: ten drops of the dilution were thoroughly mixed with two ounces of water, and put into the inhaler for use during the day. I am in the habit of employing a very ingenious *glass* inhaler, invented by my talented friend Dr. O. Füllgraff of this city:

Mrs. P—— aged 22, of mixed temperament, varied disposition, commenced inhaling Dec. 5th. On the 5th, 6th and 7th, no symptoms appeared. On the morning of the 8th, inhaled for about fifteen minutes; about an hour and a half afterwards the first symptom appeared, which was a dreamy and indistinct sensation, as if objects were passing to and fro before the eyes—increased heat in the head—moisture all over the body but more particularly in the palms of the hands and on the chest—feet which were habitually cold, very warm—a pricking sensation in the right large toe, increased when walking—acute pain in the joint of the left large toe—acute pain in the left side, when taking breath, increased by a full respiration—soreness of the scalp on the crown of the head, increased by pressure—raw feeling of the lungs, particularly the left one.

About five o'clock, P. M. of the same day, inhaled a second time, for about twenty minutes; felt no new symptoms until about eleven o'clock, P. M.—then felt flashes of heat and cold across the shoulders—oppressive feeling of the throat-pit—severe pain at the base of the spine—bearing down and painful feeling of the uterus and bladder, with a smarting sensation when walking.

On the morning of the 9th, inhaled again for about twenty minutes—felt exceedingly petulant all day, nothing went right, felt as dissatisfied with myself as with others—seemed as if every body said or did something to provoke me.

Inhaled again at half past three o'clock of same day for about fifteen minutes—about three hours thereafter, after eating, was seized with severe vomiting and vertigo—about twenty hours after, increased pain accompanied with swelling and an inflamed appearance all around the joint of the left large toe—

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slight cough immediately after rising, with large quantities of a greyish phlegm as if mixed with dust—eyes gummy on awaking in the morning.

On the 10th, at one o'clock, P. M. inhaled for about twenty minutes—in half an hour afterwards was taken with a violent pain in the region of the right hip—pains in the lower part of the abdomen—severe pain in the uterus and vagina—afterwards, about three o'clock, was taken with a severe chill, followed by a fever, flushed checks, the left one much more so than the right—felt very thirsty—increased swelling in the feet, with severe pain in the bones of the same—but continue warm as they did at first—the pricking sensation in the right great toe has entirely disappeared—head still sore on the top, about eight o'clock, P. M. pains in the back, uterus, &c. have increased greatly, and resemble very much real labor-pains—particularly in the lower part of the abdomen—soreness of the lungs greatly increased, find great difficulty in taking a full breath. Sunday afternoon, 10th instant, pimples all over the body, color bright red, with an almost intolerable itching, scratching seemed to relieve it for the time being only—feet feel very sore and painful—Monday had fever with headache, but no chill;—felt indolent all day—Tuesday, feet not quite so bad, a dull pain in the joints—Diarrhœa, which is something very unusual with me, as my bowels are generally constipated—Wednesday, bowels still quite loose—feet still sore—headache.

Thursday, a whitish discharge from the vagina, with considerable fever in the evening—feet still trouble me—Friday, headache with fever in the afternoon—feet still sore—Saturday morning, diarrhœa greatly increased, accompanied with a sharp cutting pain in the abdomen before going to stool—During Sunday, the diarrhœa continued, but with much less pain, and less frequent discharges. But all of the symptoms of diarrhœa did not disappear until the expiration of two weeks. The puffiness of the toes and feet, and the gouty pain in the great toes also continued for several weeks, rendering it quite difficult and painful to walk or stand.

Another prover after two inhalations, became covered with an itching eruption of a troublesome character, severe pains in his head and chest, and great difficulty of breathing.

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Still another prover experienced pains in the chest, cough, with difficult expectoration and pains in the limbs.

Clinical Remarks.—We have prescribed inhalations of the 3d dilution of Phosphorus, with gratifying success in many cases of obstinate cough. In selecting the remedy, we have always been guided by the meagre proving now published, and in all curable cases, a prompt amelioration has been pruduced. Even in confirmed phthisis, we have witnessed excellent effects from this mode of administering the drug. By bringing the remedy into direct contact with the tuberculous depositions, it is philosophical to suppose that a better impression can be produced, than by giving the same medicine by the stomach.

We have also treated several cases of gout and rheumatism successfully, by prescribing inhalations of Phosphorus (12th) four times a day for two days in succession.

One case of Lichen has been apparently cured by six inhalations of the 6th dilution.

A case of eczema, was much aggravated for several dáys by a single inhalation of the 3d dilution, but from the 12th day, a steady improvement has taken place. This is a case of more than twelve years' standing. It is now the sixth week since the inhalation, and the patient believes himself better of his malady than he has been for the past three years.

Article X.—*Greater and Lesser Epidemics*, by John C. Peters, M.D.

Since the last appearance of this Journal, various epidemics have prevailed in this city and its neighborhood.—In fact we may state as an axiom, that *greater* epidemics will necessarily prevail from time to time; while *lesser* epidemics are constantly present, although varying in character from day to day, or week to week.

Among the *greater* epidemics, which have prevailed within the last year we may mention, cholera, intermittent and remittent fevers, erysipelas, the great boil-, and felon-epidemic, influenza, scarlet fever, puerperal fever, measles, mumps, &c. &c.

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Among the lesser epidemics, we may mention aphthous- or canker- sore throat, rheumatic ophthalmia, and various curious, but somewhat trifling affections to which no especial name can be applied. Every physician in full practice, must have noticed, that soon after seeing one case of a peculiar form of disease, he will almost certainly be called to, or hear of others similar in character. The very next week perhaps, he will witness several other cases of an entirely different type; and thus each week or ten days will be found to have its own peculiar *lesser* epidemic. Thus a short time ago, in the course of a few days, I was called to prescribe for four or five different persons in entirely different parts of the city, all suffering from a peculiarly annoying burning and peppery sensation in the mouth; the mouth and tongue were perfectly natural in appearance, without the least sign of unusual redness or dryness, and no cause could be assigned for this troublesome and trivial affection. One week a majority of the accidental colds, which always afflict a portion of the population of a neighborhood will fall upon the eyes, causing a rheumatic ophthalmia; the next week, the throat may suffer most frequently, and rheumatic-, or canker- sore throat, or quinsy, may prevail; an epidemic of mumps may be preceded by the frequent occurrence of rheumatism about the face, jaws, and neck. I noticed for a week or ten days before mumps became epidemic, that a majority of the ordinary catarrhal and rheumatic sore throats were attended with unusually severe pains about the maxillary joint, and side of the neck and face. During the following seven or ten days, diarrhœa may be of common occurrence; then gum boils, or felons may become frequent; then rheumatism or tendency to gout may predominate; then severe catarrhs of the nose, eyes or throat, &c. &c. The true physician must be watchful for these signs and changes, and follow upon their trail with the persevering and patient sagacity of the Indian; ever ready to follow the indices of nature, now into this path, then into that, doubling back upon his steps to find the thread of some lost clue, or pushing forwards with ease and celerity upon some broad and often-travelled track, which opens upon the more obscure one. It is as important to note differences in the constitution of the air, &c., as it is to be acquainted with the constitution of the patient. In some elec-

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trical or other states of the atmosphere, a small dose of Opium will cause great prostration and fainting, with or without nausea and vomiting, and that in a number of patients without any particular idiosyncrasy against the drug, while a few days after, much larger doses may be given not only with impunity, but with benefit. In some states of the weather, small doses of Hydriodate of Potash, or Iodine, or Mercury will produce violent effects, while a short time after, much larger quantities will be required to produce any effect, either remedial, or toxicological. I feel confident that much smaller quantities of Ipecac. or Tartar-emetic can be borne now than before the appearance of the last cholera.

In some states of the atmosphere bleeding from the lungs will be unusually prevalent. I certainly have witnessed and heard of more cases of hæmoptysis during the last winter, than for several winters before. The causes of some of these epid mics may be ferretted out; others must be conjectured; thus Joslin as early as 1843, published an article on the Meteorology of Hæmorrhage, and proved almost conclusively, that in many cases of bleeding from the lungs and womb, the barometer was generally falling on the days of attack, in a greater proportion of instances than could with any degree of probability be attributed to accident: thus, out of fifty-four cases, it was falling in thirty-five at the time of the attack, rising in eighteen, and stationary in one instance only. Hence the probability that the atmospheric pressure shall be diminishing rather than increasing at the time of an attack of spontanous bleeding, is about as *two* to *one*. If the lungs be weak or congested, slighter exertions will bring on an attack of hæmoptysis, when the barometer is falling, than when it is rising, although overexertion, or a chill of the surface, or unusual irritation of the lungs may bring on an attack at any time.

The causes of more complicated or obscure diseases are of course more difficult to understand. Schœnlein was the first believe to advance the opinion, that peculiar chemical agents may be formed in the atmosphere, or in the human body similar to those produced in minerals or plants; thus he says in erysipelas there is a peculiar change in the organic chemistry of the body, and the fluid of vesicular erysipelas always has an alkaline

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reaction, but the nature of this alkali is uncertain, although some have supposed that it is merely the natural alkalinity of the serum of the blood; while he himself believes, that some new and peculiar alkaloid is formed in the body, similar in its nature to the narcotic alkaloids, which are formed in Belladonna, Stramonium and other narcotic plants. However this may be, we know that Oxalic-acid, Valerianic-acid, Benzoic-acid and Hydrocyanic-acid may be formed in the human body, and may there produce some of their peculiar effects. Thus, it is well known, that Oxalate of Lime is often found in the urine, but it is not as well known, according to C. Schmidt, that it is often present in the mucus of the gall-bladder, and that it is scarcely ever absent from the mucous membrane of the impregnated uterus, and may thus account for the horrible nervousness and despondency, which attack some bilious pregnant females. Garrod has recently detected Oxalic-acid in the blood in a case of chronic hiccough and vomiting, and in several cases of gout. Lehmann's investigations have led him to believe, that when the respiratory process is in any way disturbed, we most frequently observe a copious excretion of Oxalate of Lime. It is most common either in fully developed pulmonary emphysema, or after repeated catarrhs; moreover, it is common in convalescence from severe diseases, as for instance typhus fever. Lehmann has also met with actually pure sediments of this salt in three persons who sometimes suffered from epileptic attacks. In some dyspeptic conditions Prout and Bird have found sediments of Oxalate of Lime. Oxalate of Lime is of course introduced most frequently into the system by the use of those vegetables which contain oxalates; still according to Lehmann the source of this salt must not be sought for only in the pre-formed oxalates, for Uric-acid may be decomposed by peroxide of lead into Urea, Allantoin, and Oxalic-acid; and the Oxalic-acid of the urine may be formed by a simple oxidation not only of Uric-acid, but there are many other substances in the animal organism besides Uric-acid, which by oxidation yield Oxalic-acid. In fact, Oxalic-acid is a final product of the oxidation of most animal and vegetable bodies, hence it may be formed upon the surface the earth, be volatilized and carried about in the air, and produce epidemics of a peculiar character. Again, *Oxamide*, when strongly

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heated becomes decomposed into water, Carbonic-oxide, Hydrocyanic-acid, and a little Urea, (Lehmann). Hence there may be some analogy between the epidemics produced by free Oxalic-, or Hydrocyanic-acid. Oxalic-acid is commonly obtained artificially by the decomposition of sugar, by the aid of not too concentrated Nitric-acid, by evaporation to crystallization, and finally by re-crystallization in water. A similar process may at times be carried on in the human body, either by the accidental or medicinal presence of Nitric-acid, acting upon the sugar which is always found in the stomach, liver or blood.

Again, Benzoic-acid is often formed as a product of decomposition when albuminous or gelatinous substances are treated with strong oxidizing agents; in the urine both of herbivora and carnivora it very often occurs in the place of hippuric acid. Lehmann found that when the urine of horses had been a good deal exposed to the air at an ordinary temperature, or had stood for some time in the stable and began to be ammoniacal, that it never contained hippuric acid, but only Benzoic acid. Hence, at times, a large quantity of Benzoic-acid may be floating in the atmosphere and cause its peculiar effects upon susceptible persons.

Succinic-acid occurs frequently as a product of the decomposition of fats, wax, stearic acid, spermaceti, margaric acid, &c., and in various kinds of fermentation.

According to Lehmann, in certain diseased states of the system very considerable quantities of *Ammonia* are often found in the blood as well is in the urine. Winter thought that the presence of Ammonia in the blood explained the phenomena of typhus; and Ammonia may be detected in the blood in all severe cases of acute disease, especially in those of a septic character, such as variola and scarlatina, shewing that a peculiar decomposition or fermentation is going on in that fluid in these diseases, and which may be set up in the bodies of other persons or animals who inhale the effluvia.

Hydrocyanic-acid may be formed during the artificial decomposition of Acetic and Valerianic acids, also during the decomposition of hippuric acid by mere heat, and during the decomposition of histogenetic substances by means of Bi-chromate of Potash, or Binoxide of Manganese, and Sulphuric acid.

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Hydrosulphocyanic Acid is almost always present in human saliva; also in that of the dog and sheep.

Arsenic is found in the sediments of most chalybeate waters, and may become volatilized in the system.

The presence of Copper in the bile of man and the ox has been determined with certainty; while the experiments of Harless seem to indicate that in the lower animals, copper stands in an essential relation to the blood corpuscules, and occurs in an inverse ratio to the Iron. An excess of copper in the system will cause bilious derangement and jaundice; an excess of Iron will cause general arterial plethora.

Sulphur and Phosphorus are well known to be floating at times in large quantities in the air, and may produce their peculiar pathogenetic effects upon susceptible persons, and give rise to greater or lesser epidemics of Sulphur or Phosphorus diseases.

I really think that there is some foundation for these conjectures, at least we must call in the influence of some other agents besides changes of temperature and alterations in the dryness and moisture of the atmosphere to account for the really specific manner in which various parts of the body are affected by different of the lesser epidemics; when colds prevail, it may happen that almost every person attacked is affected with more or less hoarseness and loss of voice, showing that the active pathogenetic action has some specific affinity to the vocal apparatus; in another epidemic the nose and eyes will almost only be the seat of the disease; in others again the eyes alone are involved; in others the muscles, motor nerves or joints; in others again the throat or chest; showing that in each epidemic there may be some special agent, which, aided by alternations of temperature, or moisture, or accident, or carelessness of the patient, still projects the whole force of these influences specifically upon some special part of the organism. If a huge excess of Sulphur has been set free from the numerous anthracite coal fires which are in full blast during the winter, and a peculiar heaviness of the atmosphere prevent it rising much above the tops of the houses, and a prevailing wind force it downwards or in some peculiar direction, so that the sulphurous vapors are accumulated in great excess in some one small locality or district, a sulphur-disease may arise,

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which a physician conversant with all the minuter as well as the grosser shades of the action of Sulphur might detect and antidote.

There is always some free Ammonia in the atmosphere, as is shown by the fact that Ammonia is always found in rain water, with which it has been brought down from the clouds; there must be times when from the urine and other excrements of animals, and from the decomposition of vast quantities of vegetable and animal substances, aided by heaviness of the atmosphere, or some prevailing current of wind, that Ammonia may accumulate in one district and locality, and effect susceptible persons with a peculiar variety of Ammonia-catarrhal disease.

In some hot climates or seasons there may be an immense amount of evaporation from the surface of the ocean, and vapors loaded with Iodine, Bromine, &c., may be forced on here by some prevailing wind, so as to cause an epidemic of Iodine- or Bromine-catarrh of the eyes, nose, or throat, or chest.

Belladonna and Stramonium, when given internally, it is well known often produce a fever, with soreness of the throat and eruption of the skin, which simulate those which attend scarlet fever. If we take in consideration the vast quantities of thorn-apple which are spread over the country far and wide, it is within the reach of probability that from some peculiar combination of causes the active principles of these plants may be set free in unusual quantities and directed upon some peculiar locality causing a Stramonium-disease. Or to hazard a still bolder conjecture, it is possible that the active principles of these plants, or similar ones, may be found under some peculiar electrical states of the atmosphere in the air itself, and thus cause wide-spread mischief. This idea is no more absurd than the fact that the roots or leaves, or flowers or stalks of various plants are able to manufacture peculiar poisons out of simple water, earth, or air.

But enough of this for the present. The notion, though impalpable enough, is not a whit more extravagant than the prevalent notion of the influence of Ozone, or Animalculæ in the air.

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General Record of Medical Science.

PUSTULE MALIGNE.

Great attention has been called to this disease of late, both from its prevalence and by the Inaugural Essay of Dr. Wainwright. It is generally mistaken for erysipelas of the face, or for boils or carbuncle. It may arise from diseased meat, or from a poison that is found in animals diseased with charbon, or with any of those malignant disorders to which they are subject; or it may set in from exposure to the influence of certain malaria. It is supposed, that both of these causes have been unusually prevalent during the last year.

To show that malaria is capable of producing this disease in its worst form Dr. Wainwright quotes Baron Larry, who supposes that in addition to a peculiar predisposition on the part of the patient are joined different causes depending upon the country, which he inhabits.

"The general or partial absorption of certain deleterious gaseous effluvias—very abundant in some of the marshy districts of the middle of France—are the principal causes of Charbon. These mephitic emanations are formed more frequently when the first heats of summer open the pores of the earth, and cause the decomposition of the animal and vegetable substances, which ferment slowly during the severe cold of winter, and the first days of spring.

"The places most exposed to these emanations, are the sewers or cemeteries which remain covered with snow during the winter, the neighborhood of stagnant waters, or those temporary ponds—that is to say, ponds formed by the melting snows or rains of winter—in which are engendered and developed a great quantity of reptiles. These ponds, in drying up, leave a prodigious number of animalculæ, which putrefying, generate these pernicious exhalations. If, then, an individual, predisposed to this morbid affection, exposes himself for a sufficient length of time to these putrid effluvias, he will be attacked with Charbon, or one of the like diseases, depending upon the temperature and the nature of the climate. The Charbon will be more or less light and benign, according to the action of these gases."

The essential variety is most apt to attack those whose occupation brings them in contact with animals, or with the flesh or skins of animals that have died from malignant diseases. Of such are butchers hostlers, tanners, shepherds, cooks, &c. &c.

And there are well-authenticated cases where this variety has been produced by insects (flies), transporting the matter from the infected animal to the human race.

The symptomatic variety attacks those who, being predisposed to such diseases, are exposed to the influence of Malaria: such a Malaria as prevails, to a great degree, in certain of the southern and marshy districts of France, as La Lorraine, La Franche Compté, Le

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Lyonais, La Burgogne, and also in some parts of Germany and Switzerland.

Dr. Wainright has thought it advisable to translate a description of the disease from the French, as from having had but few opportunities of observing this disease, especially in its last stages, his own description must, necessarily, be imperfect.

"This malady commences with a disagreeable itching, mixed with shooting pains, that are felt in the place where the tumor is forming. This point becomes red and slightly swollen, inducing the patient to believe that he has been bitten by some insect or reptile. Soon after, there appears upon the painful spot, one, or many yellow vesicles, filled with a lemon-colored serum. The tissue of the skin is obstructed and swollen in the circumference of the tumor, forming an areola, at first red, soon becoming livid, and almost always producing vesicles similar to the first. The swelling extends farther into the surrounding parts. The vesicles that occupy the centre of the tumor, burst, allowing the fluid that they contain to escape.

"The dermoid tissue, which is at this stage exposed, becomes black, dried up, hard, and has the appearance of a piece of burned leather. This point is sunken, and adheres very strongly to the subjacent parts, whilst the areola, which we have before spoken of as formed, enlarges, assumes a livid color, and becomes grangrenous.

"In the first stage, to the itching that the patient at first feels, succeeds a painful sensation of tension, numbness, and slight throbbing pains: these disappear at the second stage. A general uneasiness constantly proceeds, or accompanies, the invasion of the tumor. The patient complains of dull pains in the head, vertigo, and sometimes of a disposition to vomit. The appetite is lost, and the sleep disturbed by unpleasant dreams and delirium.

"The pulse at the first is weak and slow, and as the disease advances, the arterial pulsations lessen. The respiration is more labored than in the natural state, the urine scarce, and the alvine evacuations suspended. Sometimes the patient has hiccough, sometimes also the moral faculties are disordered, in a greater or less degree, depending upon the severity of the Charbon, or its effect upon the general system. If the Charbon is of a malignant character, all the symptoms are aggravated and rapidly increase, the slough spreads, and the vesicles that you see in the areola break, discharging a reddish green fluid.

"The whole swelling presents a considerable elevation, deforming the region where the tumor is developed, and disturbing the functions, not only of those organs in its immediate vicinity, but also those more distant. If the vital powers are too much depressed to enable them by a circle of true inflammation to surround the tumor, and confine the disease to that locality, the mortification that is called dry gangrene, will extend rapidly in depth and breadth. The absorption of this gangrenous and unhealthy matter, which is, without doubt, performed by the lympathics, or the cellular tissue, deranges all functions.

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"Organic life is first affected, the patient having frequent faintings, hiccough, oppressive respiration, and palpitation of the heart, causing a marked change in the pulse.

"The functions of animal life are also successively attacked, the patient having by intervals drowsiness, vertigo, and suspension of the intellectual senses. Death generally follows these alterations."

Post-Mortem Appearances.—*Larrey.* "The bodies of these last, of which I made an examination, had, at the time of death, the circumference of the anthrax gangrenous, the stomach and intestines full of tainted gas, and spotted with many points of gangrene; the epiploons yellow and flabby, and the whole venous system gorged with black and liquid blood."

Diagnosis.—The diagnosis of this disease is not difficult to one acquainted with its symptoms; though, from not understanding them, it may be readily overlooked, or thought to be some other malady.

The diseases with which it would generally be confounded, are: furuncle, carbuncle, and plague.

From *furuncle* it is easily distinguishable by its vesicular origin, its rapid progress, and by the rapidity with which it affects the general system.

From *carbuncle* its separation is more difficult, carbuncle marching with almost the same rapid progress, producing analogous effects upon the general system, and resembling it somewhat in its appearance. And as this is the disease for which it will, in most cases, be mistaken, I shall endeavor to give some of the chief diagnostic marks.

In *carbuncle*, the cellular tissue is primarily, the skin secondarily involved.

In *pustule maligne*, the skin is primarily, the cellular tissue secondarily involved.

Carbuncle generally appears upon the back of tho neck, or in the loins, where there is a dense fibrous fascia, this malady arising in connection with the areola tissue beneath such fascia.

Pustule maligne, on the contrary, may occur on any part of the body, but always in relation with the epithelium, whether that be upon the skin or mucous membrane.

In *carbuncle*, no vesicle is formed.

In *pustule maligne*, the commencement of the disease is the formation of the vesicle.

In *carbuncle* there are the small pin-hole openings communicating with the sphacelus beneath, and discharging drops of matter.

While in the *charbon* there are rarely many openings; and although there is one, it has not at all the appearance of those in the *carbuncle*, being much larger, and without the defined edge that they in that disease present.

Also, *carbuncle* generally attacks those advanced in years, seldom the young or middle-aged; *charbon*, commonly the young or middle-aged, seldom the old.

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Between the *plague* and the *charbon* it is not necessary to draw a critical distinction—although these two most nearly resemble each other, some even supposing that the charbon is nearly allied to the plague—for the reason that this disease (the plague) is never met with in this country.

The most important symptoms that mark this malady, are: the shooting pains that extend into the neighboring parts, appearing to follow the ramifications of the nerves; and its vesicular origin. If particular attention is paid to these two last mentioned symptoms, and also to the others of which we have before treated, the physician will rarely fail in making an accurate diagnosis.

Prognosis.—In cases where the patient is seen before the commencement of the constitutional symptoms, the disease, in most instances, is susceptible of an almost immediate cure; but in those cases where the constitution is visibly involved, the prognosis is not so favorable.

The essential variety is more easily overcome than the symptomatic, from the fact that it is the effect of inoculation, affecting in the first place the part where the poison is deposited, afterward the general system; so that by confining the action of the disease to that part, and preventing its entrance into the general system, its cure is easy; but in the symptomatic, where the poison is already in the system, and nature, by an effort, strives to eliminate it, the prognosis is uncertain.

Also, in cases where the disease attacks persons who are predisposed to carbunculous maladies, or are from any cause whatsoever in a vitiated state of body, the prognosis is unfavorable; yet still, with prompt and proper treatment, the disease can generally be conquered.

Treatment.—There have been various modifications of treatment recommended by different surgeons. Some advise the cautery alone. Others the extirpation of the tumor followed by the cautery; either the actual or potential. But in cases that I have observed, the disease has yielded so readily to an incision alone, that I believe no one is justified in using the cautery until he has seen the effect of a simple incision. The advantage of the incision is that it will generally be sufficient, and its use does not cause the deformity that must follow the application of the cautery. If, after the incision is made, the disease continues to extend, then apply the cautery, either the actual or potential: the actual is preferable, it having a greater control over the malady. The incision should be graduated to the size of the tumor; if that is not large, a single, if large, a crucial incision will be necessary.

Care should be taken to cut not only entirely through the tumor itself, but also to include somewhat of the healthy structure, beneath, and at both sides.

The relief, after the incision, is very great; the patient being almost instantly freed from those shooting pains, that are so distressing.

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(In dividing the tumor, it will appear as if the knife passed through a honey-comb, and, upon examining the surfaces, you will perceive them to be partitioned off into cells, each cell filled with matter, and not seeming to communicate.) After the operation, a poultice should be applied: one made of yeast or carrots. It should be renewed occasionally, and kept on for twenty-four hours. Then the wound may be dressed with an ointment made of Balsam of Peru, mixed with Unguèntum-altheæ or simple Cerate.. The wound should be allowed to remain with such a dressing until granulations form, when its sides should be brought together by adhesive straps or sutures. (When the pustule is situated upon the lip the hare-lip suture may be required.)

The intestines, whenever necessary, should be cleared by a mild cathartic. Drastic cathartics are to be avoided, as the fever that accompanies this malady always assumes a typhoid type. The patient should be sustained by stimulants and nourishing diet, and as soon as he recovers from the depressing effect upon the mind, which is a marked symptom in this disease, tonics, and the continuance of a generous diet are of great service in restoring him to his previous state of health.

Especial care should be paid to the symptoms of constitutional disturbance, as in that the great danger lies; the system succumbing, in an almost incredibly short period, to what does not at first appear a dangerous complaint.

If practised with energy, this course of treatment will be to the surgeon, in its prompt and happy action upon the disease, most gratifying.

In treating this disease there is great need of decision, for the patient rarely demands assistance until the disorder has arrived at its second stage, and, even then, it seems so slight that there must be great confidence in the surgeon, or the surgeon have great decision, to induce the patient to submit himself to such a heroic course of treatment. The disease that we have been discussing is considered to be of rare occurrence in this country, though I believe it is more frequently seen than would be supposed, from the entire want of American authorities upon a subject that so well merits attention.

Review.—In reviewing this, I fear, imperfect essay, I, (Dr. Wainright) find that I have not dwelt with sufficient emphasis upon the fact that this disease may, and does attack, the genitals of children.

I know that in a hospital, in the vicinity of this city, a number of cases of that kind were observed; and have been told by physicians (upon describing its symptoms) that they remembered cases that were most probably attacks of this very disease, but never having heard of Pustule Maligne, they did not understand them.

CASES.—First. J. B., a carpenter, twenty-eight years of age, of slender frame, yet healthy in appearance.

On the 17th of March, 1853, observed, when shaving, a vesicle on the lower lip, on the right side of the median line, and regarding

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it as a fever blister, opened it with his razor; from that time, at the point where the vesicle was, he felt a burning sensation, the lip swelled, and was very painful.

The same evening before going to bed, took a dose of salts, (which in the morning operated well,) without, however, causing any relief in the symptoms. During the night, the disease had rapidly advanced, the whole lip was swollen, and a tubercle, hard and immovable, had formed in the centre of the swelling, accompanied with intense shooting pains, extending over the face and neck; these symptoms continued with increasing severity until the evening of the 19th, when Dr. Hosack was first called.

The entire lip was found livid, hard, and unyielding, like a piece of wax, and upon a probe being introduced into the orifice where the vesicle had been, it passed without difficulty through the lip and mucous membrane into the mouth. The lip was divided by an incision, from its free margin to the apex of the chin. (The surface presented a honey-combed appearance, the cells being loaded with matter that oozed out drop by drop.) The sides of the wound through muscular action separated, thereby affording grateful relaxation to the part, and leaving a free vent for the discharge.

A yeast poultice was directed, and supporting treatment pursued. In a few days, when a healthier action had begun, and granulations appeared, the wound was closed by adhesive straps, and four hare-lip sutures. Adhesion soon followed, and the patient recovered without any deformity, save a linear cicatrix.

Second.—Mrs. K., about thirty-two years of age, on the 9th of April, 1853, was attacked with Pustule Maligne. Is naturally of a healthy constitution, but has suffered from occasional attacks of intermittent fever, having resided during the greater part of her life in a miasmatic region. Is mother of several children, and when attacked with this disease was nursing her youngest child, several months beyond the accustomed period, thereby producing a morbid state of the system, that doubtless was the predisposing cause in the development of this malady.

On the morning of the 9th, she first perceived a small swelling on the vermillion margin of the lower lip, near the angle of the mouth, on the left side. With this there was an uneasy sensation of burning and itching, followed in the course of an hour or two, by the formation of a vesicle, and supposing it to be a mere fester, or the bite of some insect, it was opened; a minute quantity of red colored serum escaped: this afforded but temporary relief. Soon after a hard and waxy tubercle, about the size of a pea appeared, accompanied with shooting pains, extending up over the face and head, and down upon the neck.

At this time, (evening,) Dr. Hosack was called, who, regarding it as Pustule Maligne, decided immediately, to lay the part freely open, but the patient, being unwilling, at that time, to submit to an operation,

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it was deferred until the following morning, and in the interval a mild aperient, together with the application of a lead poultice to the part, were prescribed.

April 10*th*, *morning*.—The patient was found to have passed a restless and sleepless night; pulse small, quick, and corded; lip livid and increased in tumefaction and rigidity, and general aggravation of the symptoms. Without further delay, an incision was made, cutting entirely through the tumor, when the sense of tension and the shooting pains, were instantly removed; a yeast poultice was ordered.

(The surfaces of the wound presented the same cellular appearance as did those in the first case.)

Evening.—The patient comparatively comfortable; lip fast recovering its natural color; tumefaction soft and rapidly subsiding, and the constitutional symptoms disappearing; poultice continued.

April 11*th*, *morning*.—Slept and rested well the night previous; countenance natural; wound changed essentially in its appearance, and assuming more nearly the nature of healthy inflammation; poultice discontinued; a dressing of Ung.-Altheæ and Bal.-Peru substituted, together with generous diet.

April 12*th*.—Patient much improved; no fever; wound healthy, and disposed to granulate; lips of the wound brought together by sutures, aided by adhesive straps, and nicely adjusted to obviate deformity. From this time, the patient gained rapidly, and in a few weeks had entirely recovered, and without any perceptible deformity.

THIRD.—K., about twenty-two years of age, of scrofulous diathesis, had been troubled for two or three weeks with chapped lips, but was not otherwise unwell. He was a student of medicine, and had been engaged in dissecting until with five days of his attack.

On the 27th of November, 1850, his attention was first attracted by a slight pimple that appeared on the lower lip, a little to the left side of a chap.

28*th*.—Slightly inflamed, though not painful.

29*th*.—Appeared like an incipient boil.

30*th*.—Lip slightly thickened.

December 1*st*.—Whole lip swollen, and somewhat painful; kept in the house.

2*d* (*morning*).—Had passed a sleepless night. Lip hard, and swollen to about twice the natural size. *Noon*.—Black spots on lip. lip insensible, and soon became wholly black—lanced once, slight discharge, a drop or two of sanious fluid. During this night, had much fever, pain across the diaphragm, and convulsive respiration, resembling hiccough; occasionally delirious, pulse 140.

3*d* (*morning*).—Whole under-lip black and insensible, slight oozing of sanies from wound, tongue furred and moist; throat edematous, rendering deglutition difficult; chin and upper part of neck swollen, and dispersed redness. *Evening*.—Pulse 114, mind more lucid, deglutition easier, lip cold.

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This state of things continued until about midnight, when pulse flagged, hiccough increased, accompanied with great dispnœa, colliquative sweats, delirium upon some subjects, and once vomiting of dark matter, ending in death, at six, A. M., December 4th.

I saw the first two cases, in the practice of Dr. Hosack.

The last I did not see; it was furnished me by the father of the young man, who was himself a physician, our Dr. Kinsley.

ADDENDA.

I, (Dr. Wainright) have been convinced since this paper was written, (February, 1854,) that Pustule Maligne is of much more frequent occurrence than I then supposed it. As this very spring I have heard of a number of persons being attacked with a malady, that *very nearly resembled*, if it was not, the *genuine Charbon*.

This disease might be miscalled *malignant erysipelas*. But from phlegmenous erysipelas (the only variety with which it could be confounded,) it can be distinguished by its superficial origin and circumscribed appearance. The marked analogy in the several cases is most striking, especially the shooting pains, and honey-combed tumor. In fact the history of one might serve for the history of all.

The report of the first of the following cases, I have condensed from a statement kindly prepared for me by the husband of the lady, a physician of this city.

First.—Mrs. S., mother of a family, had been subject to attacks of nervous headache, otherwise had enjoyed good health. "For two or three days previous to the appearance of this disease, she had been confined to her bed with a severe attack of influenza. She was able, however, on Thursday, October 4th, to go out. It was on this day that she first noticed a small pimple on the left of the centre of the under lip. She said nothing about it, supposing it to be a mere trifle." The disease continued to advance, though not rapidly. On Sunday morning, having risen, she was compelled to retire again. "The pain had extended over the whole scalp and down the back of the neck, and was so constant and severe, that her mind began to wander, and so decidedly worse was she getting as to induce a closer inquiry as to the seat and cause of the pain, when it was very clearly traceable to the pimple on the under lip, which had become enlarged to about the size of a large pea, hard, of a purple color, and from the centre a slight watery discharge issued. The sensation was that of constant shooting pains of the most intense character from this pimple over the whole face, head and neck, even down to the breast; and what was equally remarkable, great prostration of the vital energies.

"At this stage of the case, Dr. Hosack was called, and at once recognized it as Pustule Maligne. As it was then midnight, he deferred operating. All the symptoms had greatly aggravated by morning, which induced him to operate at once."

He made a crucial incision of about eight lines by six.

"After the bleeding ceased, which, however, was kept up by the application of a warm poultice, the wound was dressed with a stimulating ointment, so as to keep up a free suppuration for two or three days. When this ceased, the wound was drawn together by adhesive straps, and healed with little or no trace of the incision.

"The true character of the disease was clearly shown by the appearance of the incised surfaces."

Second.—H., a young man, twenty-six years of age, on Wednesday morning, Oct. 17th, 1854, observed a small vesicle on the upper lip, which he opened; from

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that time he began to experience great pain in and around the tumor. The disease continued rapidly to increase, and the shooting pains were so severe that he was not able to sleep that night. On Thursday morning he took a dose of medicine, but without any relief, and in the afternoon his state so alarmed the family, that they sent for Dr. Hosack; and in two or three hours after, when I went with him to assist at the operation, the tubercle upon the upper lip had enlarged to about the size of a small grape, rendering speaking difficult; at the centre it was of a dark color, and there was a slight discharge of sanies from a small opening at the apex. The tumor was freely divided, and the sides of the incision presented in a marked degree the honey-combed appearance of which I have before spoken. This case was treated as were the others, and the patient, in about ten days from the time of the attack, was perfectly well,

THIRD.—Berry, sash and blind-maker, Brooklyn, on the 15th of March, 1855, observed a pimple on the lower lip; he at first paid no attention to it, but it increased so rapidly, that on the afternoon of the 17th, it had involved the whole lower lip. Dr. Hosack being sent for, divided it by a crucial incision, extending from one angle of the mouth to the other, and from the free margin of the lip nearly to the apex of the chin. It was treated by poultices and stimulating ointments, and the wound united by the aid of hare-lip sutures, and healed with slight deformity.

I can not close this paper without repeating, that in all the cases I have seen, the incision has acted like a charm, removing almost instantly, the shooting pains. I consider these pains as one of the great, if not the greatest, of the diagnostic marks of this disease.

Rhus and Sulphur, with or without the aid of Secale, and Nitric-acid, both internally and externally, have cured cases without incision.

PETERS.

MATERIA MEDICA.

1. *Actea-racemosa. Black-cohosh.*—Dr. Davis has used several pounds of it during the last few years, and in a considerable variety of diseases; he has never known it to produce a perceptible increase in any of the secretions, nor has it the slightest stimulating properties. He has uniformly found it to lessen the force and frequency of the pulse, to soothe pain, and allay irritability. In a word, he regards it as one of the most purely *sedative* agents we possess. In large doses it causes vertigo, dimness of vision, and a depression of the pulse, which remain for a considerable time.

At different times more than twenty cases of *acute inflammatory rheumatism*, including the severest form of that painful affection, have been treated with this remedy, for the purpose of fully testing its power in this disease. The results were satisfactory in the highest degree, every vestige of the disease disappearing in from two to eight or ten days, without inducing any sensible evacuation, or leaving behind a single bad symptom. There is no more doubt of its efficacy in the early stages of acute rheumatism, than there is in the power of vaccination as a preventive of variola. Dr. Johnson found the most acute and severe cases that ever came under his observation to yield to its influence,

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ot only more speedily, but more perfectly and with less danger of metastasis to other organs, than to any other form of treatment. The only visible effects of the medicine are; diminution of the force and frequency of the pulse, disappearance of the arthritic pains and inflammation, with occasional vertigo, or disposition to fall on attempting to assume the erect attitude. We are well aware that many other practitioners have used the *Actea* in rheumatism without the same happy results; in fact the witticism that Actea may act there, but will not *act here* is in many doctors' mouths; but in every instance in which there was an opportunity to make the inquiry, it has been found that the kind of cases and the stage of the disease to which it is most applicable had been mistaken. As it was formerly supposed to be a stimulant, the inference has very naturally been drawn that it could only be applicable in the sub-acute and chronic forms, or at most in the latter stage of the acute disease, whereas in truth, these are precisely the class of cases in which it proves of comparatively of little value; for its curative powers being dependent entirely upon it *sedative* influence, it can only prove effectual when given in the early stages of the acute disease, before the occurrence of those fibrinous deposits around the ligaments and parts affected, which so generally occur in the latter stages of protracted acute cases, and in all the more chronic forms of the disease. It is only in the acute form of rheumatism that its own complete curative power is exhibited; *the more acute the disease the more prompt and decided will be the action of the remedy.*

Experience has also proved it valuable in some forms of chorea, hysteria and other nervous affections. As early as 1832, Dr. Young detailed several cases of chorea promptly and effectually cured by the Actea alone. Since that time so may other similar cases have been reported by different writers, that we can no longer doubt its efficacy in this and kindred diseases when judiciously administered. We say judiciously, because it is not alike applicable to all the cases of any form of disease. Thus we may have rheumatism complicated with bilious derangement, or chorea from the presence of worms or other irritating substances in the alimentary canal, and no rational man ought to expect the cure of such cases by using a remedy that generally induces no sensible evacuations whatever. But in all those cases arising from undue irritability or mobility of the nervous system, a state so common in girls about the period when the menses ought to come on; or which may be induced in both sexes *by exposure to cold*, and even in those cases which may be kept up by what has been termed habit, we shall find the most decisive and successful results from the use of the Actea in proper doses. In fact *chorea* will be found to be rheumatic in its origin, and attended with a bellows-sound about the heart, in a large number of cases. We may even hazard the opinion that chorea in a large number of cases is merely a rheumatic irritation of the motor nerves and muscles, or a rheumatic irritation of the anterior column of spinal nerves. The heart should be watched as anxiously in chorea, as in rheumatism, especially in young persons.

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Actea is also a useful remedy in rheumatic inflammation of the lungs, especially in consumption, which arises without any particular hereditary tendency, from carelessness in exposure to cold and wet. In fact, it was in pulmonary affections, particularly in the early stages of phthisis that this remedy first attracted the notice of the profession. In 1823, Dr. J. S. Garden, of Charlotte, Va. published his own case, and those of several of his patients. He says, shortly after commencing its use, the hectic paroxysms were entirely checked, the night sweats began to diminish, the expectoration, resembling pus, was speedily arrested, and the cough became less troublesome and frequent; his pulse, which for some time had never been lower than 100 to 120, fell to the medium standard; the pain in the right breast and side left him; his strength and appetite began to improve; he had already been sick for one year. He thinks that it certainly possesses the power in an eminent degree of lessening arterial action, and at the same time imparting tone and energy to the system. His confidence in it was subsequently confirmed by an experience of twenty years. Dr. Hildreth details three cases successfuly treated by this remedy in conjunction with Iodine. Dr. Davis has used it much in all forms of tuberculous and scrofulous diseases, and with the most gratifying results when combined with the preparations of Iodine. He regards it as a most valuable *sedative* in the true sense of that term.

In many cases of severe *headache* apparently depending on simple irritability of the brain in females of delicate habits, Dr. Davis had prescribed a decoction of the root in doses of a wine-glass full every three or four hours with the most prompt relief; but ladies generally expect and get relief from headache before several intervals of three or four hours each have passed by.

It yields its specific virtues to alcohol more perfectly than to water. Of the Tincture it is said that from thirty to sixty drops may be given every one, two, four or six hours, according to the nature and severity of the case.—*Transactions Am. Med. Ass. Vol.* 1.

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2 *Rumex. Water Dock, or Yellow Dock.*—The medicinal portion is the root, which is generally described as possessing astringent and slightly tonic properties; but it is supposed that its chief value consists in its alterative and gently laxative properties. One or two ounces of the decoction, repeated every four, six or eight hours will pretty generally relax the bowels and promote the secretions, especially that of bile, as indicated by the character of the evacuations; it never produces any marked effect upon the nervous or sanguineous systems; it is fully equal to the far-famed Sarsaparilla as an alterative. In the Bellevue Hospital it is very generally used in a large proportion of the venereal, scrofulous and cutaneous diseases as a substitute for sarsaparilla, and with the most satisfactory results. It is especially adapted to those cases attended with torpid bowels and inactive secretion of the important abdominal viscera. It has been known, when used externally and internally, to cure several inveterate cases of itch as effectu-

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ally and almost as speedily as Sulphur itself. The Rumex-crispus, or common Yellow Dock, and the R. obtusifolium seem to be more laxative than the other varieties.—*Transactions Am. Med. Assoc. Vol.* 1. 1848.

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3. *Rumex Acetosa and Acetosella or Common Sorrel* are agreeably sour to the taste, and owe their acidity to bin-oxalate of Potassa with a little Tartaric-acid. They have refrigerant and diuretic properties, and are used advantageously in scurvy; they also form an agreeable drink in fevers. Magendie observes that when large quantities have been used as food, the Oxalic-acid which they contain passes through the kidneys and frequently gives rise to Mulberry-calculus.

The *Rumex-crispus* and *obtusifolius* contain Sulphur besides various Salts, among which are the Phosphate of Lime and different acetates and malates; these ingredients probably render them so useful in skin diseases. The latter remedy is stated by Dr. A. J. Thompson to be very efficacious in Ichthyosis.—Wood and Bache.

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4. *Lycopus-virginicus. Bugle-weed.*—The whole plant is medicinal and has generally been described as slightly narcotic and tonic. It was first used by Drs. Pendleton and Rogers, principally for hæmoptysis and incipient phthisis, several cases of which they have reported as entirely cured by it. It has been much used in N. Y. Hospital in similar cases, and by Drs. Ives, Lawrence, J. M. Smith, F. N. Johnson and others. Dr. Ives regarded it simply as a mild narcotic, producing its effects by allaying irritability; but others have attributed to it very marked and valuable astringent qualities. Dr. S. W. Williams, of Mass. says, he has used it with marked success for more than thirty years, in all kinds of hæmorrhages, and thinks it quite equal to the Geranium-maculatum, Catechu, or Kino. He has found it most useful in hæmatemesis. In the other hæmorrhages, although it does not operate so directly upon the bleeding vessels, he thinks in addition to its astringency it produces a sedative effect, and has like Digitales the power of diminishing the frequency of the pulse. When young he was himself very subject to bleeding at the nose, and was sometimes reduced almost to a skeleton, and the surface of his body appeared to be almost bloodless. By a persevering use of a decoction of this plant he has reason to believe, that he was much relieved, if not cured of this troublesome and sometimes dangerous complaint.

Rafinesque considers it a very good substitute for all narcotics, prussic acid and even bleeding, since it produces the same state of the pulse and arterial system, without inducing any debility, or acting on the heart or brain in any injurious manner.

Another physician used it with the most gratifying success in more than forty cases of hæmorrhage chiefly from the stomach and womb.

When the infusion is taken in health, at the rate of a wine-glass full

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or more, every two or three hours, it pretty uniformly diminishes the force and frequency of the pulse, and induces slight costiveness, without any degree of nausea, vertigo, or other unpleasant symptoms.

A poor woman with all the rational and *physical* signs of advanced phthisis, with a very troublesome cough and irritable constitution, took from a gill to a half-pint of the infusion daily for six months, when she was in a much better state of health than before.

Dr. N. S. Davis thinks that it is admirably adapted in all diseases characterized by excessive discharges of any kind, and an irritable condition of the nervous and arterial systems. *Second*, its action is that of a direct astringent and sedative, diminishing the pulse and checking the secretions, without producing any perceptible soporific or tonic effects. And *third*, though not capable of acting as a substitute for bleeding in acute inflammations, yet the qualities just named render it eminently useful in all those hæmorrhages, diarrhœas and chronic coughs where the system will not bear depletion, and where there is too much irritability to allow the use of tonics and stimulants.

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5. *Hamamelis-virginica. Witch-hazel.*—The most direct and specific account we have of its virtues, is given by Dr. James Fountain, an experienced and eminent practitioner of Peekskill. He has used it for more than thirty years, in one way or the other. His attention was first called to it by the country people, who use it for all manner of hæmorrhages.

A young man whose father and mother and whole family, no less than eight or ten in number, except himself and a younger brother had died of consumption; he too was pale and emaciated, and bade fair soon to follow them to the tomb; he did not dare to leave home without the witch-hazel to stop his spitting of blood, for as soon as this appeared, he chewed some leaves and swallowed the juice, with the invariable effect of stopping the bleeding at once: he has ever since continued to use the leaves, or a decoction of the bark, either of which will arrest the hæmorrhage and relieve the pains in the chest promptly. He has since lived many years although his health is not good; but it is to be presumed that he owes life to this one article.

It does not arrest diarrhœas or any other morbid secretions so remarkably as moderate hæmorrhages, especially those of the lungs, stomach and bowels. In hæmatemesis it has been found to operate like a charm. It appears to be especially adapted to young and irritable subjects.

Dr. Fountain was also convinced many years ago that it possessed an *anodyne* power. He was led to this conclusion from its relieving pain in cases of hæmoptysis, and the sudden and decided relief it affords to the pain and soreness of piles.

About ten years ago, a new ointment from the east, somewhere in the neighborhood of Danbury, Conn., was peddled about the country and acquired great fame as an infallible cure for piles; and in truth

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it did succeed admirably: its effects as an external application were sometimes truly surprising. Accidentally the receipt fell into Dr. Fountain's hands, and here it is:

Witch-hazel bark;
White-oak bark, innerpart;
Sweet-apple tree bark,

of each three handsful; water three pints; boil down to one pint and strain; add lard a half pound, simmer out the water, stirring it continually, before and after removing it from the fire, till it cools. It forms a brick-colored anodyne, and astringent ointment admirably adapted to the cure of hæmorrhoidal tumors.

It has been given in a number of cases of disease, principally in chronic coughs, accompanied by that irritable condition of the system, which usually marks the incipient stage of phthisis; also in hæmorrhoidal affections; and in most cases with decided benefit.

Its action very closely resembles that of the Bugle-weed, with the exception that the witch-hazel is more anodyne or narcotic, and exerts a less direct control over the action of the heart and arteries.

Dr. Davis hazards the opinion, that further investigation in regard to this class of remedies, may enable us to control the early stages of consumption with as much certainty as we now control the common forms of fever. They seem to fulfil an indication which is but imperfectly met by any combination of the more common allopathic remedies, viz., the allaying of irritability both in the nervous and vascular systems, without inducing either debility or derangement of the digestive functions.—*Transactions Am. Med. Ass., Vol.* 1.

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6. *Naphtha medicinalis.*—This remedial agent was first introduced into the practice of medicine by Dr. Hastings, who along with the late Dr. Hocken, vaunted it as a perfect cure for pulmonary consumption. They both agreed in describing its effects on the system generally as those of a stimulant, and considered its curative action to depend on its possessing a solvent action over tubercle. Although few if any now believe that consumption can be cured by this agent, it must be confessed that the results of the experience of nearly all who have tried its effects in this disease, is strongly confirmatory of its being a most useful remedy, and in this opinion Achigan fully agrees. It appears to him to act as a direct sedative, the harassing cough and troublesome vomiting, so frequent an attendant or the advanced stages of consumption, being more relieved by it than by any other remedy he has employed; and it is consequently in cases in which these symptoms are very prominent that it proves most beneficial.

Wood and Bache think, that it may be usefully employed to palliate the cough and lessen the term of consumption; and that it may be ranked as a narcotic, sedative and anti-emetic. As an anti-emetic remedy in chronic vomiting, whether dependent or functional or or-

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ganic disease, Christison has found it useful, having frequently seen the vomiting arrested or greatly mitigated by its use. Dr. Yandall speaks favorably of its efficacy in diarrhœa and dysentery. The dose is from five to forty drops, three times a day, sufficiently diluted with water.

It possesses undoubted powers over many of the symptoms of consumption, such as cough, hectic fever, inclination to vomit, diarrhœa, &c. It is much more useful when used both internally, and with the inhaler; far more so than Kreosote, upon which, with a few narcotic herbs, the notorious Dr. Hunter mainly relies.

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7. *Veratrum-viride. Green or American Hellebore.* This is not the plant from which the Poke-root is obtained, that is the *Phytolacca Decandra*, but it is the so-called Poke-weed; the two plants are entirely different in appearance and properties. It is often called White Hellebore, very improperly by the Shakers, and those ordering the Veratrum-viride from them, often get the White-Hellebore proper, or the Veratrum-album.

The properties and powers of Veratrum-viride are: 1st, *Acrid*,—this property is very limited and confined to the fauces. 2d, It is adanagic, *deobstruent or alterative:* this property it possessed in a marked and very high degree; not equalled by Calomel or Iodine in this particular, which will adapt it to the relief and cure of many diseases hitherto beyond the reach of any remedy. Of this class of diseases, that which we think will be much benefitted by it, is consumption. 3d, It is actively and decidedly *expectorant*, so much so that we rarely add any other article. 4th, It is one of the most certain *diaphoretics* belonging to the materia medica: it often excites great coolness or coldness of the surface; in some cases the skin is rendered merely soft and moist; in other instances, the perspiration is free, and at other times it is most abundant; but notwithstanding its profuseness, it does not reduce or exhaust the system, as many diaphoretics do when in excess, and therefore need not excite alarm nor be suspended on that account. 5th, It is *nervine*, not narcotic, under any circumstances. This property renders it of great value in the treatment of painful diseases, and such as are accompanied with convulsions, morbid irritability and irritative mobility. For example—pneumonia, rheumatism, puerperal fever, convulsions generally, and palpitation of the heart, &c. 6th, It is one of the most certain and efficient *emetics* known. It often excites severe nausea and frequent vomiting, which, taken in connection with great paleness, often alarms the patient and by-standers; but these effects, when in excess, are readily relieved by one or two full portions of Morphine and tinct. of Ginger, or of Laudanum and brandy. One grand and leading feature is, that the exhaustion which follows it, is not excessive and permanent, but confined merely to the effort. Again the matter, first ejected, is a large quantity of thick, slimy mucus, and soon after, the liver is called on to pour forth its own fluid in abun-

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dance. 7th, The seventh property is its most valuable and interesting, and for which it stands unparalleled as a therapeutic agent, is what we call the *sedative—arterial sedative*—properties of the agent, or the power it possesses of controlling and regulating arterial action. By virtue of this and other powers, the treatment of disease has been much simplified. We challenge the medical world to produce its equal, as a therapeutic agent, for certainty of effect, for extent of effect, or for peculiarity of effect, and the ease and safety with which it may be administered to small and great. In small portions, we have found nothing to equal it in exciting and promoting appetite.

The formula we (Dr. W. C. Norwood,) use is the following:—

℞. Root of Veratrum-viride, dried, . . oz. 8
Alcohol, of the shops, undiluted, . . . " 16

Let it stand from ten days to two weeks. Medium dose for an adult male, eight drops, to be increased one or two drops every portion, until nausea or vomiting, or a reduction in the frequency of the pulse takes place; then reduce one-half in all cases. Females and persons from 14 to 18 years of age, should commence with six drops, and increase as above. Children, from one to two years of age, to commence with one drop; from two to five years of age, two drops, and increase one drop. The usual interval with us is three hours between the portions. In ordinary cases of pneumonia, we usually continue it three days after the symptoms have subsided. In typhoid fever, and many other diseases, it requires to be continued much longer. For the satisfaction and information of the profession, we would state that it may be continued indefinitely, or any length of time, in moderate doses, or short of nausea, without the least inconvenience. The only objection that could be urged, is the increase of appetite, or desire for food. It is not cathartic—it is like all other remedial agents, subject to the same rules and regulations, making it out of the question for a person to lay down any but general directions for regulating the dose. In a male, twenty-five drops is the largest quantity we have known to be required to excite emesis, and sixteen drops in the female, when given in the manner and at the intervals we have directed. There need be no danger apprehended of its exciting inflammation of the stomach—we have given especial attention to that particular. It is peculiar and at the same time interesting in its effects from the fact of its acting as a sedative on almost every other portion of the system, diminishing the vascular and muscular action and motion of every other part, and increasing that of the stomach. We have seen it produce emesis in very susceptible persons, and the contractions of the stomach were so rapid as to be almost continuous and uninterrupted; but a strong alcoholic tincture of ginger and morphine would afford more prompt and immediate relief than any other articles that we have ever used. We have never seen a case that failed to be relieved by the above remedies in thirty minutes. The great advantage of the remedy is that it does not exhaust longer than the effort to vomit is concerned. A great many remedies leave the patient in an exhausted and enfeebled

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condition, aside from the effort or immediate action—not so with the Veratrum-viride. Again, Tartar-emetic should never be given with it, in any form or manner. The only cases in which we have seen the tincture of Veratrum-viride purge, were when given in combination with Tartar-emetic, or with Coxe's hive syrup. In most of these cases it excited a violent Cholera Morbus.

One of the peculiar properties of this article is, its power to control the morbid action of the heart, causing a consequent diminution of pulse, without producing necessary emesis, or even nausea, when it is administered at first in small doses. Two interesting cases of pneumonia are cited by the author of this paper, both of which were severe, but yielded kindly, under the effects of this remedy—

"In 1846, we were called to see Mr. E., in consulation with Dr. J. A. Stewart. Mr. E. had been laboring under a severe attack of pneumonia for several days. The remedies prescribed were entirely approved of and continued for a time, but failed to relieve. The threatening aspect of the case was such, that it was thought prudent to inform his parents at a distance, of his perilous condition. At this critical juncture, we observed to Dr. S. that we had been using an article in a number of cases of pneumonia, with a success and peculiarity of effect we had never been able to obtain from any other remedy, and proposed to use it in the present case. We immediately put Mr. E. on the use of the Veratrum-viride, to be given every three hours—the quantity to be increased one drop at each dose until nausea or vomiting occurred. At eight o'clock, A.M., commenced with seven drops. The third portion excited severe nausea and free vomiting, with great paleness, coolness and moisture of the surface. During the occurrence of these interesting and striking effects, we were notified that Mr. E. was vomiting freely, was much worse and was thought to be dying. We found, however, that what had caused so much alarm to the patient and his friends, was to us a source of gratification; for, after the effort of vomiting was over and nausea relieved, the pulse was reduced to 63 beats and the pain relieved."

The pulse of this patient, previously to taking the Tincture, was 120 to 130 beats; and was reduced in twelve hours to 63, while the febrile and inflammatory symptoms subsided; after which the portion was diminished one half, and continued for several days, without any renewal of the attack.

"Called, in February, 1847, to see a son of Mrs. T., laboring under a violent attack of pneumonia, we put him on the use of Veratrum-viride every three hours. Although twelve years of age, his general slender health and deformed chest, having been severely afflicted with asthma, induced us to commence with a very small dose, that we might avoid any drastic effect of the remedy. The first portion given was two drops, to be increased one drop every portion until the slightest nausea was experienced, then to lessen or discontinue the remedy, as the case might require. On taking the third or fourth portion, Mrs. T. discovered that he was getting very pale, that the skin was cool and

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moist, and pain scarcely felt only on taking a full inspiration. The slowness of the pulse, and the pallor and coolness of the surface alarmed her, and she sent for us. We found him pale, cool, moist, and with a pulse beating 35, full and distinct. When put on the tincture, in the morning, his pulse was 120 to 125, skin hot and dry, frequent and labored breathing, pain severe, great thirst. In the short space of twelve or fifteen hours the symptoms were subdued, and by continuing the tincture in doses of from two to three and four drops, there was no renewal of the symptoms.

"In nearly all, if not in every acute disease, especially of a febrile and inflammatory character, we find the frequency of the pulse and the derangement of the vascular system in proportion to the force and severity of the case. There is scarcely an exception to the rule. Why this is so we do not know. The fact cannot be denied; and in order to restore health, we must, of necessity, control the circulation, directly or indirectly. Now, Veratrum-viride will almost invariably effect this, whatever may have been the disturbing cause. The how and the why, we do not understand. We look upon the universality of its application to be exactly defined by the universality of the occurrence of increased cardiac action. In testing its powers, we did not confine our experiments to febrile and inflammatory diseases of an idiopathic character, but extended them to traumatic lesions in which fever and inflammation had supervened, and our labors were crowned with a success that we little dreamed of realizing. Its power of controlling arterial action, in febrile and inflammatory diseases and in traumatic lesions, we consider established beyond doubt. We gave the statement of a case of convulsions, treated with the Veratrum-viride, in the January No. (1851) of this Journal; since which time we have treated a number of others, with great success. We have not used it in epileptic convulsions sufficiently to enable us to speak with confidence and certainty in that disease. In the case of a Mr. S., whom we commenced treating in January last, and still have under treatment, there has been no return of the paroxysms since then, which is a much longer interval than he has enjoyed for years, and his general health is much improved. It stands unrivalled in palpitations of the heart, for promptness and certainty of relief. It is a specific in the painful affection of the testicle consequent upon the mumps. We have not failed, in a single case to obtain relief from the pain and fever in twelve hours, and prevented a return of the symptoms, by perfect rest and a continuance of the tincture for three or four days. How far it will succeed in orchitis, from other causes, we are not prepared to say. It affords us no ordinary pleasure, to record its value in the treatment of the inflamed mamma of lying-in females. If taken in time, in these cases, it may be relied on to control the fever, pain and inflammation of the brain. In hooping-cough, accompanied with high febrile excitement, it has no equal. In convulsions generally, it is highly valuable. In asthma and rheumatism its effects are peculiarly striking, especially in the acute forms. In chronic rheumatism we have not

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used it. In puerperal fever our experience is limited, but the few cases in which it was used, stamps it a reliable agent in that disease. We have found it of great value in the treatment of typhoid dysentery, and would feel unable to combat that disease without it or some other remedy of equal power. Its effects on the system are in perfect antagonism to those of scarlet fever. Combined with the diuretic treatment, we do not believe it can be equalled by any other plan of treatment that has ever been adopted in scarlet fever. We know it to be valuable of itself, but its powers are greatly increased by the above combination.

"When we reflect upon the power of Veratrum-viride to allay pain, irritability and irritation, and more especially irritative mobility, in connection with its influence over the heart's action and deranged secretions, it is truly difficult properly to appreciate its value.

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8. *Death of five persons from tincture of Colchicum taken in doses of sixty grammes.*— The physician, M. Jules Roux, had prescribed sixty grammes of wine of quinquina. An error in putting up the prescription caused the death of five persons!

The following are the principal symptoms remarked by M. Roux immediately after the administration of the poison:

"Palor of the skin, general coldness, considerable depression of the circulation; pulse very small, and in two almost imperceptible; heat in the pharynx and the whole length of the œsophagus, inextinguishable thirst, violent heat, intolerable pain at the epigastrium and throughout the whole abdomen; repeated vomitings, and numerous stools of serous, yellowish matters, without mucus or blood.

"Twenty-two hours after the accident, in those who still survived, there were rectal and vesical tenesmus, pains in the loins and legs, heaviness of the head, oppression, lividity of the lips and nails.

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9. *Physiological effects of Haschish.*— M. Berthault divides these effects into three periods.

"The first is a period of excitement: it is characterized by the predominance of the physical over intellectual excitement. The symptoms are: at first, flushes of heat towards the head, constriction of the temples, ringing in the ears, bursts of laughter, diminution of all the secretions, and principally of the salivary secretion, feeling of happiness, of self-satisfaction, closure of the eye-lids; speech and movement are easy; general excitability, errors as to time and space, tendency to materialize and exaggerate all ideas, all sensations; acceleration of the circulation; pulse frequent, rising sometimes to one hundred and twenty and even one hundred and forty pulsations. We have seen it rise on one occasion to one hundred and eighty-four and one hundred and eighty-eight.

"The second period is characterized by the fact that the physical excitement ceases first: it diminishes; a desire is felt to lie down, and to be at rest; physical repose is sought, while the intellectual excitement still exists: it is then especially that there exists a con-

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fusion of ideas; the patient closes his eyes; all kinds of hallucinations assail him, he experiences fixed ideas, and delirious convictions; the pulse is almost normal.

"Finally the third period is one of reaction: to this physical and intellectual excitement, succeeds an urgent desire for repose. The desire to sleep is almost invincible, and, indeed, a few hours sleep suffice to dissipate all unpleasant symptoms."

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10. *Case of poisoning with Belladonna.*—Marsh, aged 53, mixed temperament, Nov. 17th, 1854, took about 17 grs. ext. Belladonna (Feldens) at eleven at night and went to bed. After laying a short time (a quarter of an hour) felt a singular sensation in the legs, a kind of numbness crawling over the legs; right leg affected first, and on turning in bed, my whole system began to feel bad. Got up, and on attempting to stand, felt paralyzed, could walk with difficulty, tongue felt paralyzed, difficulty in articulating, had a staring expression, rolling of the eyeballs, great dilation of pupils; great drowsiness; great failure of sight; after a little time loss of consciousness with stertorous respiration; skin at first natural, afterwards cold; difficulty of swallowing; countenance pale. Doctor arrived in twenty minutes, and gave a strong Ipecac.-emetic, with mustard water, which had but little effect; after about two or three hours used stomach-pump, and pumped out a dark liquid, probably some of it Belladonna; had a heavy, disturbed sleep, with stertorous respiration until eight in the morning, when he was awakened. On opening his eyes his son exclaimed, he is fainting and threw water on him causing him to throw up his hands, &c. The skin appeared white like a statue (unnatural); now felt great soreness in the throat which looked very red about the tonsils and palate. Throbbings in the head; no inclination to pass water; difficulty of urinating; water deep red, and a light sediment; soreness of the hands on pressure; diarrhœa second night with dark discharges. It is now Nov. 27th, and he still feels a slight soreness of the hands, and some tickling now and then in the throat. As soon as the throat began to feel sore, there was great expectoration of light mucus. During the first few days he felt an occasional creeping itching of the skin of the legs and back. The morning after taking it, had fever, without thirst; a ringing in the ears, and soreness extending from the throat to the ears; frequent throbbing in the head; puffy appearance about the eyes; staring expression and rolling of the eyeballs for three days; torpid state of the bowels.

PATHOLGY AND THERAPEUTICS.

1. *Appreciable effects from infinitesimal Doses.*—In the February number of the *Art Médical*, M. Gabalda has published, among other instances of the sensible effects of imponderable doses, a case of bloody diarrhœa, with colic and tenesmus, and inflammation of the

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stomach, produced in a woman by two drops of the second dilution of cyanuret of mercury dissolved in one hundred and twenty five grammes of water. Five tea-spoonfuls of this solution, taken at intervals of four hours sufficed to develop these symptoms. The symptoms ceased on suspending the medicine, and administering nitric acid. Afterwards a dessert spoonful of the solution was mixed with a tumblerful of water, and a single spoonful of this last mixture administered, when diarrhœa, with colic pains, and tenesmus again appeared with the same intensity as in the first instance.

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2. *M. Candelon upon the Contagion of Cholera.*—According to this gentleman, contagious maladies have the property of forming a principle in the organism of the affected individual, which, if introduced into the organism of a healthy person, reproduces the same disease. Cholera, not possessing this property, is not contagious: and if, under certain circumstances, it is communicated from one to another, it is not by means of a contageous principle.

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3. *Preventive of Syphilis.*—M. Rodet, ex-surgeon of l'Antiquaille, at Lyons, professes to have recently discovered a prevention against contamination by the syphilitic virus.

Such a discovery has often before been announced, but the actual boon has always been wanting.

Per-chloride of Iron with excess of Acid appears to be the precious agent. But, in order to obtain from it the desired result, it is necessary, 1st, to mix it with equal parts of hydrochloric and citric-acids in the following manner:

Distilled water, . . .	32	grammes.
Per-chloride of iron, .	4	do.
Citric-acid, ...	4	do.
Hydrochloric-acid, . .	4	do.

2d, apply it to the contaminated part for ten to fifteen minutes; 3d, that the application shall be made within six hours from the time of exposure.

When the liquid is placed in contact with an inocculation puncture, the patient experiences a sensation of burning, which very soon rises into a pimple, and attains its maximum at the expiration of twenty or thirty minutes. After two hours it commences to flatten, and a few hours later, no traces of it will remain. The same liquid neutralizes the vaccine virus.

Preventive of Gonorrhœa.—When a practitioner of the old school, we were in the habit of prescribing the following mixture, as a local application against gonorrhœal contamination. If the urethrabe syringed with it soon after an impure connection, and at the same time, it be thoroughly applied to the glans-penis and prepuce, very little danger of infection need be apprehended.

As an injection also for the cure of gonorrhœa, it is the most successful remedy of the kind with which we are acquainted.

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℞. Zinci-Sulph: Pulv.
Morphia Acetat-Pulv: ā. ā. gr. x.
Aqua Rosæ ʒiv.
M.

It may be employed as an injection, and also as a lotion to the glans.

As an internal remedy, for the cure of this disgusting disease, we have found *pure Petroleum* promptly successful in a great number of cases, both acute and chronic. We prescribe drop doses every three hours during the day.

On Croton Tiglium in grave Cholerine. By Dr. Escallier.

On the 28th of July, 1834, I felt little appetite for dinner, and committed the imprudence of eating green kidney beans. That night my sleep was disturbed and at 6, A.M., an urging to stool, which was soft and copious, obliged me to leave my bed. I was surprised at the degree of lassitude which I felt afterwards, and this increased after another and more liquid stool about 7 o'clock. I then took Phosphoric acid 10°, one drop in a little water.

I dragged myself to see some patients, who remarked my fatigue and haggard looks. After another and quite liquid stool, with violent urging, I had to be carried home and put to bed, when I took Ipec. 5° in water every hour. I rose for a consultation, and had three more stools before night, all liquid, with general fatigue, slight chilliness, vertigo, sensibility of the abdomen, with colics a little before the stools, no appetite or thirst and altered countenance. I was better in the evening and took some broth. The morning hours of this second night were passed in a sleep at once heavy and disturbed, and urgent pressure to stool aroused me from a nightmare. I had then in the course of an hour four liquid stools each of a single jet of green water with whitish shreds in it, the green tinge fainter each time than the last. Each stool was preceded by borborygmi and colic pains all through the abdomen; each was followed by burning at the anus, but especially by the two following symptoms in a very marked degree, viz., syncopative weakness and general coldness, especially of the extremities. I had also crampy pains in both calves, most in the left, there was slight nausea and very little thirst. I now alternated the Ipecac. 5° with Veratrum 5°. Before 8, A. M., I had a stool, nearly all white, with increased weakness, coldness and crampy pain. I discontinued the *Ipecac.* and substituted *Secale*: At half nine, finding no improvement, I discontinued *Veratrum* and alternated, *Phosphoric-acid* 10° with *Secale* 5°, every fifteen minutes. At 11½, still no better, stools from twenty to thirty minutes apart, in the interval, almost continual urging, and borborygmi, heat in the whole abdomen, extreme prostration and general coldness, with sunken eyes and altered countenance. At this crisis, M. Bordet, whose assistance I had asked, deemed it necessary to change the medicines, and advised *Croton-tiglium*, as a remedy, the pathogenesis of which corresponded with

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my state more apparently than any other drug, and though without any clinical experience of it, we decided to try it. A drop of the 5th dilution was mingled with ten spoonsful of water, of which I took one every twenty minutes. From the very first dose, I was impressed with a peculiar sensation, as if the drug penetrated into the intestine, and was working about there; this sensation was followed by some colic, borborygmi and urging to stool, but these symptoms, instead of increasing as usual, ceased, and I felt relief.

The same thing occurred after the two next doses. After the third, the abdomen was not nearly so sensitive, I was no longer so weak and suffering, but felt prickling in the extremities as though they were coming to life; a heat first gentle, then pungent, succeeded the prickling, and I made the nurse remove a hot bottle from the foot of my bed; my face looked more natural, and I asked for drink. I took two more doses of the *Croton-tiglium* at half hour intervals, and at 2, P.M., the reaction towards health was fully established. A moderate febrile heat, with a good deal of thirst and sensitiveness of the abdomen, prevented much sleep that night.

The next day, July 31, I was much better: the fever had left me, I had but two small soft natural stools, and took some broth. The first of August, I could again attend to my practice, and rode out into the country, although weak and reduced. An imprudent meal of brain-fritters with soup, while the belly was still tender, brought on a relapse, with the same symptoms as already described, and with the same intensity as at the first attack three days before.

I took *Croton-tiglium* again in the same dose and at the same intervals. I experienced the same sensations as before, after each dose, and with the same result. The febrile reaction lasted through the whole day of August 2d, I had still a few soft stools, but from August 4th, my convalescence was assured, and I had no farther trouble.

I should however mention that I remained weaker than usual throughout the month of August and had so much chilliness about my feet as to require two pair of socks and the use of a foot-stove when seated, although I had good appetite and the appearance of health.

This favorable action of the *Croton-tiglium*, after the failure of several other potent drugs, such as Veratrum, Secale, Phosphoric-acid, decided M. Bordet and myself to employ this remedy at once in cases of cholerine, analogous to that with which I had been affected, and we have always obtained results as prompt and satisfactory. M. Bordet has remarked that it was well to descend to the third or to the second dilution in cases where the diarrhœa was painless.

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*Homœopathic Clinique.—Nephritic Hæmaturia complicated with chronic Cystitis.** By Dr. A. Dours.

Louis Driencourt, a cabinet-maker, aged twenty-seven, the subject of this malady, is of very regular habits, of lympathic temperament,

* This is in my opinion the history of a disease, mild in the outset, becoming suddenly very grave under the influence of an allopathic treatment, and similating the pathogenetic characteristics of turpentine in all their energy. A. D.

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and bears traces of a chronic blepharitis congenital or nearly so. In 1849, he experienced for the first time, a serious illness. He began to complain of twitchings in the legs, coinciding with pains in the hypogastric region, increasing every evening. Urination became painful at the same time, and notwithstanding repose and a so-called cooling diet, these first symptoms got worse and the urethral canal was the seat of shooting pains before and after making water, the urine itself being muddy. Some allopath prescribed for this condition hop-tea and flaxseed-tea, various diuretic powders, and two pills of turpentine morning and evening.

Under the influence of this treatment, continued from May, 1849, to May, 1850, the pains became fixed and constant, and radiated from the lumbar to the right renal regions, with micturition twelve or fifteen times an hour, both by day and night. Suddenly, the urinary secretion was suppressed. Then the pains, at first insupportable, diminished in consequence of an abundant emission of clear blood, which coagulated directly after its issue from the urethral canal. The doctor prescribed a cold diet and river baths with an infusion of pine shoots, six pills of Venice turpentine, a blister over the right kidney, eleven leeches to the anus.—This treatment effecting no amelioration, the patient continued to lose a good deal of blood by the urethra. The pains extended to the penis, to the perineum, to the rectum. The stools were rare and accompanied with much blood. Driencourt, by advice of his physician at Peronne, now decided on going to Paris, placed himself in the hospital La Pitié, where Dr. M. M., having explored the bladder, diagnosticated a catarrh of this organ, and prescribed general baths, sulphuric acid, lemonade and a ptisan of *Taraxacum-nitré*, with the addition each day of five grammes of bi-carbonate of soda and six turpentine pills. Some time afterwards, M. M., on witnessing the struggles of his patient in urinating, imagined the bladder to be paralyzed, and subjected it to galvanism by means of sounds introduced into the urethra and into the rectum, and communicating with the two poles of a pile. The first operation lasted nine minutes, the second three minutes, the same time, eight cups with a scarifier were applied over each kidney, and cataplasms over the belly, while into the bladder two injections were made, each containing twenty-five centigrammes of nitrate of silver. Both hæmorrhage and pains continued, although M. M. had assured himself by means of the speculum Ani that there were no internal hæmorrhoids.

M. M. then sent this patient to M. L . . . d' E . . . , who, after introducing seven sounds into the bladder, ascertained the existence of three fleshy growths (colomnes charnues), without stone or calculus of any kind. These manœuvres greatly increased the hæmorrhage, which was combatted in vain by the nitrate of silver injected through a catheter into the bladder. After three weeks spent under M. L . . . d, E . . . without any improvement, Driencourt was sent to Beaujon and placed in the ward of M. R . . . , where he remained a month under daily clinical inspection of M. M. L . . . d, E . . . , M . . . , H . . . , R . . . , of Lyons,

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and many others. The treatment at Beaujon was composed of twenty leeches to the anus, sixteen scarified cups over the kidneys, two cauteries over the right kidney, and a diuretic ptisan.—No improvement. M. M... then proposed the extraction of the right kidney, but M. R..., fearing the presence of calculi in the ureter, objected to this operation. Driencourt, wearied of medical orthodoxy, now consulted an empiric and underwent another treatment of six weeks without benefit. He was driven back by his torments to the Hotel Dieu, to the Ward of M. B..., attended for the time by M. D... This surgeon, suspecting a prolapsus of the bladder, treated the patient by injections with a double current.

M. L...d'E..., again consulted by M. D..., imagined the presence of gravel in the ureters, M. R..., a disease of the kidneys as yet undetermined. M. B. having resumed the care of his ward, had twenty leeches put to the anus, and a full bath given every day. Five hundred leeches had been thus applied in the course of three months and the blood flowed almost without intermission, yet neither did the colics and other pains diminish. Some drops f bloody urine escaping through the canal at very rare intervals and containing some little very hard white grains, caused M. B. to diagnosticate a cystitis, with tendency to the formation of stone. After seven months and seven days of treatment the patient was sent to M. A... who after having sounded him, found the urine very alkaline, and ordered two full baths every day, four turpentine pills, morning and evening, and a bottle of Vichy water every day. No improvement.—M. S..., who was consulted, said there was nothing to be done. M. R... advised cooling drinks, repose, twelve or fifteen leeches, from time to time, to the anus, and a blister over each kidney. After having in vain sought help from the principal allopaths of Paris, Driencourt returned to Peronne in the beginning of February, 1854. His first physician, not knowing how to get rid of him, advised him in jest to apply to homœopathy, and I noted his condition, as follows: His face wears a look of suffering, he passes deplorable nights, rising every quarter of an hour to pass a few drops of bloody urine, or more frequently of pure blood. In the intervals, painful erections awaken him every time he shuts his eyes, and are with great difficulty appeased by prolonged ablutions with cold water. The least fatigue occasions violent pains in the hypogastrium, in the left leg, along the course of the ureters and in the right kidney, which is swollen and yields a dull sound on percussion. Two or three times a day, a gush of bright red blood escapes through the urethra, sometimes dark clots come instead, attended with excessive pain. After the blood, urine is passed, holding in suspension thick mucus, which presently falls to the bottom of the vessel. This mucus, carefully examined, shows no trace of gravel. Constipation alternates with stools composed almost wholly of blood. Shooting pains are felt at the anus, and there is violent headache. The pulse beats from 90 to 100 and strong enough. There is little appetite and moderate thirst. The patient was obliged

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to sit upon the left side, the right side hardly touching the seat: he entreated me to find some remedy for his sufferings, before the summer-heats aggravate them as usual. I gave *Cantharis* 6, one drop in 120 grammes of water with some drops of alcohol added, to be taken by spoonfuls every three hours. The effect was prompt. The patient had several hours sleep, he had only to rise four times during a long February night. *Canth.* repeated during eight days in the 12th, 18th, 24th and 30th dilutions suspends the hæmorrhage and appeases the erections, still the urine contains large quantities of mucus. *Sulphur* 30° in 120 grammes of alcoholized water, one teaspoonful each day. This week the patient has not lost a drop of blood and had no erections but a natural stool every day. On the 20th of February, Driencourt complains of violent pain over the left kidney, a sure sign of hæmorrhage as he has remarked. Much blood was in fact passed that night, and the pain abated. *Cantharis* 6°. The hæmorrhage is suspended but the mucus is not diminished. *Lycopodium* 30°, one drop every eight days does not prevent the recurrence of the hæmorrhage. Driencourt had thus four spells of hæmaturia in the course of a month, each time suspended after *Canth* 6°, he was much distressed about the turbid and viscous character of his urine, although in other respects he had improved immensely, and was very comfortable. The mucosities were finally removed by *Uva-Ursi* 30° four globules in 120 grammes of alcoholized water, a spoonful every day, beginning on the 20th of March, and continued through April, May and June. While alternating the 30th with the 12th and 6th dilutions, we sometimes used an infusion of the shoots of the Uva-ursi, four grammes to five hundred grammes of water. All the other symptoms of cystitis and of hæmaturia had now completely disappeared. The summer passed without suffering. Driencourt, whom I often see, has gone to work again. Only within the last week the urine was not quite clear and some pains have been felt in the left renal region, probably due to fatigue by working at his trade as a cabinet maker. I again prescribed *Uva-ursi* and the indisposition is now arrested; the urine is again clear, although he continues at work, and his general state of health is very satisfactory.

Death of the late President, Gen. Taylor.—Among the various reports of the sickness, death and medical treatment of the late Gen. Taylor, the following statement, from one of his friends, may be relied on: "He was in good health on the 4th of July, when he ate a hearty and rather indiscriminate meal, which was followed by cholera morbus. This was checked by calomel and opium, and a re-action followed, which was taken (mistaken) for a bilious fever, for which he was bled, leeched, blistered, and took repeated doses of calomel throughout; in the last stage of debility, he took about eighty grains of Quinine."

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Remarks.—While a personal inspection of the patient only, can reveal the condition on which all sound practise depends; at this distance, it would seem that the disease itself was one of rapid exhaustion, emptying the vessels promptly of their fluids, while the depletion by the lancet, leeches and calomel carried out the general plan of the disease, in exhausting the vessels still more completely of their contents; and yet, it must seem strange to many, that the patient died of congestion of the brain and viscera.

Now it may be profitable to examine the case, and see how far this anomaly may be explained by the facts, and how much of the treatment may have shared in causing the result.

In regard to the fluids of the body, which in this case were so rapidly lost, the law of animal life enforces the proportion of four-fifths by weight of its tissues, *to be fluid*, before it will generate animal heat. The moment the proposition of solids to fluids falls below this adjustment, the body begins to cool, and congestion ensues. Now what is congestion? We have the concurrent testimony of Marshall Hall, Professors Solly, Eberlee and other distinguished writers, that over-depletion by the lancet produces congestion of the brain; but how, or why, it produces congestion of that organ, they do not say. If we examine this isolated fact of congestion from over-depletion, and trace out its relations, we shall perceive that it is only a part of the general law of life that belongs to all vital organs alike, *when deprived of their peculiar fluid.*

The *sensations* of the brain arising from a diminished supply of blood, resemble those produced by *repletion*, when giddiness ringing in the ears, confusion of mind, and other apoplectic signs supervene.

Apart from these sensational phenomena, that so successfully misled the physician, the physical facts on which the sensational phenomena are founded, will explain the mystery. *It is the capillary vessels only, that are subject to congestion. These vessels, at the standard of health are in full tone, and circulate nothing but white blood, while in congestion they lose tone, and admit the red globules, which at other times are precluded by their size; and in proportion as any, or all of those delicate vessels are emptied of their fluids, their fibres relax and their tissues weaken, and their several diameters enlarge, till they become loaded with the red blood that belongs to the larger vessels.* This is Congestion. Hence a post mortem examination of the late President of the United States, would have exhibited the proofs common in such cases, that the patient died of congestion of the brain and viscera; when if the same constitution, in sound health, should be depleted to the same extent, by the lancet alone, *taking the same number of days in the depletion that the disease occupied*, the same congestive appearances would have been exhibited.

In proof of this, the post-mortem examination of men who die by starvation, presents the different vital organs in different states of congestion. The first sensation of starvation are precisely those of over-depletion. A sense of fulness and pressure in the brain is

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occasioned by the loss of tone in the capillary vessels admitting the globules of red blood. As these accumulate, confusion of mind and derangement follow, while corresponding accumulations are secretly taking place in other vital organs, till death closes the scene. These physical facts show how depletion produces congestion, and that the re-actionary force of the constitution must be strong to repair the mischief done by the lancet, and enable the patient to recover in spite of his treatment; while they equally evince the impotence of quinine, to supply the empty vessels with the fluids they have lost.

July 23, 1850. F. VANDERBURGH.

FOOD, AND ITS ADULTERATIONS.

In the April number of the London Quarterly Review we find a very interesting paper upon the adulteration of food. The facts upon the subject are derived chiefly from the researches and analyses of Arthur Hill Hassall, M. D., chief analyst to the Sanatory Commission of London, from the years 1851 to 1854 inclusive.

These investigations demonstrate an amount of turpitude and indifference to human health, on the part of a majority of London grocers, butchers, and other dealers in the necessaries of life, which are truly astounding.

We advise all tea and coffee drinkers, and all *bon vivants*, to peruse the entire article, and then appreciate how God in his mercy, has spared them from paralysis, and other serious maladies.

We make the following quotations from the article alluded to:

"If we could possibly eliminate, from the mass of human disease, that occasioned by the constant use of deleterious food, we should find that it amounted to a very considerable per-centage on the whole, and that one of the best friends of the doctor would prove to be the adulterator. But even our refuge fails us in our hour of need; the tools of the medical man, like those of the sappers and miners before Sebastopol, often turn out to be worthless. Drugs and medical comforts are perhaps adulterated as extensively as any other article."

"When Catherine de Medicis wished to get rid of obnoxious persons in an "artistic" manner, she was in the habit of presenting them with delicately made sweetmeats, or trinkets, in which death lurked in the most engaging manner; she carried

"Pure death in an ear-ring, a casket,
A signet, a fan-mount, a filigree basket."

"Her poisoned feasts are matters of history, at which people shudder as they read; but we question if the diabolical revenge and cold-blooded wickedness of an Italian woman ever invented much more deadly trifles than our low, cheap confectioners do on the largest scale. We select from some of these articles of bonbonnerie the following feast, which we set before doting mothers, in order that they

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may see what deadly dainties are prepared for the especial delectation of their children:"—

For want of space we shall only quote the following as a sample.

"Mixed Sugar Ornaments,
"*Purchased in Middle Row, Holborn.*"

"The confectionery in this parcel is made up into a variety of forms and devices, as hats, jugs, baskets, and dishes of fruit and vegetables. One of the hats is colored yellow with *Chromate of Lead*, and has a green hat-band round it colored with *Arsenite of Copper*: a second hat is white, with a blue hat-band, the pigment being *Prussian-Blue*. The baskets are colored yellow with *Chromate of Lead*. Into the coloring of the pears and peaches the usual non-metallic pigment, together with *Chromate of Lead* and *Middle Brunswick Green*, enter largely; while the carrots represented in a dish are colored throughout with a *Red Oxide of Lead*, and the tops with *Brunswick Green*. This is one of the worst of all the samples of colored sugar confectionery submitted to analysis, as it contains no less than *four deadly poisons!*"

"The painted feast contains then, among its highly injurious ingredients, ferro-cyanide of iron or Prussian-blue, Antwerp-blue, gamboge, and ultramarine, and among its deadly poisons the three chrome yellows, red lead, white lead, vermilion, the three Brunswick greens, and Scheele's green or arsenite of copper. The wonder is that, considering we set such poison-traps for children, ten times more enticing and quite as deadly as those used to bane rats, that the greater number of youngsters who partake of them are not at once despatched, and so undoubtedly they would be, if nurses were not cautious about these colored parts, which have always enjoyed a bad name under the general denomination of 'trash and messes.' As it is, we are informed by Dr. Letheby that 'no less than seventy cases of poisoning have been traced to this source' within three years!"

Our succeeding remarks will fall, we fear, like a bomb upon many a tea-table, and stagger teetotalism in its stronghold. A drunkard's stomach is sometimes exhibited at total-abstinence lectures, in every stage of congestion and inflammation, painted up to match the fervid eloquence of the lecturer. If tea is our only refuge from the frightful maladies entailed upon us by fermented liquors, we fear the British public is in a perplexing dilemma. Ladies, there is death in the teapot! Green tea drinkers, beware! There has always been a vague idea afloat in the public mind about hot copper plates—a suspicion that gunpowder and hyson do not come by their color honestly. The old Dutchess of Marlborough used to boast that she came into the world before 'nerves were in fashion.' We feel half inclined to believe this joke had a great truth in it; for since the introduction of tea, nervous complaints of all kinds have greatly increased; and we need not look far to find one at least of the causes in the teapot. There is no such a thing as pure green tea to be met with in England.

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It is adulterated in China; and we have lately learnt to adulterate it at home almost as well as the cunning Asiatic. The pure green tea made from the most delicate green leaves grown upon manured soil, such as the Chinese use themselves, is, it is true, wholly untainted; and we are informed that its beautiful bluish bloom, like that upon a grape, is given by the third process of roasting which it undergoes. The enormous demand for a moderately-priced green tea which has arisen both in England and China since the opening of the trade, has led the Hong merchants to imitate this peculiar color; and this they do so successfully as to deceive the ordinary judges of the article. Black tea is openly colored in the neighborhood of Canton in the most wholesale manner.

Mr. Robert Fortune, in his very interesting work, "The Tea Districts of China and India," gives us a good description of the manner in which this coloring process is performed, as witnessed by himself.

"Having procured a portion of Prussian-blue, he threw it into a porcelain bowl, not unlike a chemist's mortar, and crushed it into a very fine powder. At the same time a quantity of gypsum was produced and burned in the charcoal fires which were then roasting the teas. The object of this was to soften it, in order that it might be readily pounded into a very fine powder, in the same manner as the Prussian-blue had been. The gypsum, having been taken out of the fire after a certain time had elapsed, readily crumbled down, and was reduced to powder in the mortar. These two substances, having been thus prepared, were then mixed together in the proportion of four parts of gypsum to three parts of Prussian blue, and formed a light blue powder, which was then ready for use.

"This coloring matter was applied to the teas during the process of roasting. About five minutes before the tea was removed from the pans—the time being regulated by the burning of a joss-stick—the superintendent took a small porcelain spoon, and with it he scattered a portion of the coloring matter over the leaves in each pan. The workmen then turned the leaves round rapidly with both hands, in order that the color might be equally diffused. During this part of the operation the hands of the workmen were quite blue. I could not help thinking if any green-tea drinkers had been present during the operation their taste would have been corrected and I believe improved.

"One day an English gentleman in Shanghae, being in conversation with some Chinese from the green-tea country, asked them what reason they had for dyeing the tea, and whether it would not be better without undergoing this process. They acknowledged that tea was much better when prepared without having any such ingredients mixed with it, and that *they never drank dyed teas* themselves, but justly remarked, that, as foreigners seemed *to prefer having a mixture of Prussian-blue and gypsum with their tea* to make it look uniform and pretty, and as these ingredients were cheap enough, the Chinese had

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no objection to supply them, especially as such teas always fetched a higher price.

"I took some trouble to ascertain precisely the quantity of coloring matter used in the process of dyeing green teas, not certainly with the view of assisting others, either at home or abroad, in the art of coloring, but simply to show green-tea drinkers in England, and more particularly in the United States of America, what *quantity* of Prussian-blue and gypsum they imbibe in the course of one year. To 14½ lbs. were applied 8 mace 2½ caudereens of coloring matter, or rather more than an ounce. To every hundred pounds of colored green tea consumed in England or America, the consumer actually drinks more than half a pound of Prussian-blue and gypsum. And yet, tell the drinkers of this colored tea that the Chinese eat cats and dogs, and they will hold up their hands in amazement and pity the poor Celestials."

If the better class of black and all green teas* are thus vilely adulterated, the reader may fancy that he can at least take refuge in coffee—alas! in too many cases he will only avoid Scylla to fall into Charybdis. Coffee, as generally sold in the metropolis and in all large towns, is adulterated even more than tea. The Treasury Minute, which allowed it to be mixed with chicory, is at the head and front of the offending. In the year 1840 this celebrated Minute was issued by the sanction of the Chancellor of the Exchequer, Sir C. Wood, the immediate consequence of which was, that grocers began to mix it with pure coffee in very large quantities, quite forgetting to inform the public of the nature of the mixture, and neglecting at the same time to lower the price. The evil became so flagrant that upon the installation of the Derby administration, Mr. Disraeli promised to rescind this license to adulterate; but before the promise was redeemed, the administration was rescinded itself. Mr. Gladstone, upon his acceptance of office, loth, it appears, to injure the chicory interest, modified the original Minute, but allowed the amalgamation to continue, provided the package was labelled "Mixture of Chicory and Coffee." It was speedily found, however, that this announcement became so confounded with other printing on the label that it was not easily distinguishable, and in consequence it was provided that the words "This is sold as a mixture of Chicory and Coffee," should be printed by themselves on one side of the canister. It may be asked what is the nature of this ingredient, that the right to mix it with coffee should be maintained by two Chancellors of the Exchequer during a period of fifteen years as jealously as though it were some important principle of our constitution? Chicory, to say the best of it, is an insipid root, totally destitute of any nourishing or refreshing quality, being utterly deficient in any nitrogenized principle, whilst there are strong doubts whether it is not absolutely hurtful to the nervous system. Professor Beer, the celebrated oculist of Vienna, forbids the use of it to his patients, considering it to be the cause of

* Assam tea is the only exception to this rule, but very little of it is imported.

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amaurotic blindness. Even supposing it to be perfectly harmless, we have a material of the value of 8*d.* a pound, which the grocer is allowed to mix *ad libitum* with one worth 1*s.* 4*d.* If the poor get the benefit of the adulteration, there might be some excuse for permitting the admixture of chicory, but it is proved that the combination is sold in many shops at the same price as pure coffee. Analyses made by Dr. Hassall of upwards of a hundred different samples of coffee, purchased in all parts of the metropolis before the issuing of the order for the labelling of the packages "chicory and coffee," proved that, in a great number of cases, articles sold as "finest Mocha," "choice Jamaica coffee," "superb coffee," &c., contained, in some cases, very little coffee at all; in others "only a fifth, a third, half," &c., the rest being made up mainly of chicory.

Numerous analyses have been made of most of the articles of food and drink in common use, by Dr. Hassall, and in a large majority of instances, with results similar of the following:

A Cup of Tea	*or a*	Cup of Coffee.
In the Tea.		*In the Coffee.*
If Green—		Chicory.
Prussian-blue.		*In the Chicory.*
Turmeric.		Roast wheat.
China clay or French chalk.		" acorn.
Used tea-leaves.		" mangold-wurzel.
Copperas.		" beans.
If Black—		" carrots.
Gum.		" parsnips.
Black lead.		" lupin-seeds.
Dutch pink.		" dog-biscuit.
Used tea-leaves.		" horse-chesnuts.
Leaves of the ash, sloe, hawthorn, and of many other kinds.		Oxide of iron.
		Mahogany sawdust.
		Baked horse's liver.
In the Milk.		" bullock's liver.
On an average 25 per cent. of water.		*In the Milk.*
Annatto.		Water 25 per cent.
Treacle.		Annatto.
Flour.		Flour.
Oxide of iron.		Treacle.
And other unknown ingredients		Oxide of iron.
		And other unknown ingredients
In the Sugar.		*In the Sugar.*
If Brown—		If Brown—
Wheat flour.		Wheat flour.
Hundreds of the sugar insect.		Hundreds of the sugar insect.
If White—		If White—
Albumen of bullock's blood.		Albumen of bullock's blood.

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GASTRO-MALACIA.

Softening of the stomach is very common in infants and young children, especially during the summer months, and is often mistaken for simple summer complaint.

Gastro-malacia although not peculiar to early life, is much more frequent in infants and young children.

It seems in many cases to be a disease *sui generis*, and most strictly and truly of idiopathic origin.

It is most apt to occur during the act of weaning, although frequent enough during dentition—is it certainly less common afterwards and the predisposition to it seems to be greatly less after the second year, than it is before. Thus of fifty cases by Romberg, six only occurred later than the close of the second year.

Romberg ascribes it to some disturbance in the mutual relation of the salivary and gastric secretions.

Other physicians ascribe it to the secretion of an acrid irritating gastric juice.

Dr. Cammerer of Stuttgart suggested that it might be owing to an interruption, or some other disturbance of the nervous influence of the par-vagum and sympathetic nerves, as it occurred when he divided these nerves in the neck of rabbits, and thinks that a paralysis of these nerves allows the still secreted gastric juice to act upon the enfeebled coats of the stomach in like manner as it is known to do after death in animals killed during the act of digestion.

Cruvelhier has described it under the title of *maladie gastro-intestinale des enfans avec des organization gelatiniforme*, and is striking from the alleged peculiarity of its symptoms, and the extreme rapidity of its progress. Cruvelhier gives the symptoms as excessive thirst, urgent vomiting, and purging of very fetid green stools; child becomes exhausted, and cold on the surface; pulse slow and irregular; constant restlessness and crying; drowsiness and oppression come on, and a fatal collapse succeeds in twenty-four or forty-eight hours—is not unfrequently mistaken for a violent cerebral attack, owing to the somnolence and screaming, the irregularity of pulse, &c.—but the drowsiness is not deep and oppressive; the child is awakened by the slightest touch; the sensibility of the skin is morbidly acute; there is not the same tendency to delirium and cerebral confusion.

Guersent of the Hopital des Enfans Trouves, says this peculiar combination of vomiting and purging is most common between the fourth and fifth month and at the completion of teething. It usually commences with a diarrhœa of green evacuations—and when this has lasted for some time, vomiting succeeds; there is feverishness; the infant is restless and constantly moaning; the prostration of strength is extreme. It is seldom that regular convulsions supervene; but there is usually a tendency to twitching of the muscles of the face, neck, or extremities—the child generally remains quite conscious to the last—thus affording a marked distinction from cerebral diseases, it may last from

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one to three or four days—sometimes it is more chronic, with frequent renewals and temporary cessations of the symptoms; the child's strength is gradually undermined, and it sinks in a month, or even longer period—in a multitude of cases, however, with similar symptoms. Guersent could discover no softening

It is occasionally observed in youths and adults—more frequently in the former—has been noticed in young females who had been ailing for some time previously with some obscure abdominal or thoracic affection, and had become much reduced and emaciated. An indiscretion in diet or a cold has brought on an alarming degree of diarrhœa, which carried off the patient in sixteen or twenty-four hours, and some part of the intestinal canal has then been found so soft as to permit the finger to perforate its walls without much difficulty.

Hunter described it as a digestion of the stomach after death. Allan Burns of Glasgow, however, discovered it in persons emaciated from chronic disease as well as in those who died suddenly.

Cruvelhier, Louis, Andral, Guersent and the German anatomists agree in describing the symptoms of this affection as of a choleriform character,—viz. diarrhœa, vomiting, general anxiety and restlessness, coldness of the extremities, and lastly convulsions and death.

Phosphoric and Tannic acids, Naphtha and Kreosote are useful remedies.

Iselin—

1. Infants under twelve months most subject to it, but is occasionally met with at any period up to puberty. It is admitted by all pathologists to be much more frequent during the first year than at any other period.

2. Sometimes fatal in twenty-four hours—or may last for several weeks.

3. In idiopathic acute Gastromalacia the infant is first seized with high febrile heat, vomiting, and purging of serous acid matters—the features shrink, the eyes are sunken, and life ceases within twenty-four hours.

4. In sub-acute idiopathic Gastromalacia the disease usually commences with purging, and generally also with vomiting—fever may be inconsiderable—and symptoms last for several weeks.

5. Symptomatic Gastromalacia is usually preceded either by hydrocephalus, or some acute exanthem, or disease of the lungs—and then its course is always very rapid.

6. *First stage*—i. e. of irritation.—After two or three days of restlessness and general distress, a smart fever sets in, accompanied with great thirst, loss of sleep, and violent vomiting, which cannot be checked.

Then follows diarrhœa, at first of grey colored thickish matter, and then of a yellowish serosity, which is found to be very acid.

The face at times very pale, at others red and flushed; features are often spasmodically contracted whenever the bowels are purged, or the belly is pressed upon—usually complete anorexia, and a greater or less degree of tympanitic fulness. The whole abdomen, especially at

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the pit of the stomach is very hot; while the extremities are usually cold; the infant cries and moans continually—often partial sweats, especially on the back of the head, which is usually very warm.

7. *Second stage*—i. e. of paralysis—is marked by frequent accessions of sudden prostration, almost syncope; breathing is short and distressed; pulse very frequent and irregular; child no longer cries, but moans in a stifled manner; pallor of face increases, and the eyes become sunken; sweats are more general; belly remains warm and limbs cold; slight convulsions come on; sometimes squinting, or eyes are fixed, and only half covered by the lids.

The purging and vomiting often subside or cease altogether, and the appetite returns for some time before death.

When the child drinks, a peculiar noise is heard in the belly; aphthæ form in the mouth, and the face becomes bluish around the mouth and eyes. Generally there is no coma, nor any loss of consciousness,—but towards the close, there is excessive prostration, with frequent syncope and a very rapid pulse, so that death may occur without its being noticed.

8. *The sub-acute form* is usually attended with diarrhœa, which resists all treatment—sometimes vomiting is present, at others not. The course is more slow—the child may once or several times seem about to recover, but ultimately sinks.

9. *Diagnosis.*—On the whole, the tumefaction of the abdomen, and the great heat of its surface, while the limbs are cold, are perhaps the most constant and characteristic symptoms. The tympanitis continues after death, so that the position and form of the stomach are often visible through the parietis of the abdomen. In addition, the peculiar expression of distress in the features, the sunken state of the eyes—although most striking in the second stage, are rarely absent in any case.

10. The acute form is always attended with fever—in the chronic there are frequent intermissions—the groanings, restlessness, convulsive twitchings of face, and the oppression are almost constant in both acute and chronic.

11. The diarrhœa and vomiting are not constant—in some cases there is constipation—fæces are always acid, although they vary much in consistence.

12. Loss of consciousness is rare, aphthæ are frequent.

13. Has been generally observed to prevail at the same time with bilious fever, dysentery, ague, &c., and then may become epidemic in children.

14. Vinegar softens the coat of the stomach.

15. Heischmann thought the spleen furnished the acid which softens the stomach.

16. Is regarded by Winter not as a local but a general disease, as it is often associated with exanthems, erysipelas, induration of the cellular tissue, jaundice, aphthæ, inflammation of the abdominal viscera, phthisis, hydrocephalus, &c.

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17. Mercury and alkalies are always injurious, Johnson however thinks, that minute doses of magnesia, chalk or soda, are of benefit.

18. In the majority of cases, no treatment is of any avail, except in prolonging life. Let the physician not be deceived by occasional intermissions of the symptoms, they are greatly fallacious, being quickly followed by all the former distress, when the stage of paralysis comes on, the case is utterly hopeless.—

Reduction of strangulated Herniæ by medical means.—WALKER.—Strangulated for an hour, vomiting, and tenderness from the least pressure. Two grains of opium, prescribed every fifteen minutes, until six grains were taken, and hot fomentations. Soon after the first dose the vomiting stopped, and the patient enjoyed all the luxury of an opium-eater. Had not touched the swelling, but it went away of its own accord.

Nux-vomica.—In strangulated hernia two or three drops of the first dilution every five to eight minutes, makes the patient feel better, the rupture less painful, and attempts at reduction more successful.

An old hernia irreducible for thirteen days, finally returned, and another unreduced for eight days also returned under the use of this drug.

Strangulated Hernia.—Bell of Carlisle :—patient aged 55, femoral hernia size of pigeon's egg, taxis for two hours, after which the parts became so tender that she screamed aloud at the slightest touch.

Dose: one grain Muriate morphia in one ounce of water, half at once, the other half in half an hour. In less than an hour the patient felt as if she had lost all power, with clammy moisture of skin, and some drowsiness; then on applying the hand to the swelling, it gave way under the slightest pressure.

Case 2d: lady aged 60, femoral hernia, with violent vomiting and pain in the bowels, taxis in vain, same dose of Morphia and rapid reduction.

Case 3d: robust man, taxis all night, teaspoonful of laudanum, no effect in two hours, when another teaspoonful was given, soon followed by prostration of the muscular system and easy reduction of the hernia. Braithwaite 5. p. 146.

Case 4th: four grains of Opium at one dose relieved the pain and nausea, only; four grains more in four hours; had no effect on the hernia. In five hours more, four grains more were given, but without effect.

Pseudo-strangulation of Hernia.—Malgaigne collected all the operations in Paris by himself and colleagues in five years from 1836 to 1841. But of 183 operations there were 114 deaths; in those from 50 to 80 years old there were 97 operations, and 70 deaths, or about three-fourths.

Many cases of supposed strangulation are cases of hernial peritonitis.

Local application of Aconite.—*Case* 5th: Aconite applied with no effect on the hernia, but when the bowels were moved, (how) the hernia gradually disappeared.

Case 6th: two grains of opium relieved the pain and nausea, two

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grains more, five hours afterwards, was followed by spontaneous disappearance of the hernia the next morning.

Infinitessimal injections in Gonorrhœa.—[BRAITHWAITE, Vol. I. p. 105.]—Very frequent and very weak injections of Sulph.-zinc, one grain to the ounce, to be still farther diluted if pain is felt, simple but efficacious, much used by Thomas Evans of London, to be repeated every twenty or thirty minutes during the day.

The scalding becomes greatly lessened after each injection.

Cure in slight cases in twenty-four hours; the most severe always yielding in three or four days at farthest.

Injection should produce slight tickling or itching, but no pain.

Preferable to weak solutions of Alum, Nit.-silver or Acetate of Lead.

VELPEAU prefers Nit.-silver to Sulph.-zinc, one grain to the ounce is eminently useful, particularly in old-standing cases, when two grains to one ounce may be used.

Of four chronic cases, two were cured in five days. Inject two or three times a day for three days, then stop one day and resume for three.

CARMICHAEL prefers only a quarter of a grain of Nit.-silver to one ounce of water, and seldom increases to one grain. He injects three or four times daily.

Gaudriot.—Liquid chloride of Zinc, 24 to 36 drops,
Distilled water, 4 ounces.

To cure radically a gonorrhœa. it will ordinarily suffice to use two injections a day for two or three days; first injections are almost always followed by more or less swelling of glans-penis, but this does not prevent their continued use.

Gonorrhœa in Females.

Liquid chloride of Zinc	5 drops,
Sulph.-Morph.	½ grain
Mix with 3 drachms of paste made of mucilage of Gum-tragacanth	6 parts
Starch-powder	9 "
Powdered-sugar	3 "

make into vaginal suppositories, one suppository every day or third day. Four or six in all will cure gonorrhœa in females. First introduction generally causes a swelling, with more or less heat of the vulva, which soon subsides.

Alum is an astringent, and hence homœopathic to contraction of the urethra, yet Jobert, applies Pulv.-alum by means of a bougie to the stricture with good effects.

Signs of Pregnancy.—As ossification of the fetus commences from the 15th to the 30th day, and this new formation of bone can only take place at the expense of the mother, the quantity of calcareous salt ought to diminish in the urine of pregnant women.

Dorme actually found this to be the case, one-fifth to two-fifths less, or two-thirds to nearly one-half less, or one-third to nearly onehalf less, from which he several times diagnosed pregnancy.

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Gastralgia and Gastritis.—Rowland.—Gastralgia is marked by paroxysms of pain, commonly lancinating, searing or burning, in the region of the stomach, frequently extending to the chest and back It may exist in every degree of intensity, from slight uneasiness, or constriction of the epigastrium, to most acute pains.

Duration generally only a few minutes, but occasionally several hours. They often terminate with a copious secretion of wind, either alone or with a quantity of limpid fluid, which rises to the mouth spontaneously, sometimes insipid, at others acrid; digestion is seldom materially disturbed; tongue generally clean; appetite good or voracious; bowels generally constipated; pain often removed by food; no thirst or fever, although it has lasted for years; patient often looks healthy.

In chronic gastritis the pain is obtuse and confined to the epigastrium; increased by pressure; no regular intermission; tongue commonly parched, red at the tip and edges, coated in the centre; breath fetid; mouth foul; thirst; continual desire for cold drinks; appetite bad, sight of food disgusts, and when swallowed is often instantly vomited; digestion imperfect; acid or fetid eructations; fever.

Nux-vomica is the most useful remedy in gastralgia.

Gastro-dynia.—A great number of cases have been relieved by five-drop doses of Stramonium three times a day,

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Colic.—Billard.—1. Frequently arises from cold and damp feet, and is relieved by warming the feet.

2. Spasms of the intestines in sucklings may produce general convulsions, or spasmodic movements of the face and limbs. They frequently cease and re-appear. Frequently infants are seized with those nervous colics while suckling; they quit the breast abruptly, cry suddenly and violently; the abdomen swells immediately, and their agitation does not cease until a quantity of gas has been expelled *per anum.*

Spasm of Bladder.—Coulson.—1. Comes on in fits, most suddenly, constrictive pain is characteristic, usually violent, almost insupportable; if the fasciculi at the fundus and upper part of the bladder be the chief seat of spasm, then it often happens that the contents of the bladder are suddenly and forcibly expelled on the first accession of spasm. If the neck is affected, then there is retention as long as the spasm lasts. It is apt to be confounded with cystitis.

2. In cystitis pain is constant, coming on with more of uneasiness than positive pain, and exasperating by degrees, while in spasm the seizure is as severe as sudden. In cystitis the pain is lancinating and throbbing, or dull and heavy; while in spasm it is constrictive, resembling labor pains. In both there is usually retention of urine. The young and robust are more disposed to cystitis than the aged, while the nervous and debilitated are most subject to spasm. The color of the urine is diagnostic; in cystitis being red and high colored, while in spasm it is watery and pale.

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3. Spasm may extend to the rectum, causing it to expel its contents suddenly, or it may close the orifices of the ureters and prevent the urine from reaching the bladder, whence the ureters and pelvis of the kidneys become greatly distended, attended with severe pain in the loins and down the thighs; but the most frequent course is along the urethra, indicated by violent pain along its whole course, with constant desire to void urine, without the ability.

Bearing-down uterine pain is often a tenesmus of the os and cervix uteri.

Bearing-down pain from pubes to knees.—*Bellad.*

It is more frequently severe in women who have had children, and in whom the os and cervix have been developed.

This bearing-down pain is then similar to contraction of the various sphincters; tenesmus uteri is similar to tenesmus of the bowel.

Rokitansky speaks of a dysenteric affection of the uterus.

Spasms of the sphincter uteri,
" " " " vesicæ,
" " " " ani, &c.,
are analogous to globus or spasm of the pharynx,
" " " laryngismus or spasm of the larynx,
" " " cardialgia or spasm of the cardiac orifices.

Bibliographical Notices.

I. AMERICAN HOMŒOPATHIC JOURNALS.

a.) *Philadelphia Journal of Homœopathy*, by Wm. A. Gardner, M.D., and Alvan E. Small, M.D.

This periodical is now considerably advanced in the fourth year of its publication; originally intended to uphold the strict Hahnemannian view of Homœopathy, it has always been conducted with ability; generally with as much liberality as could be expected under any circumstances; and we believe has never been guilty of any gross breach of justice towards any party, or individual. It always contains something of interest to the profession, and the well-known gentlemanly character, and professional abilities of the principal editors and contributors, will always furnish ample security for its future usefulness and success.—*Peters.*

b.) *Quarterly Homœopathic Journal;* Edited by Drs. J. Birnstill and J. A. Tarbell.—*Boston:* Otis Clapp.

This Journal is, or was mainly devoted to the translation and republication of important homœopathic news, especially from Germany and France and somewhat from England. Right well has it performed its mission; of late we have missed it from our table, and often have we regretted its loss; many trips have we made to the agents in this city in order to procure it, and too frequently have we been disappointed; henceforth we will always apply to the publishers direct. Although in constant receipt of the German homœopathic literature, it was often a great pleasure to see the articles

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of old friends and acquaintances, such as Arnold of Heidelberg, Grieselich, Schroer, Fleischmann, Noack, Trinks, &c., in an English garb.—*Peters.*

c.) *Quarterly Homœopathic Magazine*, by Drs. PULTE, GATCHEL, and WILLIAMS.—*Cleveland, Ohio.*

This periodical seems to have taken the place of the Boston Quarterly. Its Western editors do not forget the Foreign homœopathic literature, and the German is especially well represented. Familiar names such as Shipman of Chicago, Lingen of Mobile, Cate of Augusta, Maine, often appear among its contributors; and in addition to the well-known abilities and industry of its editors, lead us to expect for it a long and useful career.—*Peters.*

d.) *American Journal of Homœopathy*, edited by S. R. KIRBY.—*New-York.*

This is the most ambitious periodical in title, and the least so in size and contents. It is mainly devoted to the light news of homœopathy, and to operate upon the lazy public, rather than to exert any very powerful influence upon the profession. Still it has sustained itself long and pertinaciously; we wish it a profitable and useful future, both to its editor and his subscribers.—*Peters.*

II. BRITISH HOMŒOPATHIC JOURNALS.

a.) *The British Journal of Homœopathy.*

It is impossible to speak too highly of this able periodical; now fully entered upon its 13th yearly volume, and 53d number; commenced in 1843 it is still vigorous and useful in 1855, and may it continue without misfortune or faltering to the end of the century and as much longer as the cause of liberal homœopathy requires so able a standard bearer. Commenced by Drs. Russell, Drysdale and Black, names first mentioned to me by Noack of Leipsic, it is still conducted by the two former, now assisted by Dr. Dudgeon. Always able, and ever impartial; always liberal and never vindictive, it has endeared itself to every true lover of progressive homœopathy With the honesty of purpose and sturdiness of will peculiar to the Anglo-Saxon stock, it has been and long may it remain a rallying point, or a *corps of reserve*, or the old guard of the Anglo-American Homœopathic Army.—*Peters.*

b.) *The Homœopathic Times.*

This bears the same relation to the English Times and British Journal of Homœopathy, that the American Journal of Homœopathy does to any great national enterprise; intended to operate mainly upon the lay public. it has been of comparatively little importance to the profession proper, in their actual struggles with sickness, suffering and death; but it has aided them materially in the smaller warfare which they are obliged to carry on with Allopathic doctors, and an allopathic public.—*Peters.*

III. GERMAN HOMŒOPATHIC JOURNALS.

a.) *Allgemeine Homœopathische Zeitung.*

Its name is as familiar as household words; it has now entered upon its 50th half-yearly volume; commenced by Gross, Hartmann and Rummel,

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who collectively and successively labored with it and for it in the good cause, until they successively after years of devoted and unselfish exertion, descended to the tomb. Now it has passed into the hands of Dr. Veith Meyer of Leipzig; it is compliment sufficient to the present editor that he has been considered worthy to tread in the footsteps, or more properly to take up the labor commenced by such able pioneers; may his career of usefulness be as long and as productive as that of his predecessors; as he will be spared some of the hard battles which they had to fight in the early career of homœopathy, so may he also be spared the anguish and bodily suffering which attended some of them (HARTMANN) to the grave; may his less arduous career, and the more genial times in which his lot is cast, encourage him to persevere in the broad and well-travelled path he is now called upon to travel.—*Peters.*

b.) *Zeitschrift für Homœopathische Klinik;* by Dr. B. HIRSCHEL.—*Dresden.*

This comparatively new enterprise has now entered on its 4th yearly volume; it is more devoted to the spread of all sound knowledge in Homœopathy, both foreign and domestic; and to a sound review and criticism of all advances in the old school and new school, than it is to mere one-sided and home labors. We wish it as long and as honorable a career as the Allgemeine Homœopathische Zeitung, with which it so successfully compares and competes.—*Peters.*

c.) *Homœopathische Vierteljahrschrift*, by Dr. KLOTAR MULLER of Leipzig.

This publication has reached its 6th year; it will not prove untrue to its trust; the honored name of Moritz Muller will never be disgraced by one of his descendants; this quarterly though small in size, is full of truth and pith, and ably supplies the place of the old and more bulky and more leaden Archiv.—*Peters.*

d.) *Archiv für Arzneiwirkungslehre*, by Dr. HIRSCHEL, of Dresden.

This serial is performing the same work for the improvement of the Materia Medica which the Zeitschrift für Homœopathische Klinik, is doing for Clinical Homœopathy. Having the same editor, the remarks made about the former will apply to this.—*Peters.*

e.) *Prager Monatschrift*, by Dr. ALTSCHUL.

This ambitious little monthly of sixteen pages per number claims to be an organ of theoretical and practical Homœopathy; including the Physiatric methods of cure, Hydrotherapea, and Balneotherapea. The title is enough; I have had it thrust under my nose for several years and have paid for it as long, but I cannot remember finding a useful hint, much less any great idea, or novel fact in it. Doubtless it has its uses, but I have never been able to discover them.—*Peters.*

IV. FRENCH HOMŒOPATHIC JOURNALS.

a.) *Journal de la Société Gallicane.*

This excellent periodical has recently been much enlarged, and is now issued *semi-monthly* instead of *monthly*, as heretofore. In this Journal the

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Parisian homœopathic physicians are in the habit of expressing their views upon medical topics freely, and of recording the proceedings and the discussions which occur at their bi-monthly sessions. It is a work calculated to do much good to the cause, both in France and in other countries where it is perused. We have a fault to find with our French brethren, however, for so entirely neglecting the condition and progress of Homœopathy in foreign countries. We have been a constant reader of this Journal for several years, and we have often regretted the total lack of knowledge respecting the school in this country among the Parisian physicians. A nation which has made more rapid advancement in the cause than any other in existence, should receive some little attention, and some slight notice occasionally. We have two excellent Homœopathic Colleges, with full chairs upon all the usual branches taught in medical schools, and numerous dispensaries and a few hospitals. Our practitioners at the south have also given us most admirable descriptions of the dreadful yellow fever which so often prevails there, and presented an array of clinical facts and statistical papers upon the subject of the very highest importance. Ought not the "Journal Gallicane" to inform its readers respecting these interesting topics, and let them know that, although Paris is France and the world in *politics*, in *medicine* this law does not hold good?—*M.*

b.) Revue Medicale Homœopathique.

This Journal is edited by Dr. J. J. Betchet, of Avignon, assisted by an association of homœopathic physicians. Its articles for the most part are practical, and abound in facts derived from the experience of the contributors. Works of this kind are always productive of much good to the cause of medical science, and we trust that it may receive ample patronage from the friends of homœopathy, both at home and abroad.

The agents of this *Review*, as well as of the *Journal de la Société Gallicane*, are Messieurs Balliere, corner of Broadway and Reade-street.—*M.*

c.) Art Medicale.

We are informed that a periodical with the above title has recently been started by the distinguished Dr. Tessier, of Paris, physician to the hospital Beaujon. We have not yet had the pleasure of seeing this Journal, but have no doubt that it will take a high rank among the standard medical literature of the day.—*M.*

War, Cholera and the Ministry of Health.—By J. J. G. Wilkinson, M.D.—*Boston:* Otis Clapp. 1855.

This book is very creditable in style and ability. Doctor Wilkinson assumes that Homœopathy has gained too high a position to fear dangers from neglect on the part of the medical world who look upon it as a hostile system. Dr. Wilkinson does not stop to ask whether Homœopathy is to be received or not, but how it must be received ere long; he does not ask that it should be tried, but demands that it should be adopted.

Dr. Wilkinson is inclined to deal with the whole allopathic medical profession in the same manner in which his wife dealt with him while still an allopathic physician. His own conversion to Homœopathy is thus recorded:—Our eldest child, a baby then, was attacked in the night with a sudden bronchitis, attended with great wheezing and oppression. My wife and I sat on end in bed in sanitary conjugal quorum. I *ordered* Ipecacuanha Wine as an emetic, and I went down-stairs and fetched it. There

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it stood by the bed-side, and the question was, who should give? My wife said nothing, and I broke a short silence by observing that the medicine was there. She then said, "Well!" and another silence ensued. I too now said, "Well!" and again we were silent. At length she said, "what are you going to do?" I said, "what are *you* going to do?" She said that she was not going to give the child that medicine. I felt indignant in all my professional frame, and I told her that the ordering of medicine was the doctor's department, that it was the business of mothers and nurses to give it. She replied that I was not only doctor here, but also father and nurse, and that I must do, or it would not be done; and she added also, that she had no faith in that stuff; and furthermore that she was glad now that I had seen at home what burdens were daily laid on parents and nurses when I went away from house to house, leaving such things to be transacted between my visits. I thought of the denunciation in the Gospel against those who lay on grievous burdens, which themselves will not touch with one of their fingers; and I could not but admire her disobedience. But she did not stop here; but told me that for a long time (she had hinted this before) she had felt a repugnance to all my practice, and that this very occasion was sent, partly to oblige me to look into that new thing called Homœopathy. The upshot of the matter was, that my wife gave a particle of Ipecac, such as would pass through the eye of a needle to the child; after which the oppression of the breathing passed away. The circumstance made an impression on my mind, and I now record it, being sure as day, that humble and simple as it is, it will leave a mark upon the minds of mothers."

Dr. Wilkinson assumes that the English Board of Health is the mother of Great Britain and Ireland in her administrations of domestic preventives and remedies, that it is the business of the Board of Health to seize upon the fact of the universal domestic practice, and to edify and educate that practice to the farthest extent which the science of medicine will allow, so that the first grappling of the public with disease may be as safe, sure, and prompt as may be. Each season has its own complaints, and the labors of such a Board will be incessant, to publish in all convenient channels, first the mode of prevention for the epidemic of the week or month; and secondly, the best mode of treatment in the first or domestic stages of the disorder.

Dr. Wilkinson also insists, that the army and navy should especially be under the care of the Board of Health, and illustrates it by the sufferings of the English Army in the Crimea, consequent upon the absence of such care. On the 14th of September the British Army, some 30,000 strong, landed on the coast of the Crimea, and that night being without their tents, the whole force lay upon the ground exposed to a drenching rain from sunset to sunrise. The consequence was a great increase in the maladies of the soldiers, and a large number of fresh cases of cholera occurred. Wilkinson assumes that such soldiers might have carried a small case with about one dozen homœopathic remedies in globules, without adding more than one or two ounces additional weight to his kit; then if a Board of Health had been on that spot, in the general orders issued from head quarters in the early morning would have been composed this short direction to each man of the force: Take RHUS-TOXICODENDRON. This is because *Rhus* has a specific effect in preventing the injurious consequences that come from thorough wettings. Each soldier in that army ought to have had in his knapsack a small medicine case, taking up but a few square inches of space, and of insignificant weight and cost; and then the order

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Take Rhus, would have been executed in a moment. An army would have been prescribed for, and cared for, and many a death and still more illnesses prevented. What could the old practice offer in such a case. Why nothing at all (but to stimulate many of them into fever and inflammation) or let the men get dry again as they could. The calomel pills and senna draughts with which they visit us at home for colds were impossible. Here then is instance No. 1, in which Homœopathy makes it possible for a Board of Health to issue most benign instructions, which can be carried out if necessary for millions of patients at once; and this because it has specific remedies on which all its members are agreed; and these in so compact a shape that they can be kept at hand whilst a waistcoat-pocket is left; and so efficacious that they will never fail to save a large percentage of lives; and so inoffensive, that in no case will they enfeeble those who use them." * * *

"It is the night of the 20th of September, the plain in front of the River Alma, the rocks, slopes and heights beyond it are covered with wounded soldiers of many nations. They are covered too with dead men, but let them rest, for they are gone to a better Board of Health. I hear the groans of the wounded and dying, but I hear nothing which appears to emanate from the medical staff. Busy sailors, rough as bears, in guise, but making their carny, tarry hands as soft as lambs fleeces for the nonce are doing all that gentle woman could do to remove the wounded creatures to their ships; and assiduous surgeons are in the rear, extracting Minie balls, and lopping off limbs; but again in the name of that Heaven who minds us all, what general orders has the medical staff to give to meet so general and necessary and foreseen disaster of wounds. O, Sir, you say, nothing can be done. But most surely something might have been done if you and your medical circle had not turned your faces from Homœopathy. Providence foreseeing the strife of the human race, and that broken heads and pierced bodies, and shattered limbs would be as regular a part of man's history as any other diseases, has sown upon His thousand mountains a plant called *Arnica*, which is by Him commissioned with properties to heal the wounds inflicted in battle, and to stay many of the sad effects of violence upon the lives of His quarrelsome children. And had there existed one gentle Minister of Health in the British Government, each man of that noble army would have had this Arnica in his knapsack, or perhaps put still more handily in some side-pocket near his heart, in order that if he were struck down for his country, he might reach out his languid fingers and find that his country had thought of his wounds before they were inflicted, and done its best to staunch them. The general orders before the battle would have contained these words: *Take Arnica if wounded.* After the battle hundreds of men could be served with it in a few minutes, if they were capable of taking it themselves; and those men who had taken the remedy would receive comparatively but little harm, even if left upon the ground, as must inevitably be the case with many after great shocks with armies. The Board of Health must answer at the Bar of Britain and of God, for having neglected this easy and powerful means of succoring wounded men."

These few extracts will give some little idea of the eloquent, nervous and enthusiastic style of Wilkinson; with some little affectation and a verging towards to Carlyleism, his book contains much sound sense, and a most wonderful ingenuity of mind and language, intermingled with a homeliness, plainness and pithiness which carries his reader along over any medical details with the unflagging interest which is generally only given to novel writing; while downright sincerity and most thorough appreciation of the

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benefits of Homœopathy are evident in every word and line. This book should be in every general reader's hands; and every physician should be familiar with its contents.

"*Inflammations and Dropsies of the Brain.*"—By JOHN C. PETERS, M.D.

Another valuable monograph has recently been given to the public by our associate. From a hasty perusal of the work, we are satisfied that it is a useful and highly creditable addition to our medical literature. The different maladies have been described in such a manner that the reader not only acquires a complete and judicious *Homœopathic* view of them, but he is put in possession of all reliable modern opinions respecting their diagnosis and pathology derivable from the best standard writers of the old school.

Such a work must commend itself to all intelligent gentlemen of our school, and will, we doubt not, receive due appreciation.

Miscellaneous Items.

Celebration of the Centennial Anniversary of the Birth-day of Samuel Hahnemann, April 11th, 1855, at Meissen, in Germany, the birth-place of the illustrious founder of Homœopathy. Translated from German papers, by OTTO FÜLLGRAFF, M.D., New-York.

THE spacious room in the school of St. Afrea (Prince's School), was decorated, and the bust of Hahnemann was placed there, to remain by the side of Lessing and other great men who have gone forth from that institution. It was vacation, the students had returned to their homes, but were recalled, in order that they might act in conjunction with the Professors, Mayor, Common-Council, and a large assemblage of Ladies and Gentleman, who had come from different parts of the country to participate in the celebration.

After some appropriate remarks from the Rector, (Knight) Dr. Franke, the medical gentlemen took their places. Dr. Herschel of Dresden, the President of the festivity was introduced to the audience, then followed the oration by the learned doctor.

He began by illustrating in the most glowing and impressive manner the life of Hahnemann, as a man of deep thought, a reformer, and eulogized upon his character in public and private life.

Dr. Hirschel was followed by Mr. Lemaistre, a scholar of fine talent, from the first class of the same School where the immortal Hahnemann had received his early teachings, who was listened to with intense interest. Among other things he said, that to the school in which he was educated, he was indebted for any claim he may have had to greatness, for genius left to itself will often go astray, whereas when

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well directed by wisdom and experience, it will in after years yield a rich harvest, and prove a blessing to the profession, a useful boon to society and an ornament to the world.

After the youthful orator had concluded his remarks, the Mayor, Common-Council, Medical Faculty, Ladies and Gentlemen formed a procession, and proceeded through the streets of Meissen. The houses were decorated with wreaths of laurel and flowers and flags, and transparencies with the portrait of the illustrious dead were moving from the windows, and borne by the procession to the house where once dwelt the immortal Hahnemann; this was also appropriately decorated, and the street is now called "Hahnemann Place." Here a large platform was erected.

Dr. Hirschel again mounted the platform, and addressed the assemblage in a very able manner, and amidst music, he removed a veil from the following inscription, which had been placed over the door of the house, and had thus far been covered.

Chr. Fr. Samuel Hahnemann, the founder of Homœopathy was born here April 11th, 1755.

After this the Medical Faculty and friends of the cause proceeded to the Hotel of the Hirsch, where they sat down to a sumptuous dinner, and amidst toasts, singing, &c. the celebration ended.

The Physicians present were:

Dr. Battmann from Grossenhain.
" Battmann " Radeberg.
" Bonhoff " Münden.
" Burkner " Dessau.
" Dittrich " Eythra.
" Eichelbaum " Stettin.
" Elb " Dresden.
" Gerson " do.
Apothec. Gruner " do.
Dr. Haubold " Leipzig.
" Helbig " Dresden.
" Hirschel " do.
" Kirsch " Wiesbaden.
" Krüger " Hamburg.
Apothec. Lappe " Neudietendorf.
Dr. Lindner " Dresden.
Apothec. Marggraf from Leipzig.
Dr. May from Grossröhrsdorf.
" Meyer " Leipzig.
" Müller " do.
" Oehme " Dresden.
" Rückert " Herrnhut.
" Surgeon Schnappauf from Dresden,
" Streinitz from Vienna.
" Talbot " Boston.
Med. Court Counsellor Dr. Trinks from Dresden.
Dr. Wippler from Dresden.
Court Counsellor Dr. Wolf from Dresden.
Dr. Wolf from Calau.
" Lindner " do.

P.S.—The Mayor and Common-Council, by their own request, were presented with a bust of Hahnemann, to be placed in the large room of the City Hall of Meissen; also at the request of the present owner of the Hahnemann house, Officer von Witzleben, a bust was given him.

In a future number, we shall make some extracts from the oration delivered on this occasion by our talented confrère, Dr. Hirschel of Dresden.

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Celebration of Hahnemann's 100th Birth-day at Vienna.

The Vienna Society of homœopathic physicians, for the physiological provings of medicines, held their annual meeting, on Hahnemann's birth day, April 11th.

This year, Drs. Attomyr, Archhorn, Caspar, Fleischmann, Fröhlich, Gerstel, Landesmann, Löw, Marenzeller, Müller, Schaflin, G. Schmidt, A. Schmidt, Schwarz, Tedesko, Veit, Walter, Watzke, Würstl and Wurmb (20) were present.

Dr. Watzke, the last year's President opened the business of the meeting with an encouraging speech.

Dr. Watzke was reëlected President; Dr. Müller, Vice-President; and Dr. Streintz, Secretary.

The Society then passed a resolution to offer an annual prize for the best proving of a drug.

They then adjourned to a festival-supper; Drs. Attomyr, Fröhlich, Gerstel, Walter, Watzke, and Wurmb, offered appropriate toasts. Speeches were also made, and poetical improvisations by Drs. Fröhlich and Wurmb. Finally they adjourned long after midnight.

The Celebration at Dessau.

About seventy persons took part in this festival; the saloon was appropriately decorated with flowers; and a bust of Hahnemann was crowned with laurel. The Committee of Arrangements consisted of the oldest homœopathic physician of Dessau, viz., Court Surgeon Prietsch, also of Drs. Petters, Schulze, Krause, and Heine.

The dinner was preceded by a short address by Dr. Bürkner.

During the dinner the Duke was toasted as an enthusiastic adherent of Homœopathy; the late dutchess, and the Duke Ferdinand of Köthen were not forgotten. An original song was also sung in praise of Hahnemann. The festival was prolonged to a late hour, and all passed off delightfully.

The Celebration at Köthen.

This was the only complete failure among the numerous celebrations of Hahnemann's birth-day, held in various parts of the world.

This failure was owing to the pompous advertisements and ridiculous assumptions of Mr. Arthur Lutze, one of the numerous lay-doctors who so offensively force themselves into the front ranks of Homœopathy in all parts of the world. Bringing all the ignorance and enthusiasm of a converted layman to bear upon the good cause, they exert a most malign influence upon it; without the slightest, or only the crudest knowledge of Pathology they give good occasion to our opponents to believe and assert, that Homœopathy is destitute of all scientific basis. It is high time that their ignorance and pretensions should be exposed, and their hashed-up wonder-cures laid bare.

There were only five physicians present at the Lutze-Köthen festival, although Bönninghausen was upon the Committee of Arrange-

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ments; he, however, is merely the director of a botanical garden, not a doctor; if Jahr had also been present, we are afraid that the attendance of physicians would have been no greater, as he is merely a doctor of philology, not of medicine. PETERS.

The Philadelphia Celebration has been repeatedly noticed, and its proceedings published.

Celebration of the Centennial Birth-day of Dr. Samuel Hahnemann in Boston.

The tenth of April last was a proud day for Homœopathy in the United States. Especially was it a day of joy and reward to the veteran disciples of Hahnemann. To the men who twenty-five, twenty and fifteen years ago espoused homœopathy, when to do so was to outlaw one's self from the courtesies of professional friends, and even the amenities of social life.* When to publicly accept and practice the doctrines of the so-styled "German Charlatan" was to incur the charge of being intellectually demented, or oblivious of moral obligation.

The tenth of April, we repeat, was a proud day,—a day full of gladness and hope for the friends of homœopathy here and everywhere. It witnessed to the world the truth, that "*similia similibus curantur*" as an axiom in therapeutics, is a power and an influence in the earth. And that despite of the formidable, intense and persistent opposition which has been arranged and urged against it, from the hour of its promulgation to the present time, the practice of medicine, based upon that axiom, has steadily and rapidly advanced in public respect and appreciation.

In Boston the day was commemorated in a happy and successful manner. An address was delivered in Tremont Temple—one of the largest public halls in Boston—by Dr. William E. Payne of Bath, Me. and a Poem by Dr. Henry C. Preston of Providence, R. I.

Both performances were highly successful, and were received with marked favor by an auditory of about three thousand persons, embracing a large number of distinguished citizens of Boston and the neighboring towns.

Homœopathic physicians were present from Maine, New-Hampshire, Vermont, and Rhode Island. The whole number congregated was between sixty and seventy. In the afternoon a Convention was held in Meionian-Hall. Dr. Samuel Gregg, of Boston—who was the first to raise the banner of Hahnemann in Massachusetts, was called to the chair,

* The writer was told a few months ago by one of the oldest and worthiest of the homœopathic physicians of Portland, Me., that when he embraced the principles and commenced the practice of homœopathy in that city, sixteen years ago, the professional friends with whom he had before associated intimately, and who had been accustomed to visit him almost daily, declined to recognize him in the street, and that many of the families with whom his family had been in familiar and friendly terms, and who had been in the habit of exchanging social visits with his family, utterly discarded their acquaintance.

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and in behalf of the Mass. Homœopathic Medical Society welcomed his professional friends to Boston.

Several questions relating to the establishment of a Homœopathic Hospital in Boston, and to the development and extention of homœopathy, were discussed and disposed of, and at seven o'clock the convention adjourned to the Tremont Temple to hear an Address and Poem by Drs. Payne and Preston.

At half past seven o'clock Tremont Temple was filled with as brilliant an audience as ever assembled in Boston. The brethren of the old School of Practice were present in large number, and gave respectful attention to the literary exercises of the evening. Among the number were His Honor J. V. C. Smith, M.D., Mayor of Boston Prof. Wyman of the Harvard Medical-College, Dr. Winslow Lewis, President of the Boylston Medical-School and many others of less public distinction.

The Boston Brigade Serenade Band occupied the platform in the rear of the speaker's stand, and performed eloquent music during the evening.

At half past seven o'clock, Hon. Benj. H. West, M.D., of the Executive-Council, and President of the occasion, with a few pertinent and excellent remarks introduced the orator of the evening, Dr. Payne, who was greeted with enthusiastic applause.

The address of Dr. Payne occupied about one hour and a quarter, and was a masterly vindication of the character of Hahnemann and the claims of Homœopathy. But as it is published, we forbear even to attempt an abstract of it, but cordially commend it to the perusal of all who are interested in the subject.

At the conclusion of Dr. Payne's address, the Band performed several fine pieces, after which Dr. West introduced to the company Dr. Preston, who proceeded to deliver a Poem of great beauty and force. Its delivery was received by the vast assembly with tokens of decided favor.

At the conclusion of Dr. Preston's Poem, the Band again played enlivening music, and at a little before ten o'clock the exercises at the Temple terminated.

This was the first public compliment ever attempted to the memory of Hahnemann in Boston, the first time that the subject of Homœopathic medicine was ever presented to a public audience in that city, and the complete success of the experiment must have been gratifying in the fullest degree to the friends who projected it.

Festival in Faneuil Hall.

At the conclusion of the very interesting services at the Tremont Temple, the Physicians, with invited friends, to the number of eight hundred ladies and gentlemen, repaired to Faneuil Hall to partake of a sumptuous banquet, spread by the noted caterer, Mr. J. B. Smith, and to spend an hour or two in friendly conversation.

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At ten o'clock the assembly was called to order by Dr. L. Macfarland of Boston, who, after a few introductory remarks, reported the following organization, which was unanimously agreed to.

For *President*, His Honor Simon Brown, Lieut. Gov. of Mass.

Vice-president, Hon. Jno. H. Wilkins, Chas. B. Hall, Esq., A. W. Thaxter jr. Esq., Jacob Sleeper, Esq., John P. Jewett, Esq. of Boston, Hon. F. B. Fay, Rev. Chas. H. Leonard of Chelsea, Hon. Stephen M. Weld, W. S. King, Esq., of Roxbury, and Thatcher Magoon, Esq. of Medford.

Secretaries, Drs. Neilson, of Charlestown, Jackson, of Roxbury, and Chase, of Cambridgeport.

Dr. Macfarland then introduced to the company His Honor, Lieut. Gov. Brown, who was received with hearty applause.

His Honor made an interesting and spirited address, and concluded by inviting the company to regale themselves on the bountiful and tempting refreshments spread before them.

Half an hour or more was spent in doing justice to the good things furnished for the inner man, and then His Honor called the company to order again, and by felicitous and well-timed sentiments, called up different gentlemen, who entertained the assembly with witty and entertaining speeches.

The following are the names of some of the gentlemen, who addressed the company during the evening.

Hon. Jno. P. Hale, U. S. Senator elect from N. H.; Hon. B. H. West, M.D., of the Executive Council, Mass.; Hon. L. M. Barker, M.D., of the Mass. Senate; Judge Russell, of the Police-Court, Boston; Rev. Mr. Dennis, of Somerville, and Mr. French, of Exeter, N. H.; Several members of the Executive Council, the Treasurer of the State; Members of the Senate and House of Representatives; Clergymen, Editors, and several liberal minded allœopathic physicians were present at the banquet. A letter from Hon. Benjamin F. Hallett, U. S. District-Attorney, expressing strong regret at his inability to join in the festivities in honor of Hahnemann was received. He was at home convalescing from a severe attack of influenza under the benign influence of homœopathic medicine.

Letters were also received from Geo. F. Farley, Esq. of Groton, and Thatcher Magoon, Esq. of Medford, both expressing great respect for the memory of Samuel Hahnemann.

Mr. Magoon's letter closed as follows: "Permit me to express the wish that homœopathy, though small in its beginnings, and administered in the least possible quantities, may, like the grain of mustard seed mentioned in Scripture, yet become a tree whose leaves shall be for the healing of the nations."

At a few minutes before midnight the meeting dissolved. The Brigade Serenade Band was present and at proper intervals discoursed inspiring music.

We felicitate all who were concerned in the arrangement of the celebration in Boston on its happy and complete success.

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Who can calculate the fruits of that day's proceedings as they relate to Hahnemann and his teachings,—not only in the reward and encouragement they offer to the noble spirits who have been, and are yet laboring, in the face of ridicule and persecution,—to redeem the world from the bondage of a cruel and murderous empiricism in medicine, and establish the "healing art" on a beneficent and scientific basis; but as they will affect the condition of the present dominant system of physic, and be developed in the health of the generation just born!

Every homœopath who participated in the exercises and festivities of the 10th of April must have felt refreshed and strengthened in his faith, and every other who reads the record of the doings of that occasion must feel inspired to manlier and more worthy effort to develop and extend the blessings of a system of medicine so well approved and encouraged.

Homœopathic Congress at Paris.

The next Homœopathic Congress will assemble at Paris on the 9th of August, 1855.

The *Societé Gallicane* invite all French and Foreign physicians who favor our school, to be present. Their cordial coöperation, their advice, and their influence are solicited in order to aid in advancing the good work.

Believing that the meeting should be public, the society have decided to admit all physicians who are furnished with diplomas. By this course, they hope to provoke discussion, and thus aid in eliciting truth and facts of novelty and interest.

The following programme has been adopted to correspond with the three days of the session; viz.:

First day.—Medical criticisms.

Second day.—Homœopathic Materia Medica.

Third day.—Homœopathic clinical medicine.

Certain questions corresponding with this division have already been adopted by the society, and all new communications will receive attention in their order.

A committee of five members, composed of M. M. Petroz, Tessier, L. Molin, Gabalda and Escallier, has been appointed to organize the proceedings of the session. The preparatory committee invite those French and Foreign homœopathic physicians, who propose to assist at the congress, or to read papers, to give notice without delay.

By the members of the Committee:

Petroz, Tessier, L. Molin, Gabalda, Escallier.

Paris, 6th *March*, 1855.

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HOMŒOPATHIC DIRECTORY
FOR NEW-ENGLAND.

Maine.

Batchelder, B. H., *Montville.*
Bradford, Richard, *Lewiston.*
Brown, G. N., *Portland.*
Bryant, Benja., *Bristol.*
Cate, S. M., *Augusta.*
Clark, Elisha, *Portland.*
Cummings, J. M., *Portland.*
Currier, *Readfield.*
Dodge, Moses, *Portland.*
Doe, John, "
Gallup, William, *Bangor.*
Jefferds, Geo. P., *Kennebunk, Port.*
Kellogg, George, *Bangor.*
Merrill, John, *Portland.*
Morse, J. O., *Saco.*
Morton, *Kennebunk.*
Paine, J. H., *Bangor.*
Palmer, F. N., *Gardiner.*
Payne, John, *Belfast.*
Payne, Wm. E., *Bath.*
Pulsifer, M. R., *Ellsworth.*
Pulsifer, N G. H., *Waterville.*
Putnam, J. S., *York.*
Roberts, Jacob.
Shackford, Rufus, *Portland.*
Thompson, G. P., *Yarmouth.*
Young, A. D., *Richmond.*

New-Hampshire.

Baker, J. C., *Concord.*
Bennett, A. F., *Portsmouth.*
Cate, H. I. M., *Concord.*
Chamberlain, W. B., *Keene.*
Colby, E. L., *Claremont.*
Carter, E., *Manchester.*
Cochran, *New Ipswitch.*
Gamble, *Francestown.*
Harris, Jerome, *Dover.*
Herrick, J., *Lyndeboro.*
Houghton, *Nashua.*
Jenness, E., *Rochester.*
Morrill, A., *Concord.*
Parker, H. C., *Manchester.*
Peterson, James, *Weare.*
Richter, E., *Portsmouth.*
Volks, *Claremont.*
Walker, C. H., *Manchester.*
Weeks, L. T. *Canterbury.*
Whittle, J. F., *Nashua.*

Vermont.

Briglan, G. N., *Waitsfield.*
Carpenter. H. K., *Derby Centre.*
Darling, C. B., *Lyndon.*
Doe, John, *Cabot.*
Ells, E. J., *West Canaan.*
George, Asa, *Calais.*
Holbrook, P. R., *Hardwick.*
Houghton, H. A., *Lyndon.*
Jenness, W. W., *Derby Centre.*
Neal, John, *Canaan.*
Orcutt, H. C., *Troy.*
Sanborn, B., *St. Johnbury.*
Sanborn, Joshua, *Hardwick.*
Scott, C. W., *Jusburg.*
Sparhawk, G. E. E., *Rochester.*
Stevens, *Newbury.*
Stone, Joshua, *St. Johnsbury.*
Stone, A. B. "
Taplin, S. C., *Montpelier.*
Taylor, C. R., *Hardwick.*
Thomas, N. K., *Stowe.*
Vandeusen, J. M., *Warren.*
Ward, J. A, *Burlington.*
Wilder, B. A., *Derby Line.*
Woodward, Calvin, *Daniels.*

Massachusetts.

Addams, C. F., *Waltham.*
Abbott, Ezekiel, *Westfield.*
Alden, Samuel, *Bridgewater.*
Allen, ——, *Springfield.*
Angell, H. C., *Lynn.*
Barker, L. M., *Boston.*
Barrows, George, *Taunton.*
Birnstil, J., *Newton Corner.*
Blaisdell, J. N., *Lynn.*
Briggs, D. H., *Abington.*
Brown, J., *Lynn.*
Burpee, J, O., *Malden.*
Chase, H. L., *Cambridge.*
Chase, J. H., *Haverhill.*
Clark, H. B., *New Bedford.*
Clark, Luther, *Boston.*
Colby, Isaac, *Concord.*
Collins, H. A., *Springfield.*
Collins, *Conway.*
Cross, Wm. P., *Nantucket.*
De Gersdorf, B., *Salem.*
Fiske, Isaac, *Fall River.*
Floto, F., *Salem.*
Ford, C., *Hyannis.*
Fuller, Milton, *Boston.*
Gale, Amory, *East Medway.*
Gale, S. M., *Newburyport.*

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Geist, C. F., *Boston.*
Gore, Hiram, *East Boston.*
Gregg, Samuel, *Boston.*
Hall, Luther, *East Boston.*
Hannan, D. B., *Salem.*
Harris, Chas. W., *East Wareham.*
Harris, H., *Taunton.*
Harris, J. Y., *East Bridgewater.*
Hœffendahl, C, E., *Boston.*
Hœffendahl, "
Holt, Daniel, *Lowell.*
Howatt, Jas., *Andover.*
Jackson, W. F., *Roxbury.*
Jenks, *Wareham.*
Johnson, D. A., *Chelsea.*
Johnson, O. O., *Sudbury.*
Jones, E. U., *Taunton.*
Knight, E. C., *Middleboro.*
Lindsay, Albert, *Roxbury.*
Matthes, Felix, *New Bedford.*
McFarland, D., *Boston.*
Morse, E. E., *Medway Ville.*
Neilson, J. C., *Charlestown.*
Newhall, R. N., *Boston.*
Nichols, L. B., *Worcester.*
Nichols, J. S., *Nantucket.*
Osgood, David, *Boston.*
Paine, J. P., *Dedham.*
Penniman, J. A., *Brookfield.*
Perry, W. F., *Mansfield.*
Pierce, Eli, *Cabotville.*
Pierce, Levi, *Chicopee.*
Pike, A. W., *Laurence.*
Porter, Isaac, *Charlton.*
Prince, W. H., *Salem.*
Roche, N. C., *New Bedford.*
Rounds Benja., *Norton.*
Runnels, *Stoneham.*
Russell, George, *Boston.*
Sanders, O. S. "
Sandford, E. *East Attleboro.*
Sandickey, D. F., *Boston.*
Sawyer, B. E., *Haverhill.*
Scales, T. F., *Woburn.*
Sisson, E. R., *New Bedford.*
Spooner, J. P., *Dorchester.*
Starkey, G. R., ——
Steen, A. L., *Foxboro.*
Swan, Danl., *Medford.*
Swazey, G. W., *Springfield.*
Talbot, J. T., *Boston.*
Tarbell, J. A., "
Taylor, Henry, *Westfield.*
Thayer, David, *Boston.*
Train, H. D., *Sheffield.*
Wales, T. B., *Waltham.*
Washburn, Nahum, *Bridgewater.*
Weld, C. M., *Jamaica Plain.*
Wesselhœft, Wm., *Boston.*
West, B. H. "
Wilder, Daniel, *New Bedford.*
Wild, Charles, *Brookline.*
Wild, Edward, "
Wood. J. G., *Salem.*
Woodbury, E., *Mulgrave.*
Whitney, J., *Provincetown.*

Rhode Island.

Barrows, Ira, *Providence.*
Belt, R. G., *Woonsocket.*
Clark, Peleg, *Coventry.*
Cook, N. T., *Providence.*
Davenport, A. K., *Providence.*
De Wolf, J. J., "
Gottschalk, "
Greene, D. H., *East Greenwich.*
Hazzard, William H., *Wakefield.*
Hoppin, Washington, *Providence.*
King, A. P., *Providence.*
Manchester, C. F., *Pawtucket.*
McKnight, C. G., *Providence.*
Nichols, J. S., *Woonsocket.*
Nutting, Thomas, *Smithfield.*
Okie, A. H., *Providence.*
Preston, H. C., *Providence.*
Peterson, B. H., *Warren.*
Saunders, C. F., *Pawtucket.*
Sawen, J. W., *Centredale.*
Stevens, G. S., *Providence.*
Tillinghast, Allen, *Washington* [*Village.*
Vernon, Thomas, *Providence.*
Wheaton, J. L., *Pawtucket.*
Wilcox, George D., *Phœnix.*

Connecticut.

Bell, W. C., *Middletown.*
Boyle, E. L., *Bridgeport.*
Brown, ——, *Hartford.*
Browne, A. W., *Mystic Bridge.*
Caulkins, H., *Hartford.*
Caulkins, *New London.*
Dennison, J. T., *Fairfield.*
Dunham, W. A., *Meriden.*
Foote, C. C., *New Haven.*
Frank, *Norwich.*
Greene, G. S., *Hartford.*
Isham, *New Britain.*
Keep, Luther, *Fairhaven.*
Norton, L. H., *Bridgeport.*

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Rodman, W. W., *Waterbury.*
Schué, *Hartford.*
Skiff, P. H., *New Haven.*
Skiff, P. C., *New Haven.*
Taft, *Hartford.*
Taylor, *New Milford.*

REPORT OF DISEASES TREATED HOMŒOPATHICALLY,

Between January 1st, 1853, and January 1st, 1854.

Reported by twenty-one Physicians of the Massachusetts Homœopathic Medical Society.

DISEASES.	No. of Males.	No. of Females.	Average Age.	Average Duration of Treatment.	Cured.	Died.	Principal Remedies relied on in Treatment.	REMARKS.
Fevers, Typhoid, . .	144	143	22½ years.	19½ days.	276	11	Acon, Ars., Bell., Bry., Calc., Hyos., Lach, Nux-vom., Opium, Phos, Phos-ac., Merc., Stram., Secale.	
" Scarlet, . .	195	293	7	11	412	16	Acon., Ars., Bar-c., Apis, Bell., Bry., Caps., Hell., Lach., Merc., Mur.-ac., Rhus., Sulph.	
" Rheumatic, .	63	30	25⅓	17	93	—	Acon., Bell., Bry., Caust., Colch., Coloc., Merc., Phos.-ac., N.-vom., Puls., Rhus., Spig., Sulph.	
Pneumonia, ...	157	138	21	10	284	11	Acon, Ars., Bell., Bry., Hep., Ipec., Merc, Nux.-vom., Puls., Tart.-emet., Sulph.	
Croup, Spasmodic,	71	55	5	2½	126	10	Acon., Hep., Hyosc., Ipec., Phos., Spong., Samb., Tart.-emet.	
" Inflammatory or Membranous,	32	30	4½	4	60	2	Acon., Bell., Brom., Caust., Hep, Iod., Kali-Bich, Phos, Sen.	
Dysentery, ...	231	199	19½	8¾	411	19	Acon., Aloes., Merc., Merc.-cor., Ipec., N.-vom., Sulph.	
Measles, ...	49	49	9	7½	97	1	Acon., Ars., Bell., Bry., China, Nux.-vom., Phos., Hep., Sulph.	

W. F. JACKSON, M.D., Sec. Mass. Hom. Med. Society.

Name of Physician, ...

Residence of " .....

N. B... Statistics concerning any other Acute Diseases which may have been treated by you in the time mentioned, or information relating to any disease peculiar to your section, will be gratefully received.

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Connecticut Homœopathic Society.

The Connecticut Homœopathic Society held its semi-annual meeting in Hartford, on the 15th of May, 1855. The different parts of the State were well represented. A larger number of physicians were present than at any former meeting. Several very interesting cases were reported by Drs. Green of Hartford, Bell of Middletown, Norton of Bridgeport, Denison of Fairfield, and others.

After a very interesting interview and interchange of sentiments, the meeting adjourned to meet at Union Hall, at 7½ o'clock, to hear the annual address, by Dr. Dunham of Meriden.

The present officers are—W. W. Rodman, M. D., Waterbury, President; Geo. S. Green, M. D., Hartford, Vice President; W. N. Dunham, M. D., Meriden, Secretary; C. H. Skiff, M. D., New Haven, Treasurer.

The next meeting will be holden at Middletown on the third Tuesday of November, 1855.

Rev. Mr. Plitt's Hospital at Heidelberg, for children of poor parents, by Dr. Wilhelm Arnold *of Heidelberg. Translated from Dr. Clotar Müller's Homœopathic Quarterly, by* Otto Füllgraff,, M.D., New-York.

Rev. Mr. Plitt's Hospital for children of poor parents was opened November 18th, 1854.

The house is a substantial two-story building, with large airy-rooms, sufficient to accommodate at least thirty children, and situated near the mansion of the clergyman, whose kind lady has undertaken the arduous duties of superintendent. In addition to this lady, there is a sister of charity from Carlsruhe, as housekeeper, and two servants, to attend to other duties.

The medical duties have been consigned to me according to the wishes of the founder of the charity.

The object of this institution is, to receive those children who have become sick or reduced, either from the want of proper nourishment and cleanliness, or from living in crowded, unhealthy dwellings, and to give them proper care, nutricious food, and medical treatment.

In order to serve the cause of medical science I shall endeavor, in all suitable cases, to ascertain what can be accomplished by a purely dietetic treatment, in children suffering from general derangements of health, and from chronic diseases—at what point this treatment may cease to accomplish its desired effect, and under what circumstances therapeutical agents become necessary. I shall use only a *single* remedy at a time, and give it a fair trial before choosing another,—so that the real effects of the drug may be fairly manifested.

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As but a short time has elapsed since the opening of this institution, and as my observations consequently have not been very numerous, I shall only mention the case of a little girl, aged seven months, brought here in a state of abdominal atrophy of the worst description. Indeed the little creature was in such a state, that every body expected her speedy dissolution. By simple nutritious food, fresh air, and bathing I had the extreme gratification of seeing her improve from day to day, so that, in the course of a few months, her health was entirely reëstablished.

DR. FÜLLGRAFF'S

Homœopathic Dispensary, 59 Bond-street, New-York.

Open daily from 2½ to 4½ o clock, P. M. (Sundays excepted).

Advice and medicines for the Poor gratis.

In suitable cases the homœopathic remedies will be administered by *Inhalation* and by the aid of *Galvanism* in accordance with the most recent and approved methods.

Consulting Physicians:

A. S. Ball,	M. D.	E. Guernsey,	M. D.
R. M. Bolles,	"	L. Hallock,	"
C. Beakley,	"	Ch. Hempel,	"
S. Barlow,	"	E. E. Marcy,	"
G. Belcher,	"	J. C. Peters,	"
Alfred Freeman,	"	A. D. Wilson,	"
M. Freleigh,	"	L. T. Warner,	"

Attending Physicians:

Dr. Otto Füllgraff, Dr. William Banks, 1*st Assistant.*

Liebold, *Student of Medicine.*

A desire to relieve the sick poor, and to test the value of homœopathic medicines by means of *Inhalation* and *Galvanism* on as many patients as possible, has actuated me in establishing by voluntary subscription the above named Dispensary.

The Dispensary was opened to the public on the 1st of February, 1855, and has thus far, we are happy to say, been well attended; I shall take great pleasure in furnishing the profession, as opportunities may offer, with the results of my experience, especially in regard to the modes of treatment by Inhalation and Galvanism.

I confine myself strictly to the great law of cure *similia similibus curantur*, propounded by Hahnemann, the illustrious founder of

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Homœopathy. In the administration of remedies I make use of the whole scale of strengths, from tinctures to the highest attenuations.

We take this opportunity to tender our cordial thanks to the friends of Homœopathy for so promptly raising funds for the support of this charity during the current year.

PROCEEDINGS

OF THE MICHIGAN INSTITUTE OF HOMŒOPATHY.

Agreeably to notice the Michigan Institute of Homœopathy met at Ann Arbor, June 14th, 1855, Doct. Thayer presiding.

On motion the rules were suspended, and the following gentlemen admitted as members, viz.,—Dr. A. Gray, of Dexter; E. H. Drake, Detroit; Eugene Bitley, Paw Paw; A. H. Botsford, Grand Rapids; H. Sullings, Battle Creek; E. D. Burr, Eaton Rapids.

Officers elected for the ensuing year.—President, Dr. A. Walker, Pontiac; Secretary, Dr. E. H. Drake, Detroit; Treasurer, Dr. Woodruff, Ann Arbor; Committee on Elections, Drs. Thayer, Jeffries and Driggs.

On motion, Drs. Botsford, Ellis, Bitely and Burr, were appointed a Committee on resolutions. The meeting then adjourned for one hour.

1 o'clock, P.M.—The meeting was called to order by the President, when the Committee reported the following preamble and resolutions, which after discussion was unanimously adopted.

Preamble.—*Whereas*, The University of Michigan, being a State Institution, supported by the people of the State, and designed for the education of her sons; and, Whereas, but twenty-eight students from this State were in attendance (in the medical department) during the last term of lectures, several of whom were Homœopathists, while several others were compelled to seek that instruction abroad which they were unable to obtain at home, therefore

1st, Resolved, That our late Legislature, in passing a law creating a chair of Homœopathy in the medical department of our State University, and requiring the Regents to appoint a Professor thereto, but performed a simple act of justice to that portion of the people who are the supporters of that practice, and equally aid in the support of the University; but acted in accordance with that liberal spirit of the age which ignores exclusive privileges, whether in State, Church or Medicine.

2d, Resolved, It is not our wish to create discord in, or cause injury to, any department of the University; but that we deem it important

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that "scientific" medical practice should be taught the student, therefore our endeavors to have at least one Professor of Homœopathy.

3*d*. *Resolved*, That the untiring efforts being made by the Allopathic profession (and especially by the professors in the medical department of the University,) to induce the Regents to set the law of our State at defiance, requiring the appointment of a Professor of Homœopathy, clearly shadows forth their consciousness of the weakness of their cause, and fear of Philosophic truth.

4*th*, *Resolved*, That we ask no exclusive privileges, but are willing our system should stand or fall by its own intrinsic worth, and while we desire all the scientific truth now taught in the University for the medical student, we are willing that Homœopathy should be taught and tested side by side with any other practice, and the student allowed to judge of its comparative merits.

5*th*. *Resolved*, That in view of the rapid progress of Homœopathy as evidenced by the frequent requests made by the people from different portions of the State to send them Homœopathic physicians, we hold it to be the *unequivocal* duty of the University, supported as it is, by the people of the State, to supply that demand.

Letters were then read from physicians in different portions of the State expressing their regret in being unable to attend the meeting of the institute, their sympathy with us, and wishes for the success of our cause. Also from Drs. Joslin and Bayard of New-York; Dr. Pulte of Cincinnati, Dr. Lippe of Philadelphia, and Dr. J. J. G. Wilkinson of London, Eng.

On motion of Dr. Jeffries a committee of three was appointed to wait upon the Regents at their next sitting, present the name of the candidate selected by the Institute, and request them to make the appointment.

On motion, the Committee were instructed to present the name of John Ellis, M.D., of Detroit.

On motion, it was resolved, that the proceedings of this meeting be signed by the President and Secretary, and their publication solicited in the different papers of the State.

On motion, the Institute adjourned to meet in one year from this date, at the same hour and place.

In the evening a public lecture was delivered by Dr. Ellis, at the Congregational church, which was listened to by the members of the Institute, and many of the citizens of the place.

A. Walker, President.
E. H. Drake, Secretary.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

NOVEMBER, 1855.

Original and Translated Papers.

ARTICLE XI.—*Address of* Dr. PERINE, of Brooklyn, *delivered before the New-York State Homœopathic Society.*

THERE can be no question of greater interest to the Homœopathic Physician than that of the perpetuity and prevalence of his favorite Theory of Medicine.

He sees that the discoveries of Hahnemann are effecting a wonderful revolution in the medical world, and that they are shaking to the very foundations the temple of Allopathy.

He perceives that throughout the civilized world these principles are known, and favorably appreciated, and that thousands of old school men are investigating them and adopting them as their rule of practice, and that the laity by tens of thousands are flocking to the new standard.

In his daily experience he feels the luxury of certainty and of an easy and speedy cure for many curable diseases. To his patient he realizes the long-hoped-for boon of an intelligent and scientific plan for the administration of every individual remedy, and for the treatment of every malady.

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Guided by the single ray of a specific law, he feels improved consciousness of the exaltation of his professional dignity, while he follows the light of its natural and simple dictates. His prescriptions, which were once a mass of multiplied and strangely incongruous compounds, and whose action was always problematic, now consist of simples, the law of whose action is unvarying and sure.

In place of the fear and trembling which his teachers and his own experience had led him to entertain from the necessity of the case, he is now governed by a comfortable assurance, founded upon the experience of success.

Aforetime, when successful, he was wont to feel that he would be happy to know the why and wherefore of his successes, in order that to could employ his agencies definitely and continuously under the same or similar circumstances; but, all was dark in himself, and in his widely differing authorities.

Now, the principles of his operations are established in obedience to a constant law.

When he cures, he knows the individual agencies which accomplished certain effects; and he knows from accumulating experience that these results can be definitely secured, always.

He reviews the history of Ancient Medicine, and he finds it a vast field, full of the ruins of medical theories which have had their day and disappeared. That many of these theories were once highly popular, and promised much to the cause of suffering humanity, and bade fair to rival every cotemporary.

He surveys the field of Modern Medicine likewise, and in vain looks for any thing more stable. There is indeed now more general learning and talent than in former ages. Every collateral science has advanced honorably and rapidly: but in medicine he is pained to find that there have been no advances of any importance, and that the greatest doubt and uncertainty prevails now, as in the dark ages.

Turning away from general investigation to his late experience, he finds additional and painful corroboration of the truth, and is irresistibly led to investigate, any thing which claims to produce reform, and whose basis is natural law and specific action.

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Homœopathy having sustained itself by careful experiment, he finds in it what he seeks, and lays hold of it as the desideratum sought for.

In doing so, he incurs a host of inconveniences. He abandons all his old modes of prescribing medicines, and stands before the world as a voluntary reformer of time-honored and good old-ways. As a consequence, he is called upon to endure persecution and malignant misrepresentation. Those who were once his friends, his chosen counsellors, are now so no longer. He is driven to seek new advisers and comforters, and is made to feel that he is regarded as an inferior, if not a weak or dishonest man.

His conversion to new principles alienates those who were once comforted under his professional services. The world is new to him, and he is made to feel oftentimes the sadness of poverty and dire neglect.

All these considerations engage the ardent desire of the Homœopath, to know whether this sacrifice will be in vain, or whether in the perpetuity and spread of his adopted new measures, he shall have the large reward of success, and the vindication of his cause and himself.

Other theories have shed their rays upon the world, and induced their disciples to believe that medical doubt and uncertainty had in them received their death. But the hollowness of their pretentions become apparent when brought to the test of experiment and they passed away, and the memories of those who adopted them are contemptuously remembered. And he cannot resist the fear, that although experiment establishes the truth of his theory and practice, no matter how often repeated; there may be something which will cause its being laid aside and superseded by something else.

While he fondly hopes that all care and anxiety are at an end, and that certainty in medicine is as sure as any principle of any of the collateral sciences, he desires to know what is really to be

The Destiny of Homœopathy.

Which topic we shall discuss at this time.

We assume that *Homœopathy is fulfilling a mission* whose

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end is the overthrow of all other modes of cure, and the establishment of its *own complete and permanent rule.*

We shall argue this under the following divisions:

1. The rule of Homœopathy will be complete and permanent. Because it is a natural law, and inseparable from medicine.

2. Because it was reduced to a system by scientific and laborious investigation, and perfected by years of experiment before it was given to the world.

3. Because it answers a necessity felt in all ages, and which every other system of medicine has failed to satisfy.

Every great and important truth or principle which has ever been revealed to man, and committed to him for his permanent benefit, and which has had its influence upon his destiny, has been foreshadowed by admissions or beliefs, among people who lived ages before its final development and use, and which people, though dimly realizing the truth, never were permitted to enjoy in its full blessing.

So universally has this been the case, that it is an almost conclusive certificate that whatever is thus preserved and brought to light after such hints and beliefs beforehand, is imperishable truth.

An ancient king rejected the Ptolemaic Theory, because it discovered great irregularities in the planetary world, which it did not reconcile. He declared that the Creator of worlds could not be such a bungler as to create systems of disorder. Here Newton's theory of regular motions in the heavenly bodies is foreshadowed.

Seneca, long before Newton, expressed a belief, that a time would come when the motions of planets and comets too, would be shown to be perfectly regular.

He also predicted the discovery of a world beyond the ocean, which Columbus effected hundreds of years after Seneca.

Bacon suspected the controlling influence of the planets over each other at great distances, and of the moon's influence upon the tides. Thus Newton's Law of Gravitation was foreshadowed.

Harvey, in the 17th century demonstrated the theory of circulation of blood and the non-existence of air in the arteries, which to his time was a professional and popular belief.

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Yet ages beforetime, and about the time of Æsculapius, a physician almost demonstrated it. Forty years before Harvey. Realdo Columbus attempted it, and falling short of full demonstration it, fell into oblivion.

There are hints among the Lost Arts of vessels which were moved by other influence than sails and oars. And here we seem to see Fulton's Steamboat foreshadowed.

The pressure of steam, and its appliance to the motion of rude machinery was known a great while before Watt completed his wonderful steam engine.

Long before Jenner discovered the prophylactic influence of Vaccinia over Variola, it was well known that those persons who had the charge of cows, acquired from them an eruption. And that all those who were thus diseased never took the Small Pox.

It was also a popular belief, and had been maintained by the Isopathic School of medicine, that the morbid products of diseases would protect from the recurrence of those diseases.

Yet it was reserved to Jenner to lay hold of the immortal principle of Vaccination, and reduce it to a positive system.

These examples will suffice to show the force of the position assumed, that every great truth has been foreshadowed for a greater or less length of time, and with more or less clearness before its final development and application.

It seems to be quite a common belief that Homœopathy is of comparatively recent origin.

But we shall show that its principle: "Similia Similibus Curantur" has *always* been acknowledged, and that is has been *preëminently foreshadowed.* And in doing so we shall establish the strongest claim that we can have for the strength of our proposition, viz. its immutability, because a law of nature.

The lack of medical writings among the earlier ages prevents us from knowing the opinions of physicians before the time of Hippocrates. The History of Medicine in those ages is fabulous for the most part, and hence quite unreliable. The priest and physician were one and the same individual, and cures were performed by the voice of Oracle.

The people were taught that disease was a special infliction from the Almighty, as a punishment for sin; and that by his special interference all maladies were removed.

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Æsculapius is the first person of whom we have anything authentic as interfering with the prerogative of the priest in the cure of disease, and by the means of natural appliances. His medical views are unknown however. He is represented as having been very successful in his professional services and as having as a consequence incurred the displeasure of Pluto and old Charon, who complained to Jupiter that Æsculapius, by curing diseases, was robbing them of their perquisites. Jupiter entertained the complaint and slew the Doctor with a thunderbolt.

Hippocrates, the Father of Medicine, as he is usually called, gives us many valuable admissions and vindications of the law of Homœopathy as a law of nature.

In his "Places in Man," he says, "By *similar* things, disease is produced; and by similar things given to the sick are they healed of their diseases."

"The *same* things which will produce strangury, cough, or vomiting will arrest them." "Thus, warm water, which is given to induce nausea and vomiting, will arrest it.

"Mandrake produces mania: therefore,

"Give the patient a smaller dose, than that which will induce mania, and it will be cured."

Again, "Cold causes rigors, convulsions, tetanus and stiffness: and cold water will cure these conditions in disease."

Of Erysipelas he says: "Most of them are cured by the same agencies which can induce them."

"Hellebore given to the sane, darkens the mind: but it is wont greatly to benefit the insane."

This testimony from Hippocrates is very consolatory, because it recognizes the Homœopathic views of the law by which medicines arrest disease, and that too at a period the *very earliest* in the History of Medicine.

The hue and cry against modern Homœopathy might be easily held in obeyance, could the bloodhounds of persecution and prescription be but induced to allow the first man in medicine to teach them "what is truth."

At the end of several hundred years, passing by the theories of a host of minor reformers, we come to Galen, who is claimed as the unequivocal head of the Allopathic School of medicine.

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He flourished about A.D. 159, and attempted the repudiation of all the schools and theories which had gone before him.

He says, "I have found *similars* to influence *similars*." "God or nature has joined *similars* to *similars*." "A *similar* naturally indicates its *similar*." "*Similars* are congruous and friendly.

Again "the quality of a medicine must bear similarity to the disease and their products; though it *must not be identical*," or, as we say, Isopathic.

Thus from Galen, we have direct acknowledgment of the cardinal point of the Homœopathic law as a law of nature.

The Isopathic School of medicine furnishes examples of its belief in the existence of "similia" as a fundamental law.

The motto of the Isopath is "*æqualia æqualibus curantur*," or, diseases are cured by Identicals. They claimed to remove the perplexing uncertainty of medicine, by establishing a full system of specifics.

Like Hahnemann and his disciples they proved the effect of medicines in health, even to some of the severest poisons.

They used parts of venomous reptiles to cure their bites. They professed to cure derangements of different organs of the body, by corresponding parts, and organs of inferior animals—and by the internal use of deranged secretions.

For Hæmorrhages they used blood. For Asthma they employed dried and pulverized fox lungs. Diseases of the liver were treated by bullock's liver. Hydrophobia was treated with the saliva of the rabid animals.

The poison of the asp, the scorpion, the viper, were antidoted by portions of these reptiles.

While we repudiate this theory as irrational and as insusceptible of proof: we claim from it strong testimony in favor of our homœopathic principle. The idea of curing diseases by identicals has always existed. It exists now, in the domestic cures which never meet the eye of the medical man. In some districts of country it is very strong, and savors a great deal of traditionary interest.

We quote Basil Valentine, a monk of the order of St. Benedict, in the fifteenth century, as affording additional testimony to our position.

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He says: "*Likes* must be cured by *likes*, and *not* by their contraries—as heat by cold, and cold by heat." For, one heat attracts another heat, and one cold attracts another cold, as the magnet does the iron." Although a chill may be suppressed by heat; still, as a philosopher, and as an observer of nature's laws, I say that *similars* must be met by *similars*, thereby they will be *removed radically* and *thoroughly*. He who does not attend to this, is no true physician, and cannot boast of his knowledge: for, knowledge and experience, together with fundamental observation of nature, constitute the perfect physician.

Paracelsus, who flourished in the sixteenth century, and about 1500 years after Galen, bears most unhesitating testimony to the action of similars in medicine.

Thoroughly dissatisfied with the medical theories and practices of his day, he endeavored to institute a system of therapeutics as distinct in principle from the old ways as possible.

He laid hold of the principle similia as his guide. He combatted all the established ideas, and made war upon the apothecaries and physicians.

But while his therapeutics changed, his pathology remained unchanged, and thus he debarred himself from the perfected light of nature.

He did not seek the pathogenesis of his remedies, and thus lost the great secret which laid just within his grasp.

In opposition to Galen's proposition of "Contraria" he says: "Cold removes heat and heat cold! This is false and was never true in medicine." *Like* belongs to *like*, not *cold* against *heat*, and heat against cold. That were a *wild arrangement*, if we had to seek safety in *contraries*. *This is true.* That he who will employ cold for heat, moisture for dryness, does not understand the nature of disease.

Again, he says, "nature wills *stratagem* should be arrayed against *stratagem*."

This is the *natural* case with all things on earth, and in medicine also the rule prevails. And the physician should let this be an example to him.

Still more emphatically, "what creates jaundice will cure it in all its species." "The *medicine* which *shall cure para-*

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lysis must proceed from that which causes it."—He goes still further and speaks of the dose of the medicament to be used: "A *small spark* can set on fire a *whole forest:* even so a *small dose* of medicine, *no matter how small* its weight, shall suffice to produce the desired effect."

Truly this strongly foreshadows the developments made by Hahnemann and nobly sustains the position that the cure by similars is a natural law.

Johannes Agricola professed to cure cancerous and other malignant diseases. He thus speaks: "If the subject is viewed in its proper light, it must be confessed that a *concealed poison* is at the root of these diseases: which must be expelled by a *similar poison.*"

Tycho Brache, the Danish Astronomer, says: "There is a disease of a *sulphurous nature*, which quickly yields to *terrestrial Sulphur*; especially if a bath is had of the liquor as *similars by similars.*"

Another evidence of the general conviction of the truth of our proposition is found in the Signature School of medicine, or that which maintained the necessity of actual or closely approximating resemblance between the disease and the remedy. In seeking for a medicinal agent, they sought so to speak, for the daguerrotype of the disease in the remedy to be applied.

Although in their pursuit after truth they pursued the idea of similars, in physical resemblances, rather than in symptomatic similars, yet they nobly foreshadowed the Hahnemannic theory, and establish its claim to a Natural Law.

The bile being yellow, the signaturists sought for yellow substances to cure jaundice. Blood being red, the red juices of plants were used to arrest hæmorrhage. Hæmorrhoids would be cured by bulbous roots resembling them. Cassia Fistulata having the appearance of inflated bowel, was used to cure diseases of the bowels. The elder, has a pith resembling the spinal marrow, therefore it was used for spinal diseases.

The seeds of Letho Spermum resemble urinary calculi; therefore they would cure the gravel.

The lichen pulmonarius, so called from its resemblance to the lungs, obtained the repute of curing pulmonary diseases.

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These examples prove an intuitive idea in favor of a therapeutic principle, which prevailed during the dark ages, and indeed from the foundation of medicine. An idea which was held alike by the learned and the unlearned, amid numberless revolutions in the theory of cure. Why, if this principle of treating diseases by remedies whose action upon the healthy organism would develop like symptoms, is not a law of nature: was *it* upheld amid the never-ending attempts to establish different theories of cure; and why was it enabled so successfully to assert its right to consideration?

Why, if not an immutable and essential truth, should this principle have been so assiduously preserved and so definitely enunciated by every theorist in medicine?

Why should this Homœopathic Law have been kept alive in all ages, amid the rise and fall of theories of cure which have existed by thousands, and which can be known now only by the most assiduous research?

Why, while those have waxed and waned and totally gone out in oblivion should this our principle of curing diseases, have until the time of Hahnemann been becoming more and more distinctly enunciated; if it had not its foundation in nature?

We have shown already that all important principles of science have had the same fostering experience, and analogy proves for us our strongest argument.

Besides the testimony of the ancients, we have the honest admissions of allopathic physicians for the last two hundred years. Hahnemann gives his immediate predecessors of the seventeenth and eighteenth centuries the credit of having before him acknowledged the truth of treatment by pathogenesis. Thus Thoury discovered that electricity would quicken the healthy pulse; and when carefully applied, would to the pulse quickened by disease, diminish it.

Berthlon removed in disease with electricity the same pains which electricity will produce.

Van Storck, admitted that Stramonium would cure insanity, upon the principle of its producing insanity when given in excess.

Boulduc cured diarrhœa with Rhubarb, and attributed the secret of cure to the power of the drug to create the disease.

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Detharding, cured colic with Senna, being induced to do so, from his knowledge of its colic-producing tendencies.

Stahl declared, "that the rule generally acted on in medicine, to treat by means of oppositely-acting remedies, is false, and the very reverse of what it ought to be."

"I am on the contrary convinced," said he, "that diseases will yield to and be cured by remedies that produce *similar affections.* Burns by exposure to fire—Frost-bites by cold water or snow.

Inflammation and bruises by alcoholic applications. "In like manner I have treated acidity of the stomach with very small doses of Sulphuric-acid, with the most happy effects; after various absorbents and neutral mixtures had been used in vain."

Riviere, cured bee-stings with blisters, which would relieve the pain, as soon as they reduced the skin.

Dessaix says, a relation of his was cured of a disease by eating bread containing darnel. And he did it at the advice of some farmers, who insisted that he would thus be cured because darnel would produce just his symptoms.

Magendie admits that large doses of Tartar-emetic will produce all the symptoms of pneumonia, and every-day experience proves that it will cure that disease.

Dr. Pereira says, "Nitric-acid will excite salivation. Homœopathy cures salivation with this medicine.

Dr. Dunsford admits, "that the few specifics the Old School has, are now known to produce precisely the symptoms of the diseases they cure."

Dr. Adams, the translator of Hippocrates admits the principle of cure by similars.

Dr. Routh says, "Cinchona certainly produces all the symptoms, alleged by the Homœopaths to be produced by it, and which resemble Ague."

Were it necessary, we might adduce many more examples to prove that the law of Homœopathy is a law of nature for the cure of disease.

These which we have named, must surely suffice to constitute a conclusive argument. It must be satisfactory to know that all great authorities in medicine, from its founder until now have admitted the truth of this great principle.

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And further, to know also that the popular sentiment in all the domestic cures, which seldom meet the eye of the physician, favor it.

Thus science and unsophisticated nature unite to establish this principle, as a law of nature, inseparable from medicine, and therefore destined at some time to govern the therapeutic world.

2. Homœopathy will be permanent and supersede all other systems, because it was established after years of persevering and scientific investigation, and was not given to the world until its truth had been unequivocally demonstrated by hundreds of experiments.

Every science that has borne the test of experiment is entitled to our consideration. While all theories, though ever so fair in their exterior, which cannot bear this test must fall to the ground. Of this latter class have been most of the speculations which have afflicted the medical world.

It is our pride however, to know that the *Homœopathic System* stands upon the *basis of experiment*, and *that alone.*

Accident and experiment originated it, experiment repeated, confirmed it. *Experiment* has preserved it; and *experiment* is the only needed means for carrying it on to the fulfilment of its high destiny.

The history of a reformation or a revolution is imperfect without the knowledge of the history and character of its author. The Protestant Reformation would lose a large degree of its interest and importance, should Luther's character for learning, indomitable perseverance and conscientiousness, as well as all the distinguishing traits which shone forth amid the terrible persecutions he endured, be kept out of view.

The discovery of the New World would lose half its grandeur, were we ignorant of the years of incessant application which Columbus devoted to it at different courts to secure that patronage which was necessary to carry out the project—Or, if when after having been successful, his magnanimous conduct under mutiny, glorious discovery, triumph and subsequent disgrace should be unknown.

The American Revolution so full of interest to every lover of civil and religious liberty, would be shorn of its brightest

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ornaments, were the patriotism and courage of the Signers of the Declaration of Independence forgotten,—or, if the peculiar qualifications of the Father of his country to the responsible position to which he was advanced by his devoted countrymen, should be kept out of view.

The French Revolution would be comparatively a meagre affair, separated from the immense power of conception—the rapid and certain successes of Napoleon, before whom kings fled as chaff before the wind, and who acknowledged no conqueror but a Russian winter.

In like manner a *Reformation in medicine* which promises to mankind blessings commensurate with the horrors of pestilence; and which offers in place of the uncertainty of Therapeutics during three thousand years, a specific law of cure; requires that *its* author should be made known to the world he would bless.

Hahnemann, the father of Homœopathy, was born 1755, at Meissen, near Dresden. His father was a poor porcelain painter, and intended to have his son follow his trade.

But, at an early age the boy showed a decided desire for knowledge, which could not be repressed. When ordered to bed, he would rise and spend the night in study, using clay lamps of his own construction, in order that he might not be betrayed by the use of those of the household. He was sent to the village school, and his teacher perceiving the indomitable bias of his mind for learning, encouraged him in the pursuit of a liberal education. His father discovering this, took him from school several times; but as often returned him at the solicitation of his teacher, who to remove all scruples on the ground of expense, offered him the freedom of his school.

His collegiate education was complete at his twentieth year, at which time he left his father's house for Leipsic with only fifteen dollars in his pocket.

Here he commenced the study of medicine, and supported himself by teaching the German and French, and by translations from the English Language.

Previously to 1789 he spent his time successively as librarian and physician to the Governor of Transylvania, district

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physician of Comorn, and post-physician to the Hospital at Dresden.

At Dresden he began his literary career, having as he said in a letter to Hufeland, "retired from the practice of medicine in disgust of its uncertainties."

From 1780 to 1792 he spent his time on original works of chemistry, medicine, and in translations of scientific works.

In 1792 he took charge of the insane hospital in the Duchy Saxe Gotha, where he originated the plan of mild treatment of the insane in place of chains and severity.

Previously however, in 1790, he was translating into the German Language, Cullen's great work upon Materia Medica.

While at work upon the article Cinchona, which had become known as the specific for intermittents; he was struck with an admission, made by Cullen, *that this remedy possessed the power of creating in the healthy body precisely the same symptoms it was known to cure in disease.*

His previous dissatisfaction with the "uncertainties of medicine," prepared him to catch this idea, and it became to him what the falling apple was to Newton—what the swinging lamp was to Galileo. Here, says he, may be nature's great secret, by which remedies cure diseases, and he immediately proceeded to investigate this fact.

Having prepared two drachms of Peruvian-bark, he took it gradually, and had the satisfaction to produce in himself, for two successive days, real paroxysms of Fever and Ague.

This settled, he proceeded to investigate the principle with *other known specifics*, and he invariably produced like results. During a period of six years, upon himself and a company of scientific friends, he continued these experiments, finding not one exception to the principle brought to light by the Bark.

Having by experiments upon about fifty different remedies, established the positive existence of the Law, *that the pathogenesis of medical agents indicated the diseases they will cure;* he gave it to the world, declaring as the motto of his discovery:

"Similia similibus curantur," that is, diseases are cured by agencies which can produce the symptoms of said diseases.

Previously to this he had been popular and respected.

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Hufeland had said of him: "He is one of the greatest physicians in Germany."

Paul Richter denominated him: "The rare double-headed genius of erudition."

Berzelius, the Swedish Oracle in Chemistry, had said of him: "This man would make a great chemist."

His literary and scientific attainments had been universally acknowledged. His works had been highly appreciated and sought after as standard authorities. His talents as a chemist were known as those of first order. But no sooner had he declared that the Galenic principle of cure was wrong; and that with the certainty of well-conducted and oft-repeated experiment, he had found a rule which was unfailing; than he fell from his high estate, and became the victim of a most relentless persecution and proscription. His new views first of all induced the giving up *complicated prescriptions* and the adoption of *one remedy only*, at once.

In order to have his remedies in their purity, he prepared them himself, and made his own prescriptions. This drew down upon him the most of the apothecaries, who saw their craft in danger from this new mode of practice, and they resolved to crush him.

In order to prevent him from being his own apothecary, they revived an obsolete law, which compelled the physician to go to the pharmacies for his prescriptions, upon pain of prosecution.

In this way Hahnemann was driven from public practice; whatever he did was done secretly.

The physicians joined hands with the apothecaries, and under their united persecution his disabilities became complete.

Previous knowledge of his talents and character for correct research did not screen him. Instead of investigating his propositions they cast him out, and renounced fellowship with him, strove to reduce him to poverty.

Fired with enthusiasm, and steady for the truth, he again and again appealed to brethren in medicine to join him in the work of reform, and to aid him in correcting those evils which they all admitted and deprecated. But he appealed continually in vain.

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His only alternative was to let go the truth, or the favor and patronage of the profession. Convinced beyond the remotest possibility of a doubt of the truth of the newly-developed Law of Cure, he chose rather to maintain it, even though he did it under persecution.

For more than *forty years* was he hunted as the wild beast of the forest. Wandering from place to place, seeking the necessary support of a large family; wherever he went he found every avenue to successful effort forestalled, and he was obliged to drink to the deepest dregs the cup of poverty.

It was not until his eightieth year that he was able to live at all comfortably. At this time he was induced to leave his ungrateful country, and go to Paris, where under the patronage of Guizot he prosecuted a successful practice until the time of his death: which occurred in his eighty-eighth year. Here he was able to place his system on a permanent basis.

During the whole forty years of his persecution he labored unceasingly, and his provings of medicines went on, and he was continually adding to the testimony for establishing the new practice. He at several times made himself seriously ill under the use of poisonous drugs while at this work.

It will show the man, to state the amount of his literary productions. According to Dr. Dudgeon. "He proved upwards of ninety different medicines on his own person; wrote upwards of seventy original works on chemistry and medicine, and some of them thick volumes; translated twenty-four works from the French, English, Italian and Latin on chemistry, medicine, agriculture and general literature.

"Besides this, he attended during his latter years to an immense practice, registering every symptom, and carefully selecting every remedy after the strictest pathogenesis."

"He was an accomplished scholar and philologist, and had extensive acquaintance with botany, astronomy, meteorology, and geography. His industry und working powers certainly bordered on the marvellous, and entitle him to the appellation of a literary Hercules."

Such was Hahnemann. Such was the man whom Providence appointed to develop a natural law of cure, to overturn

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the foundations of old modes,—to bring fully to light, and develop into a new system, a natural truth, which had been struggling for ages to obtain definite enunciation—such the man of whom one of the most distinguished surgeons in our country said on his return from a tour to Europe, during which he saw and conversed with Hahnemann: "He is the greatest physician I ever saw"—but the misrepresentations and sneers of the world have depreciated him greatly.

Few think Hahnemann much of a man. He is represented as a transcendental Old German, who created all this disturbance because he had nothing else to do.

Who for the hue and cry against the so-called Regular-Profession which he raised: ought almost to have been denied a decent burial when he died, and to have merited all he received and suffered of poverty and sorrow.

But what system can refer with more cause of pride, to *its Author*, than that which he established? His whole life was of a character far above the ordinary standard. An uncommon boy, an uncommon man, a Christian, and an uncompromising reformer, he merits canonization, as the benefactor of his race, rather than contempt and neglect.

In the light of this man's life, do we not see the force of our proposition, that Homœopathy must prevail, because it was founded and preserved by patient, scientific and laborious investigation?

Can such talent, such fortitude for the defence and preservation of truth be in vain?

Will Providence allow such efforts to fall to the ground unrequited?

Shall the blindness of interested bigotry prevail to suppress nature's law, after it has been thus maintained?

Not only has Hahnemann borne evidence of the truth of the natural claim of the Homœopathic Law of Cure; but we have also the self-denying effort of a large number of the first physicians in Europe, cotemporary with him, as well as many in this country, who have within the last twenty-five years devoted themselves most assiduously to the proving of medicines.

It is remarkable, that in all the experiments of these men,

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they all arrive at the same conclusion with regard to the Pathogenetic Law. Minor considerations of the mode of preparing remedies,—of the size and potency of the dose to be used, and of the philosophy of disease, have arisen, but the law of cure is acknowledged by all.

Not only have we the testimony of Hahnemann and his disciples, but we have the unwilling, but honest award of every physician of high talent and position in the Allopathic School.

Every text-book of Allopathy will furnish the man guided by the Homœopathic principle, with abundant testimony to its truth, and discover too the secret of the uncertainty to which our opponents are blind, of which they complain.

We may assume that no matter by whom, nor how often experiments may be made, the result will be uniformly the same. Experiment will insure conversion to, and the permanency of Homœopathy.

I cannot refrain from saying something upon the criticisms which Hahnemann has to undergo from his disciples. There are thousands of Homœopaths, but there can be but one Hahnemann. Yet, aspiring to be such, we find many who claim to be superior; many whose counsels were unfortunately wanting to him during his forty years of exile and laborious experiment.

There are supposed to be many things in him which need altering. One sees *this*, another that. One alters him here, another alters him there. Until, if all the proposed alterations were united, there would be no Hahnemann left.

His mode of preparing medicines; his dose; his theory of cure; his manner of making and reporting provings, each and every one are improved upon by some body until the original is lost. And the homœopathic school, already divided and disputing upon non-essentials: humiliate themselves in the eye of the world, and hinder the progress of truth.

This is the result of a restless desire for distinction. This spirit cannot be too much discountenanced. Theorizing is the bane of truth, wherever it abounds, every good cause is injured in its essentials.

We may profit by the example of Newton, who when speaking of his discovery of gravitation, "says, I have not been

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able to discover *the cause* of the properties of gravity from phenomena, and I frame no hypotheses. To us it is enough to know that gravity does really exist, according to the laws which we have explained."

In like manner, it is enough that we know the true law of cure. It is a simple truth and needs no ornament; it needs no other than the plainest exposition.

We can never know *how* medicine cures, never can know the relation of disease and the remedy in restoring to health, any more than we can the relation of body and soul. We shall present a better spectacle to the world, and more favor the cause of truth, if with our reform in medicine, we shall reform the vicious habit of overwhelming truth with hypothesis, of becoming great men at second-hand, in the way of pulling down authorities, by mere theory, unaided by actual experience.

If the rules for the application of medicine in disease, as laid down by our Great Master, do not in our hands, seem to verify his representations; let us rather suspect that the fault lies in ourselves, and not in Hahnemann.

His learning, his application, and his patience, were of the high German order, and such, confessedly, as few possess.

Supposing him to be wrong, the opinions of such a giant genius should be approached reverentially, and be criticised very cautiously.

3. Homœopathy must be perpetual, because it answers a necessity felt in all ages.

Twenty-two hundred years ago, Hippocrates established his doctrine of Humoral Pathology. In his view, the blood, the bile, and the phlegm, were in definite proportions of quantity, quality, and mixture, when in health; and any deviation from these conditions in either or all of these secretions constituted disease.

Accordingly, by bleeding, sweating and purging he endeavored to restore the equilibrium.

This theory prevailed until Baglivi, in the middle of the seventeenth century, originated the doctrine of the solidist, which locates disease in the solids. Since him numerous dissenting theories have prevailed.

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There have been the vitalists, who made disease to consist in the change of vitality.

The Brunonian, which makes disease an exaltation or depression of the powers of nature.

The eclectics, who favored all theories, and practiced upon all.

The expectants, who dissatisfied with the operation of medicine, discarded all theories, and when called to the sick, prescribed only according to the indications which presented themselves during the progress of disease.

Yet amid all these different theories, which were so widely conflicting as to alienate the physicians who practiced upon the different modes; the treatment was unchanged; no variety existed here.

As if all were humorists, the stomach, the blood and the skin were made to suffer the same depletion. The same custom prevails now. Hundreds of new systems are now arising and rapidly disappearing. It has become a fact which every day and hour demonstrates, that scarcely any two physicians of the allopathic school can be found who do not favor different theories of disease.

In any one town during any particular epidemic, the humiliating fact reveals itself, in the want of confidence exercised by the faculty among themselves.

Scarcely any two can see eye to eye, and the harmony that does exist, the unsophisticated laity even interpret to considerations of policy, for the preservation of the craft.

Besides the testimony of many members of the allopathic school, who have attained high repute for learning and medical skill, abounds to prove the want of confidence and stability among themselves in the treatment of disease.

Their admission going to prove, that after the lapse of more than two thousand years, there is among them to day the same uncertainty as existed in the earliest ages. And establishing beyond a question the truth of an exigency which the old system of medicine has failed to satisfy, so far as the anxiety and experience of the profession is concerned.

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Hippocrates, Sydenham, Paracelsus, Cullen, Hoffman, Boerhave, Bichat, Paris, Simpson, Forbes, Routh, and a host of others, equally illustrious, complete the catalogue of those who are thus exercised.

Hippocrates, dissatisfied with the *theories* of his day: endeavored to improve upon them, and thus complains. "The whole art is exposed to much censure from the vulgar, who fancy there is really no such science as medicine. Since, *even* in acute diseases, practitioners differ so much among themselves that those things which *one* administers as *thinking* the *best* that can be given," another holds to be injurious.

Galen, who equally with Hippocrates; was disgusted with the miserable jargon, quotes from the *latter* the above language, and endorses his complaint.

Paracelsus, in what we have said of him already, proves that his experience was ill at ease with the medical practices of his day.

Cullen says: The materia medica abounds in numberless false conclusions, such indeed is the state of the matter, that nobody can consult these authors with *any safety, unless he is fortified with a good deal* of *skepticism.*

Bichat writes: "It is an *incoherent* assemblage of *incoherent opinions.* It is *not* a *science* for a *medical mind.* It is a *shapeless mass* of *inaccurate ideas*, of observations which are often puerile, of *deceptive* remedies and formulas, as *fantastically conceived*, as they are tediously arranged."

Hoffmann says: "There are *few remedies* the *effects* of *which* are *well known.* The *greater number* disappoint the *expectations of practitioners.*"

Girtanner says: "There are *a few valuable results* founded upon experience; but he will loose his time who searches for *these few grains* of *gold* in the *large mass* of *rubbish* accumulated *during twenty-two centuries.*"

Broussais: "When I would seek a guide among authors *most illustrious*, to whom Therapeutics expresses herself *most obliged; I find nothing but confusion.*"

Rostan says: "Let no one say that *medicine has freed herself* from the *darkness* of the *middle ages.* Let one *but*

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glance, at the *formularies*, and he will rise with *indignation* against the *prevailing practices*."

Dr. Good calls medicine "a *miserable jargon*, whose *effects upon* the *system* are in the *highest degree uncertain*. Except, that they have *already destroyed* more *lives* than *war*, *pestilence* and *famine combined*.

Dr. Paris, Pres. of the Royal College of Physicians in England, is said to have acknowledged in a public lecture: "The *science* of medicine is *incapable* of *generalization*."

Dr. Simpson, the writer against Homœopathy says: "That he who *will reduce* the science of medicine to a positive science, as Homœopathy *professes to do*, will confer a *great benefit* upon *mankind*."

Dr. Adams, translator of Hippocrates says: "We *cannot think* of the *various theories* in *medicine since* the days of John Hunter, without the *most painful distrust* in all *modes* of *treatment*.

These opinions from men in high positions in the Old School must be regarded with great interest, and must be very conclusive. The whole fraternity, in whom there is any honesty and reflection, respond to these concessions a hearty amen, and raise their eyes to heaven for aid.

Those who are mere routinists, who are the mere echoes of the lecture-bench, or synopses of the text-books, with which they began their medical career (and their name is Legion), profess to think otherwise. But their opinions are of no consequence, except as we are forced to realize their influence in opposition to truth, and as impediments to practical investigation. There is another class, who having found that the principle of opposing disease by contraries is untenable, and knowing of no better way, say nothing; but, emboldened by the Homœopath, they use only extremely minute doses of medicine, and to a good degree make use of simple prescriptions. And this class too is large, and the men composing it respectable, those of long and large experience.

We may well here pause, and ask if we have not from the acknowledged position of our opponents, proved from their own mouths the insufficiency of the prevailing school, and an exigency which calls loudly for a remedy.

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It would seem that when so thoroughly convinced of the uncertainty of the application of their own rules of cure, by common consent they would honestly confess it, and abandon it, and lay hold of any thing, no matter what; which promises to do better.

Instead of forming national conventions for the suppression of quackery and their own protection, it would seem more consistent for them in solemn convention to declare to the world that their very acts of protection and denunciation are the *very essence of quackery.*

That they should announce formally that the learned and the unlearned are alike in the dark, and alike uncertain in the cure of disease.

Instead of multiplying medical colleges in which unsuspecting youth are by hundreds taught those very rules of therapeutics which their professors repudiate; and instead of insisting that these youth shall pledge themselves as a condition of their degree, to make the uncertainty of medicine their only rule of practice; how much more honorable would it be to leave out wholly the science of therapeutics, and teach that the only rule must be, experiment and uncertainty.

Happy would it be for those who yearly receive their medical diplomas, were the confessions of the private conscience of professors allowed to speak.

But how different the practice of the controlling medical profession. Like the pharisees of old they are of a beautiful exterior, but within they are dishonest. Like them they hold the keys of knowledge, and will not enter themselves, and those who would enter, they repudiate. Always following the beaten track of uncertainty, they universally realize the same results.

How mysterious this devotion to error! Such a sun-light of truth, ought, it would seem, to have led ages ago to some little degree of reform, some little abandonment of uncertain laws.

Another system has appeared: the child of the exigency. It has already reformed in some degree the usages of ancient days. But it claims more. It claims the natural right to

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supersede all that has gone before, and to make the science of therapeutics certain.

Upon first view, the honest reformer cannot feel that this new principle can establish this claim. He cannot make up his mind that a system which has held the supremacy for so many centuries, and which has attached to itself so much grandeur and influence, should be superseded by its absolute contrary. He cannot see how the good old-ways can be all wrong; nor how, if wrong, can he see how the immense labor which has been given to the science of medicine should have failed to discover the homœopathic law earlier. Yet, upon second thought, he remembers that every science has had its principles in embryo for a longer or shorter period; and that it too had to struggle with magnificent error.

Again he discovers that in Hahnemann we have a man who was legitimately entitled by talent, indomitable perseverance, and by a regular medical education, to make discovery in medicine. One whose interest in his profession would prompt him to investigation, and would kindle the desire to give it the basis of a certain science: he cannot see why he may not in his department of knowledge, be as highly entitled to the credit of his discoveries, as Franklin, Newton, Gallileo, Dalton, Columbus, or Copernicus were in theirs. Nor why, if answering the test of practical use, his principles should not equally be made available for the public weal. And laying hold of the rules laid down, he places the new system to its test, and is struck with its applicability, and above all, with its wonderful simplicity.

Experiment upon experiment is instituted, until little by little the prejudices of education are dissolved, and he finds himself in a new world, converted to new light and principles. If ever he wavers, if ever his old attachment for "contraria" awakens: he experiments again upon "similia," and feels conviction made yet more sure. Groping about in the old domain, he finds here and there a cure, which he and his fellows effected, but did not understand; and by his new light he sees that they were performed upon the invariable rule of nature's therapeutic law. "Similia similibus curantur."

Making himself familiar with the pathognesis of medicines,

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he applies them to the symptoms of disease, and is perfectly astonished at the results.

Acute diseases heretofore stubborn and removed with difficulty, cease as by magic; chronic ailments, which have been in all ages targets upon which allopathy has exhausted itself, he sees quickly to yield and eventually to disappear before the wonderfully simple law and remedies of homœopathy. Incurable organic diseases, which have ever been the opprobrium of the profession, because if controlled at all, were so by means which proved worse than the disease: he sees mitigated and almost rendered powerless for discomfort to the sufferer.

The system invaded by disease, which rapidly depresses its vital energies, need not now feel the effect of ill-applied and powerfully injurious agents, which run off its vitality more rapidly than the disease itself.

The sick-room now no longer is the arena of experiments. No longer now, the dark abode of erring and dangerous (because erring) uncertainty.

He now can enter the sick-chamber and feel that he brings comfort rather than terror to his suffering fellow man. Arguing from nature that inasmuch as she uses wonderfully attenuated and diffused influences to accomplish great ends, the physician learns to avoid the risks incurred in the use of large doses of medicine.

He perceives that the organism aroused by disease is sensitive to the smallest amount of medical action. And that which excites the ridicule of the world, and has more than all else tended to fasten reproach upon the homœopathic system, he finds to be his best and safest agency. I mean the minute dose of medicine.

The comparative results of the two schools of medicine have been fairly laid before the public.

Homœopathy is only about sixty years old, her progress has been impeded by a severe persecution and a most active proscription. The influence in public institutions has been very limited. Allopathy has engrossed all these advantages all over the world.

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In this country there have been no facilities at all offered to show the comparative merits of the two schools.

The operations of homœopathy have been confined entirely to private practice. In Europe however the case has been somewhat different, for to a limited extent, this new principle has been tested side by side with allopathy.

We have no reason to be ashamed of the results. In those institutions where the appliances were all against us, and every interest arrayed to favor our discomfiture, we have stood competition with honor to ourselves.

In the cholera, in dysenteries, in fevers, acute inflammation and violent nervous diseases, our simple but undeviating law has drawn out testimony in its favor from our enemies.

"Dr. Routh gives statistics of hospitals in London, Edinburgh, Glasgow, Liverpool, Vienna, Leipzic, Linz and other places," and the following appears to be the result:

		Admitted.	Died.	Mortality, per cent.
Allop.-Hospitals.	Total. . .	119,680.	11,791.	10,5.
Homœop. "	" . .	32,655.	1,375.	4,4.

For these he vouches, though his strong opposition to homœopathy induces him to accuse it of selecting its cases, and of reporting unfairly. This accusation, will of course be made, and our enemies unhesitatingly believe it. In their view our whole operation is knavery, and statistics it will be argued, are of course so. Hence statistics do us very little good.

But the people are best convinced by the facts around them. And the increasing and already wide-spread influence which our principles are exerting is our strongest favorable argument. The Doctor exists for the people. Not the people for the Doctor.

The Macedonian cry comes up from every quarter. The number of homœopathic physicians is inadequate to the wants of the people. If enough of them could be found to answer every call, one month would not pass after their settlement, before they were in full employ amongst the most intelligent of the people. For it is a fact, that the homœopath counts his patrons among the best portions of society.

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A medical gentleman told me a few days since that at that moment seven different localities were pressing themselves upon him, all lucrative. And who of us does not know the exigency to be great, from his own experience and observation. Hundreds and thousands of families whose locality debars them from the services of the homœopath, have caused themselves to be instructed in the simple law of cure, and treat themselves in many cases. Discarding wholly the allopath, unless indeed it be to have his opinion of the disease, so that their books may instruct them more emphatically.

Thousands more who yet remain under allopathic rule, clandestinely employ homœopathic remedies for every disease where office-advice will avail without calling a physician at home.

So that though we are denied public institutions in which to test and show to the world what we can do, we have what is better; we have the whole civilized world for our field, upon which to show the value and the reliability of our system.

And our best statistics are the increase of homœopathic physicians and their immense employment.

Now and then, some gentleman who has finished his education in Europe returns, and conveys to our ears the astounding information, that homœopathy is going down. But if his limited opportunity for observation has led him into this error upon the state of the case beyond the sea: when he endeavors to compete with it here he finds how it is declining in America too!

Except among bigots, and those whose supposed interest will not allow them to do otherwise than to oppose homœopathy, we see an increasing respect towards the practitioners of the new school.

The hue and cry about repudiating and silencing us has become fainter and fainter. The civilities of social intercourse are more easily extended to us.

Very many allopathic physicians, instead of poisoning the minds of their patients with vile misrepresentations of us, accede to us the power of doing some good: acknowledge some wonderful things done by us; and in the last extremity of

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disease, allow us to be called, as a chance of some hope to the sinking patient.

I know an allopathic physician of wealth and influence, who advises his family when they are abroad to call in a homœopath in case of sickness. And by no means to employ a stranger allopath.

The former, says he, will do you no harm, the latter will probably do more harm than good. We believe this man to represent a large class.

There is a host of physicians for whom the homœopath has so often cured their patients, when as they supposed they were gone beyond remedy; their courage has failed them in view of the comparative results of the two systems in such cases, and they often place themselves in the attitude of learners and experimenters. And from the ranks of these, converts are multiplying. A physician, at present a successful homœopathic physician in interior New-York, was so often called to acknowledge the success of homœopathy in his abandoned cases, that he resolved to test the matter. He accordingly gave up his practice, and spent the winter in two of our large cities in investigation. The result was his conversion, and a return to greater success in practice than before, and as an allopath he stood well.

Of this class are most of those who now represent the homœopathic profession. Once they were the most violent opposers, but forced by honest conviction, founded upon stubborn facts in their way, they experimented, and experiment sealed their conversion.

There is still another class of allopathic physicians, who while they ridicule, oppose and repudiate us: whose daily appellations of us are known. Fool, charlatan, quack, profess to treat homœopathically when they are in danger of being abandoned by their patients. These very unwillingly confessing an exigency in their humiliation.

It would be superfluous to bring proof that homœopathy is producing these effects upon the allopathic profession, and upon the people. It is the cause of severe complaint against us from our opponents, that we compel them to a very severe competition. If our "enemies themselves being judges,"

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accord to us position and influence, surely the labor of establishing the facts in the case is saved, and the work is done for us to our hands, and better than we can do it ourselves.

There never was a medical theory since Galen which has so successfully turned the world up-side down. There have been many, and often times for a while competition was troublesome. Yet being dissatisfied offshoots merely from the parent stock, and the main principles of their operation being the same, they in the end, rather aided than retarded the progress of allopathy.

But homœopathy makes a great difference. The period during which it has been operating has been long enough to set the question of its permanency at rest. It has reformed the dose of medicine. It has sheathed the lancet. It has driven heroic medication to the wall, and compelled it, hat in hand, to await orders. It has shown the world that it has been more afflicted by medical than by actual disease. It has demonstrated that the major part of the fatalities which have attended acute diseases and epidemics, has had no foundation in necessity, except as that necessity existed in misguided medical treatment. It has shown that the sad sequelæ of disease cannot be found in nearly as large a proportion as has been claimed to be natural when the system is not poisoned by medicine. It has destroyed the pleasure of practising medicine in the way of old-fashioned routine. Now no longer can mercury at night and oil in the morning be considered as the universal catholicon of all disease. The veil has been raised, and the holy of holies has been exposed to view and found to be a shadow.

It has broken down arbitrary enactments, which compelled the people to employ as their medical advisers those only whom a constituted faculty consented to recognize.

> Since—With Calomel, Squills and Ipecac.
> We first began the great attack,
> Then pills as big as pistol bullets,
> We ramm'd them down the dunces' gullets.

But now wholesale medication cannot be used. The people in very large majority, who yet adhere to the old ways, have come to believe that there is very little difference between the

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Doctor who has one remedy for all diseases, and who almost kills in order to cure, and the quack nostrums, which are equally adapted to all diseases. Allopathy has lost the confidence of its own friends, and quackery increases as a consequence, and we surely in this have a very conclusive argument to prove an exigency which needed to be filled.

The ground gained by Homœopathy, and the influence which it has exerted, has been acquired and exerted under an unlimited opportunity to test the relative merits of the two systems of medicine. And it is difficult to see how all these advantages can be lost. The causes which have brought to light, and which have spread the new principle, must continue to act. And acting: it is difficult to see how the compromise which Allopathy has already been obliged to make will have any other issue than the complete and universal prevalence of Homœopathy.

The one has had its rule for ages. It has had at its command universal patronage and unbounded appliances to establish itself upon a permanent basis, by satisfying the wants of suffering humanity.

But is has failed to do so. And having failed to fulfil indications, it has no fault to find if it be abandoned.

The other system has from its outset attracted the world by its wide contrast with the old ways. Intelligence and experiment have for sixty years shown it to be reliable and safe—as fulfilling all possible indications in disease—as curing every disease that can be cured—as possessing the merit of certainty, which its antagonist never could claim, according to her own showing—as relieving her too in many a sad dilemma.

Hence, to return to our former and original position, we think we have successfully maintained all we have assumed. And that the antiquity of the great principle of Homœopathy: the modes of its discovery and the means used to reduce it to a certain science, and the wide-spread influence it is exerting in reforming the unsatisfactory and uncertain old modes of medication, give unequivocal evidence that it can never be again suppressed. But that enjoying the honor of a full revelation and the increasing confidence of the intelligent and

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investigating world, it must live and conquer all opposition, and become the only acknowledged principle of cure.

Hence the Homœopath may take courage and go forward. He may feel assured that he will never be brought to shame, nor be forced back to his old position of uncertainty. In his day, and during the present century, the elements now at work must promote the success of his favorite theory. And if it have a basis wide and deep enough to stand thus long, if it be founded in principles established by nature, we cannot see why it may not always prevail.

It is so directly the counterpart of its great medical rival, its elder sister, in its application to the wants of sick humanity, that all who have ever tried it at the hands of intelligence have abandoned the old mode of medication.

It seems to be so directly what the world has called for, and what the faculty have always been seeking for; that it is difficult to see how it can do otherwise than increase in the confidence of the world.

It is not quackery, because it hides nothing. Its principles, its mode of operation, its remedies, are all known to the world. So far from keeping anything back, it seeks of its own free will, to instruct all upon its minutest considerations. It goes to the fireside even, and there lays open its simple and easy means for arresting disease at the hands of fond parents, saving to their children the necessity of the sad prostration of terrible medication.

It courts investigation. It would that every Allopathic physician who laughs it to scorn should place himself candidly to school in its investigation, confident that the result will be his conversion.

Meeting thus every necessity. Doing as well, to say the least, as Allopathy; and saving thousands in the hour of extremity when Allopathy has abandoned them, and offering its principles in open hand, and courting investigation; where can there be the room, the necessity, the possibility, for the eclipsing of the homœopathic principle of cure.

One of the two great principles claimed as curative must be true, the other of course must be false. Trials of their relative merits have been had. The one has had its trium-

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phant rule for over three thousand years. And during the whole of that period both physician and patient have been dissatisfied with it. The former, because it gave him no certain basis for his treatment of diseases. The latter, because in addition to its uncertainty to cure him, by its terrible and uncontrollable agents, it harmed him more by its remedies than the disease could do.

The other principle of cure has had a short systemic life. Existing, it is true, from the foundation of all things; it has not attracted attention as a distinct system of medicine for one hundred years. Yet it has drawn to it thousands of physicians who could not make the opposite principle available to the cure of disease; and who find in it consolation derived from no other system, and who too, as a consequence, enjoy the professional life which before was to them a burthen.

The new principle has also satisfied the sick man. It has combatted his disease with gentleness and mercy. It has treated him as a tender plant, which when sick required tenderness rather than harshness. It has shown him that when sick he need not be made more sick in order to get well. It has taught him, that heroic treatment, so far from offering him any certain application of efficient agency to his disease, renders his chances of recovery more problematical than when disease is opposed only by the unaided powers of nature.

How, under this dissatisfaction, on the one hand, and the comfort and certainty which prevails on the other: can we indulge any other idea than that of the permanent establishment of the principle which has originated and perfected such wonderful results.

It seems that all that now remains to insure the most perfect superseding of Allopathy, is union of feeling and unity of action upon the part of the adherents of Homœopathy themselves. If all the philosophizing upon non-essentials, which has arisen in certain quarters, is not abandoned, we confess that we have our fears, that the cause may for a time lose its interest. Years hence, when the whole world shall have become entirely converted, it may be safe to theorize. But now our mission is to preach the Gospel of Medicine as naked,

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perfectly practical truth. Our work is to meet the inquiries of the people, not to amuse ourselves. I would recommend strict adhesion to the Hahnemannic rules. He was not right perhaps in all his deductions, but his appreciation of the living principle was perfect and clear, and there is danger in departing from the original standard.

We shall probably be nearer perfection if we stand by the views of the great founder of Homœopathy, than if we follow the petty and abundant theories of lesser minds. A rallying point is essential—departure from it necessarily distracting and injurious. Let it be our pride, brethren, that we are like, rather than different from Hahnemann.

ARTICLE XII.—*Some Remarks upon Dysentery.* By GEORGE BELCHER, M. D.

DYSENTERY generally prevails during epidemics and endemics, and partaking more or less of their characteristics, varies consequently in different seasons and localities as to its symptoms, severity, duration, &c.

Those cases occurring during seasons generally healthy are simply inflammations of the rectum and colon, and are seldom difficult to control.

When the cholera prevails the tendency to collapse is distinct, and the evacuations not unfrequently become copious and serous; when the cholera morbus abounds its course is rapid, often severe, but readily curable; when fevers—especially fall fevers—predominate, it very often in its duration, type and grade appears to be a *fever* complicated with peculiar symptoms.

Bearing these in mind, we can prognose more correctly, and conduct the treatment of our cases with more satisfaction.

But in the management of each case individually, while general observations have their collateral value, the fundamental law of direct cure must be our guide; and in accordance with this idea, I venture to make the following clinical remarks as suggestive merely, not with the expectation of giving an incomplete view even, of the treatment of this important disease.

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Aconitum is more applicable to the general condition than to the local symptoms, although post-mortem appearances prove that it specifically inflames the rectum. It is applicable when the fever is inflammatory; also when the patient complains of abdominal distention and soreness, with a cool surface, quick rapid and firm pulse, skin dingy or sallow, and inelastic and dry, although sometimes moist; or when there is great nervous depression with clear but languid perceptions, coldness of surface, pale or dark red and moist skin, and frequent and small pulse. The evacuations are usually scant and gluey—sometimes light green—sometimes liquid, resembling calvesfoot-jelly nearly dissolved. Thirst is almost invariably a symptom. If there be vomiting, it is generally, or soon becomes, of a copperas-green color.

Belladonna is likewise more applicable to the general condition or to collateral symptoms. It is our most important remedy, when peritoneal inflammation is beginning to complicate the tormina, tenesmus, &c.

These two remedies will frequently alone or in alternation break up dysenteric attacks—but they are each principally of use as alternates to remedies more homœopathic to the local symptoms.

Mercurius is indicated, when the tongue is moist or easily moistened, and furred thickly, mouth foul, breath mercurial; skin, although hot, perspires freely, especially when sleeping, or during the tormina and tenesmus, or is yellow; when the discharges are dark green, of bloody mucus (especially if thick), or mixed with bile; the face is puffed (a shrunken countenance contra-indicates Merc.); the abdomen is often tender and swelled, or feels so to the patient; the pulse is generally frequent and quick; the urine scanty.

The *Merc.-corr.* is perhaps more than the other preparations of Merc. applicable to the nervous and vascular irritation, which frequently accompanies dysentery; likewise when there is an adynamic tendency. In 1849, a form of dysenteric cholera occurred, which had the symptoms of painless cholerine, excepting that the discharges were dark, grumous and bloody; tenesmus and tormina were nearly if not quite absent; skin sallow, perspiration quite free, mouth foul, tongue furred, pulse generally

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full and hard; like it there was in the early stages scarcely any physical exhaustion or mental depression. From what I could learn this was the most fatal form of dysentery at that time. Acon. and Merc.-corr. given alternately every one, two or four hours soon made a favorable change and led to convalescence.

Plumbum-acet. is second to no other remedy in its homœopathic applicability to dysentery. It is indicated when the skin is dry and torpid, tongue white and velvety, countenance dejected, and mind despondent; the abdomen feels hard, full, sore, and weak, indeed as if it were stuffed; the gripings are usually protracted and merely remit—sometimes intense, at others a constant, dull, heavy, weak ache; the tenesmus is severe and protracted, and with it a sensation in the rectum (extending through the abdomen) as if it were too weak to expel anything,—the discharges seem as if pressed out by an involuntary tenesmus through a contracted rectum and anus, and afford no relief to the sensation of overburdened and exhausted viscera, and consequently languor is very great after the evacuations. Lead likewise corresponds to a form of dysentery, which after great suffering, or almost from the beginning of the attack, develops a paralytic tendency—there is a general passive languor, but with clear perceptions; the discharges pass off involuntarily, with little or no pain or tenesmus—or it may be at times a sharp pain, which causes a scream; the discharges often, from being simply dysenteric, become putrid, or degenerate into a profuse watery foul diarrhœa; the tongue is generally swollen, bright red and glossy, or *rose* red and covered with a thick clammy fur; the face dull and doughy pale, countenance usually anxious, sometimes passive; skin cool, torpid and clammy; the perspiration, differing from that of Mercurius, is continuous after it has once begun. The pulse of lead-dysentery varies greatly, it is often retarded, but from my observations I have generally found it frequent. Dysentery resembling this is most frequent among children, and is perhaps the most malignant—the brain and nervous system, as the disease progresses, becoming more and more torpid, until the patient from being soporose, becomes agitated frequently by convulsions, comatose, and death follows. From the striking homœopathic relation of lead to this form of the disease, as well as from the success which has followed its use in my hands,

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I have no hesitation in recommending it. I have used Lead successfully in chronic dysentery with lienteria and purulent, or semi-purulent discharges; with it tenesmus, often frequent and painful, but inefficient through weakness of the rectum. I have used it likewise for violent dry tenesmus, ineffectual from exhaustion of the rectum and abdominal muscles.

Among the patients who came under my charge during the summer and fall of 1848, *Bryonia* was the most efficient remedy. It corresponds to a fever variable as to chills, flushes and sweats, and suddenly so; the pains are cutting, and aggravated by movements, food or drink.

Ipecac. is indicated when the general condition is that of synochus, with the tongue red, or covered with a yellow fur.

Arnica is of use likewise in synochus, and when with a nervous irritability there is dullness or stupidity, a turgid and dull or sallow countenance; the tongue is foul and the taste that of rotten eggs.

Aloe is valuable for other than hæmorrhoidal dysentery. When indicated the patient is restless and anxious; the face often flushed deeply; tormina considerable, tenesmus vehement; evacuations are dark green and bloody, sometimes of putrid slime; the abdomen feels puffed, and oppressing the lungs, inclines to frequent deep inspirations; the pulse is frequent. Keeping these symptoms in view, it will be found of great value in hæmorrhoidal dysentery; also, when dysentery attacks females who are pregnant, or suffering with uterine congestions; in persons, especially children, already emaciated, with distended abdomen, and apparently tending to marasmus.

Cantharides is useful when with severe tenesmus recti and vesicæ the discharges are burning and acrid, sometimes even putrid; there is general heat and excitability, with a hard, frequent pulse and parched dry throat and mouth.

Opium has been several times successful in my hands when used in dysentery after the patient has run into a sopor; is, in other words, very sleepy; if aroused even with some trouble, he answers usually correctly, and then falls asleep and appears to be sleeping calmly and quietly—likewise, when with a sinking exhausted feeling in the epigastrium, there is severe tormina; vomiting often greenish, general excitability, sleeplessness; the

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mind and spirits, although sensitive to pain are not desponding.

Time will not allow me to continue this further, I will merely say that the symptoms above noted are those which I have observed at the bed-side. There are other remedies as Coloc., Chin., Ars., Nux-v., Carbo., &c., each having their peculiar value, and as they are pretty well discussed by our standard works, it seems needless for me to perhaps merely recapitulate their symptoms.

As to doses, in common with, I believe, the largest portion of our school, in the treatment of acute diseases I have generally used the lower attenuations—seldom going above the third or fourth, and as seldom below the first triturations or dilutions. In threatening collapse I frequently gave to adults, for instance, one or two drops of the pure tincture of Aconit. every one or two hours, until reaction ensues, or of the Plumbum-acet. a tablespoonful of a solution of the pure salt, in the proportion of a quarter or a half grain to a tumbler of water, every one, two or three hours, until a favorable change began. In erythistic conditions the doses were varied from the first to the third—sometimes even to the thirtieth dilution.

The diet was governed more by the hankerings of the patient than by any theoretic rules—using care and watchfulness—often giving the patient brandy, ale, beaf-steak, mutton chops, &c., even when the local inflammation was intense. It may be an objection, that in giving a diet of this sort, our experience becomes less clear; allowing this to be so, if a liberal diet be of as much or more importance than medical treatment, it should be tried. I have seen one case of asthenic dysentery with intense inflammation, treated by Dr. Gray most admirably, with Acon. and Plumb. in alternation, and with a generous diet.

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Article XIII.—*Philosophical Anatomy.* By W. H. Holcombe, M.D., of Natchez, Miss.

Principles of Comparative Physiology. New American, from the 4th and revised London Edition. By W. B. Carpenter, M.D., F. R. S., &c. 1854.

The Principal Forms of the Skeleton and of the Teeth. By Professor R. Owen., F. R. S., &c. 1854.

Not only as a learned and skilful compiler, but as an original observer and profound thinker, Dr. Carpenter stands eminently above all the physiologists of the English-school. His extensive labors in every department of physiological science have heralded his name, not only to the medical world, but to all those minds of liberal culture which find the study of nature as rich in rewards of pleasure as literature or art. The Principles of Comparative Physiology is not merely a proof of his industrious research, for the dullest plodder might be worthy of that commendation, but a splendid and durable monument of his genius. When his remodeled General Physiology is added to the Comparative and to the Human Physiology, the three great works will constitute a complete encyclopedia of physiological science, and no medical library will be complete without them. Remoter from the strictly medical arena, but nearer to the very recesses of nature's temple, and concentrating the whole light of his powerful intellect upon a more special field of thought, Professor Owen's labors have been directed to the philosophical anatomy of the osseous-system and he has evolved from it so many brilliant discoveries and general truths, that he may be called the Newton of natural history. We have not brought these works before our readers to make a critical analysis, or give a condensed resumé of their contents, but rather that their titles may serve as a text for what we have to say, and to indicate the sources whence the facts and principles we may chance to enunciate have been derived. We propose taking a bird's eye view of the latest and widest generalizations of physiological science, those beautiful and universal truths, which are sometimes seen in prophetic theory before they can be substantiated by fact. It is to the loftiest summit of natural science that we solicit the flight of our readers' imagination. Oken, Cuvier, St. Hilaire,

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Owen, Carpenter and other mighty minds, our laborers by proxy, have saved us the toil and tedium of the ascent, and we can take at once a survey of the most extended and brilliant landscape.

Anatomy, as its name implies, is that science which teaches the knowledge of *structure*, which we have derived from cutting up, dissecting or separating the component pieces of a body. It is the analysis, not the synthesis of organization. Before the wide range of affinities which exist between medical science and all other sciences was recognized, the special anatomy of man, or *anthropotomy*, was the main study of the physician. Curiosity, the mother of knowledge, extended our inquiries into the forms and mechanism of the lower animals, and *comparative anatomy* began to develop. An easier and more attractive field of anatomical research was presented in the vegetable kingdom, and *vegetable organogeny* rose into being. The same study of structure applied to the changes of form, occurring in the vegetable germ, and the animal fœtus gave us a knowledge of embryogeny, or the anatomy of development.

Bichat took the hint for studying separately the tissues of which those various organs are constructed, from the chemical decomposition of compound into simple substances. He was the creator, or to speak more exactly, the discoverer of *general anatomy* or *histogeny*, which bear to special anatomy the relation which the alphabet has to the words of a language. The limitation of our vision demanded instrumental measures for extending our field and perfecting our powers of observation, and *microscopical anatomy*, which promises almost to reveal the ultimate and molecular mysteries of our organization, has risen into a science of vast importance. The assiduous cultivation of these various departments of anatomy has collected an incalculable number of facts, bewildering by their variety and apparent want of connection. Philosophical anatomy, or morphology, the general philosophy of form, is the key to the mystery. It is not the result of immediate experiment or observation, but of induction and ratiocination. It is not a detail of specialities, but a series of beautiful generalizations. It is eliminated from the most extended survey of all the facts of organization, by subtracting the special differences in the various structures, and leaving the great general truths which underlie,

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co-ordinate and harmonize them all. This science of sciences is to the subordinate departments of anatomy what philosophical grammar is to the special construction of a particular language, or what the philosophy of history is to the historical data of any single nation. A brief and summary review of its general principles will richly repay the time and attention it demands.

Morphology considers not only the mathematical outlines and sensible properties of bodies, the mere statics of structure, but endeavors to grasp their cosmical relations. It studies the connectionship of each form to all others, and takes note of its successive changes, positive or relative, from its incipiency to its dissolution. The faculty of exhibiting *definite cycles* of change in structure and composition is the property which best diagnoses organic from inorganic matter. The immoveable geometric figures of crystallization are therefore not to be met with, except as mere interstitial deposits for purely mechanical ends, in the area of vitality, which is one of ceaseless metamorphosis. Reproduction, development, nutrition, growth, repair of tissue, death and disorganization are phases of change which make up the life of the individual, and which are predicable alike of the complex structure of man and of the humblest microscopic plant or animal that lives and dies as a single cell. It is the object of morphology to trace the simplicity and unity which really pervade the apparently infinite diversities of nature, to pursue the wily Proteus through his myriad of magical shapes and prove his identity at last. To show how this is done, we will formulate and comment upon some of the most general facts, applicable alike, or with very trivial exceptions, to all organic forms.

I. *The ultimate elements of organic life are the simple substances of inorganic chemistry, and the properties of the compound are discovered at a last analysis to depend upon the molecular or atomic arrangement of these ultimate elements.*

The mineral kingdom is the basis or pedestal of organic forms, the point of departure and return in the great circle of organization. The three grand departments of nature consist of the same materials wrought up according to analogous laws upon different patterns. The same silica, which constitutes mountainous masses in the natural world, gives rigidity to the

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stalk of wheat and to the strand of human hair. The same alkalies which we dig from the bowels of the earth may be gathered from the ashes of plants and detected in the blood and bones of animals. Water is the common medium of circulation between the land and the ocean, between the roots and leaves of the tree and between the heart and organs of the living body. The primary forms of matter are the elementary pieces of the kaleidescope of nature which produces such an endless diversity of inorganic and organic structures. They are about fifty-five in number, but philosophical research has still to establish the precise landmark between the elementary and the compound. While some experimenters are laboring to demonstrate the dual composition of Nitrogen, others are showing that Gold may assume the properties of Platinum, and Iron those of Silicon, so wonderfully as to suggest the idea of an essential identity.

It is away back here among the molecules and atoms of the elemental world, as near to the *prima substantia* of the old writers as we can get, that the science of morphology has its true starting point. It is here that we discover one of its greatest truths, the deepest indeed below the phenomenal surface, but probably of universal application, viz, that the so-called properties of matter depend not so much on the different properties of the atoms, as on the different arrangement or collocation of those atoms. It is always the form or anatomical structure which determines what properties shall be manifested to our senses. This is proven by the three series of phenomena which chemists have entitled allotropism, isomerism and isomorphism. 1st, The same substance, without the addition or subtraction of an atom, may exhibit totally different properties, inexplicable except on the supposition that an internal change of atomic position causes a modification of property. Berzelius asserts that most of the elements may be made to assume conditions in which their properties are completely altered. Draper made Chlorine pass from its natural state of intense activity into one in which all its peculiarities were lost. The existence of Carbon in the states of diamond, charcoal and plumbago is a familiar and striking example of the fact in question. The statement is equally true of compound as of simple bodies: Chlorine for instance may displace Hydrogen,

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atom for atom, in a compound substance, without effecting the slightest change in the compound, although the two gases are so very different. The Chlorine takes the exact molecular position of the Hydrogen, and to all intents and purposes, is Hydrogen. 2d, The same elements, in equal numbers and proportions, combine to produce very different substances. Thus the oil of turpentine, lemons, juniper, sabine, orange-peel, copaiva, storax, pepper, and many others, consist of Carbon and Hydrogen in the proportion of 88. 46 and 11. 54, though their properties are most dissimilar. Organic chemistry is so full of such instances of Isomerism that no more need be adduced. Chemists at the suggestion of Dumas, have long conceded, that the manifestation of property depends not on the nature of the atoms but on the mode of their arrangement.

3d, When very different substances assume the same crystalline form, their properties become identical. Thus sulphate of potassa and peroxide of iron can crystallize so as to be undistinguishable from alum, and a crystal composed of selenic acid and soda will have perfect resemblance to Glauber's salts. "The only mode," says Turner, "of accounting satisfactorily for the striking identity of the crystalline form observable, first between two substances, and secondly, between all their compounds which have an exactly similar composition, is by supposing them to consist of ultimate particles, possessed of the same figure and arranged in precisely the same order." These views are strongly confirmed by the experiments of Dr. Blake, who found that all isomorphous substances injected into the blood of a living animal produced analogous effects and gave rise to the same reactions in the animal economy. Owing to the obvious and almost insuperable difficulties this trail of discovery has not been pursued with corresponding success into the animal kingdom. What is true of the elementary and radical, is no doubt equally so of the composite and derivative. Just as substances are diaphanous or opaque, according to their molecular constitution, so are vegetable tissues poisonous or nutritious, according to the structural media they present to the influent forces of nature, and at the last analysis the kind and degree of our moral and intellectual manifestations is referable to the morphology of the brain.

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II. *The proximate element of organic forms is the physiological cell, a globular membrane, chemically speaking, a proteine compound, capable of easy and numerous modifications of form, with a contained liquid, and with or without a nucleus and nucleolus.*

Every organic being, vegetable or animal, originates in such a cell, and the highest act of its vitality is the reproduction of a similar cell, whose further metamorphoses shall perpetuate the species. It increases by the appropriation of material from a surrounding plasma and by repeated duplicative subdivision of itself; or of its nucleus, which after all, is but a cell within a cell. The collocation of these simple elements into a linear series constitutes a *fibre*. The breaking down of tangential portions of their walls changes the fibre into a *tube*. The extension of linear series in both length and breadth produces a surface, a membranous expansion, like that of the leaf, or of the epithelia of mucous and serous tissues. The desiccation of the cells in a membranous expansion causes a scaly surface like the epidermis, &c. Various other modifications of form result from increased or diminished pressure, from internal changes of growth or chemical composition, and from other occult causes, but after these subsequent differentiations have been subtracted, all the living tissues are reducible to the primitive starting point of the simple homogenous cell. The fibrillation of the effused liquor sanguinis seems to occur without the intermediation of cell-growth. The enamel and dentine of the teeth, the so-called cuticle of the hair and the white fibrous and areolar tissues are not so clearly derived from the metamorphosis of cells. But the plasma or blastema from which these and other structures *are* derived is the product of cell-agency, and exhibits always granules or nuclei which appear to exert some attractive or precipitative power on the solidifying molecules: so it is very probable that these are apparent, rather than real exceptions to the law of cytogenesis or cell-growth.

Recent discoveries with the microscope, instead of widening, diminish the breach which has appeared to separate animal from vegetable histogenesis. It was taught by Schleiden, that in all cases the increase of vegetable cells took place by the

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development of nuclei, around which a cell-membrane was deposited, expanding into a wall and becoming ultimately separated from the nucleus. In animal tissues, on the contrary, it is very apparent that an hour-glass contraction of the cell-wall itself, gradually cutting the cell into two pieces, each of which becomes an independent cell, is the most uniform method of cytogenesis. The discovery by Von Mohl, of the primordial utricle of plants, a thick nitrogenous membrane immediately investing the nucleus and the true homologue of the animal cell-wall, deporting itself in a precisely similar manner, established the essential identity of the developmental process in the two great organic kingdoms. Microscopic examination of the simplest leaf, and of embryonic or growing cartilage presents therefore no structural differences which would enable the observer to pronounce which was plant and which animal. The general law is then fundamental, and we pursue it through all the complex varieties of structure, diverging from the type for the special exigencies of the tissue or organ, on Reichert's "principle of continuity." This principle or physiological law enunciates the fact, that whatever histological elements pass into each other by insensible gradations are homologous and of the same nature. Therefore the anatomical continuity of cartilage with tendinous or connective tissue, of this with muscular fibrillæ, of these with various neural and other cells, &c., will lead like a thread through a labyrinth to the essential identity of the cytogenetic processes in all the vital organs.

The minute anatomy of organic nature being cellular, its ultimate physiology is embraced in the functions of cells. The change of form in the single cell is the final source of all organic motion. Its simplest expression is perhaps in the vibratory oscillation of the cilia, which are only caudal prolongations of the epithelial cells. Osmose from cell to cell (including both endosmose and exosmose) is the mechanical basis of vegetable circulation, and the same occurs primarily in animals, for the peripheral vessels in the embryo appear and circulate the blood toward the point which is to be the cardiac centre before the heart itself is formed. The contraction of a muscle is the aggregate or combined action of all its cellular units. Thus the complex motion of the heart is but the simultaneous and co-

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ordinated motion of a vast number of microscopic cells. The apparent deviations from the cell-form occur only in those structures which subserve merely inferior and mechanical uses, as in bone, teeth, tendon, and areolar tissue. Wherever any truly vital process, vegetative or animal, is to be performed, cell-agency is uniformly invoked. Digestion, absorption, assimilation, respiration, reparation of tissue, secretion, excretion, reproduction of species are but so many genera of cell-action. When we trace spirit and matter to their tangential point in the grey neurine of the cerebro-spinal axis, we find that all our psychical phenomena have no other medium or avenue for external exhibition but the molecular changes which occur in the neural cell.

Before quitting this point we would call attention to an interesting and suggestive article on the Cell Theory, by. J. H. Huxley, in the 12th vol. of the Brit. and For. Med.-Chir. Review. With much learning and logical acuteness he calls in question several of the best accredited physiological dogmas. He denies Schwann's doctrine of the attractive and metabolic forces of the cell-nuclei. He cannot even agree with Dr. Carpenter, that they are partly instrumental in the metamorphic changes which occur in the course of organization. He regards the nuclei, not as centres or causes of development, but as results, the effect of an organizing process which has already taken place in the cell-wall or periplast. He goes on to infer that vital phenomena are not necessarily preceded by organization, but that organization itself is the result of vital forces, of which we know positively nothing. His most startling novelty is the suggestion that the ganglionic cells of the nervous system may possibly have no essential connection whatever with the functions of that system. It seems however to be merely an analogical inference from the fact that muscular fibrillæ frequently terminate in or are attached to certain stellate cells of areolar connective tissue, which exhibit no evidence of muscular contractility. Whilst we believe that nature is so uniform and law-abiding to her operations that almost any given fact will be found to recur more or less varied and modified, in every department, series, degree and sphere of organic phenomena, we must still recollect that possibilities, suggested by analogy, are not facts established by experiment.

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III. *The construction of tissues and organs from these primary cells is always upon a fixed principle, displaying a constant unity of plan, with infinite variety of purpose.*

One of the most beautiful and fundamental facts which support this proposition, is the existence of mathematical points of attraction, repulsion, organization, &c., and by the linear extension of such points, distinct and definite lines or axes around which, and probably through which, physical phenomena are produced. Faraday indeed refines the whole material world away to an assemblage of such mathematical points or centres. In astronomy we have the sun's axis—and the axes of the earth and other planets as examples on our immense scale. The axis of an atom, the poles of an atom, are familiar phrases in chemical speculation, and their existence is much more than hypothetical. Dr. Kane, in some remarks on crystallography, warns us from considering the axes of crystals as a geometrical fiction, and declares them to be "real centres of attraction, around which the crystalline particles arrange themselves symmetrically." The botanist teaches that the regular arrangement of flowers on a stem or branch, is governed by beautiful and uniform laws, the central line of organization being called the axis of inflorescence. Again the median line of the cerebro-spinal axis in the vertebrata is a similar centre, about and below which the organs of the body are arranged, and through which their functions are maintained by the influent forces of life.

Another great central fact of organization is, that every form springs from a nucleus (the first precipitation at the dynamic centre) the primary change in which is a division into laminæ. It would not transcend the limits of legitimate analogy to call the nucleus of an astronomic nebula, the parent-cell or sun of the planetary system. Its laminæ indeed are broken off, and form floating nucleoli or planets. In our earth the laminæ remain adherent, and present us with our geological strata. In the cleavage lines of crystals we again perceive adherent laminæ, but they have advanced a step farther, they take definite directions, and are productive of beautiful geometric figures. Again in the lowest vegetable form we have the constant nucleus or germ, but its simple laminæ are metamorphosed into organs possessed of scarcely a property but imbibition. The complexity

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of these organs increases as we ascend the scale, until they perform distinct digestive and respiratory offices. In a higher class another lamina is developed into a vascular apparatus. When we come to the more complex structures of the animal kingdom we find a third and last lamina, the basis of the nervous system. Each lamina has always its different and successive stages of development, and there is a mutual correlation and organic harmony between the parts of any given whole.

There is another beautiful organic law, of less general extent, being distinctly cognizable only in the vertebrata, viz., the original *duality* of structure. Each of the three laminæ abovementioned, split into two halves, which are perfectly similar in the embryonic state. The nervous system and its appendages, muscles and bones, remain permanently and beautifully symmetrical. The vascular system presents considerable deviations from the typical regularity, but still its structure is quite symmetrical. The heart was once a single cell, situated on the median line, which was cut into two similar cells: so of the kidneys, lungs, liver, &c. Although the other viscera are in the adult so far removed from the median line, and so very diverse in structure—every organ began its development on the median line and its structure was at first perfectly symmetrical. Subsequent changes in pressure, relative position, and rate of development produce the apparent disorder of the fully formed series of apparatus. This law is of deeper significance than has been supposed, and extends even to some kinds of pathological lesions, as Dr. Budd and Mr. Paget have lately demonstrated. It may ultimately depend upon the polarity of atoms and be of universal application. Every animal, plant and mineral, properly dissected out, the redundancies lapped away, the deficiencies of development supplied, and the *typical* form brought distinctly into view, may finally be found to be as symmetrical as the two halves of the nervous system. We may even discover a stronger claim to attention, than a mere fanciful speculation can have, in the idea of St. Pierre, derived from a philosophical study of geography, that the world was once composed of two perfectly symmetrical halves, the traces of which are still discoverable, but which have been broken up, distorted and variously modified by subsequent cosmical and geological changes.

From the time of Aristotle to that of Cuvier, it was almost

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unquestioned, that similarity of function in two organs implied an organic identity of structure. The form was accounted for by a certain functional or purposive view in its creation. For example, the cranium was supposed to ossify from many distinct centres, in order to provide for the compression to which it must be subjected in child-birth. But when it was discovered that the cranium of the chick or of the cod-fish, for whose entrance into the world no such provision was necessary, ossified in precisely the same manner, it began to be suspected that there was a *typical plan* of organization, which had little or no reference to the exigencies of the individual. The study of development soon taught, that organs might perform very similar uses, and still be organically very different things, and vice-versâ. For example, the wing of an insect and that of a bird are equally instrumental causes of locomotion—but the former is a fold of the skin, and the latter is an appendage of the internal osseous skeleton. The gills of the fish, although they subserve the respiratory function, are not homologues of the lungs of man, but that homologue is found unexpectedly enough in the air-bladder of fish, an obscure organ, the only known use of which is to assist in locomotion. The fleshy mass of the cactus, the tubes of the potato, and the winnow of the strawberry, so different from each other in both function and structure, are all *stems* and organically identical. "We are thus led," says Dr. Carpenter, "by the study of morphology (that is by the recognition of "homologous" organs, under whatever forms they may present), to the perception of that great general truth, which is perhaps the highest attained in the science of organization, and which is even yet far from being fully developed, that in the several tribes of organized beings, we have not a mere aggregation of individuals, each formed upon an independent model, and presenting a type of structure peculiar to itself, but that we may trace throughout each assemblage *a conformity to a general plan*, which may be expressed in an "archetype" or ideal model." Prof. Owen has evolved the "archetypal skeleton" from the mass of obscurities, anomalies and false appearances, with which it was surrounded, like a sculptor cutting and polishing the rough marble, until he arrives at the beautiful statue. Every organic series may have its distinct archetypal form—all of which are related to some more universal form, like circumference

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to centre. The planets revolve about their respective suns, but the suns themselves are carried in immensurable orbits around some more powerfully attractive point in the abysses of space.

There are many points in human anatomy or anthropotomy to show that the idea of specific use in a structure is subordinate to that of accordance with general type. The mammary glands exist in the male, although they are not developed for the secretion of milk. To go still further—a mammary gland freely secreting milk has been found in the human groin. This need not astonish us, when we reflect that the potentiality of developing two rows of teats exists in the human embryo just as in the inferior mammalia. The explanation simply is, that some abnormal influence localized the developmental power at the wrong end of the line of organization, wrong only relatively to the *usual* development of the human form. Again, the white lines running transversely across the abdominal muscles are *vestigia* or traces of the numerous ribs of serpents, whilst the vertical white lines represent the continuation of the sternum, the lower part of which ascending from the os-pubis, is a permanent bone in the kangaroo. The coccyx is the condensed vestige of the indefinite vertebral development of serpents and of the tails of various mammalia. In this connection we may state that there is nothing in the existence of men with tails (which fact is now established beyond all question) to shock the scientific sense. At one period of human embryonic development there is just as much caudal prolongation as in the cub or the monkey, and that there should be men with tails, is no more astonishing, morphologically speaking, than that there should be dogs, bears or monkeys without them. The question is not the possibility of the transmutation of animals into men—but the possibility of a greater or less deviation from the archetypal form.

IV. *The progress of development is always from the general to the special, and the order of organic evolution is from the simple to the complex.*

It may be stated as a fundamental fact in physiology, that every living organism has had its origin in a pre-existing living organism. All the ingenious and plausible arguments in favor of "spontaneous generation" have been nullified in the progress of scientific research, and the ancient general principle *omne*

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virum ex ovo is recognized as a fixed law of biology. The generative act is not confined, as was long supposed, to animals and the pharesogamia or flowering plants. A process so elementary and essential might have been foreseen on general principles to be universal. The earliest developmental appearances in the lowest of the cryptogamia is a differentication of the homogenous structures into two cells (not always in the same individual) differing sufficiently in properties to foreshadow the sperm-cell and germ-cell of higher organisms. The *sexuality* of organic forms is therefore one of the broadest and most fundamental facts of natural science. Under whatever circumstances and by whatever diversified apparatus the generative process is performed, it is susceptible of a brief, comprehensive definition, viz., the reunion of the contents of two cells, productive of a single cell-germ, the initiatory point of a new generation. We are warranted, moreover, in the further generalization, that this germ develops into an individual with uniform specific resemblances to the parents, from which broad basis the proverbial axiom, "like begets like," has its origin. The theory of transmutation of species, according to which it was supposed a germ might develop into an organism of higher type than that of its predecessor has been thoroughly exploded. All the anomalies which suggested and supported it are explicable on the principle of capacity of modification within certain variable limits, and according to the special exigencies of the case. Extraneous influences modify without elevating the general type of development.

It is necessary to distinguish carefully between the reproduction of species and the reparation of injuries or reproduction of parts in the individual. Leaf-buds, and even "as in the bryophyllum, the least fragment of a leaf under favorable circumstances, can grow so as to reproduce almost a fac-simile of the original organism. This development is not the evolution of a new germ, but the continued activity of the formative forces in the old one. The leg of the salamander grows out again after amputation, but it is the leg not of a larva, but of the adult animal. The fingers, lower jaw, and even whole limbs of the human fœtus have appeared again after separation. The development of a new tree from a single leaf is only an extension of the same

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principle. In one case a minor part is reproduced by the formative power of the major; in the other the major part is reconstructed by the reparative force of the minor. It is not the generation of a new individual, but an extension of the old one, by successive duplicative subdivision of the cells. The simpler the structure, vegetable or animal, the more capable is it of this extension. It is nutrition and growth, not development.

Von Baer succinctly defines development to be "the successive differentiation of a homogenous substance into organic systems, and of these again into separate more individualized sections." Homogeneousness is the typical attribute of inorganic bodies, and the establishment of a difference between the parts of a whole is the first act of organization. The simple homogenous cells of the plant are first differentiated into the "axis" and the "appendages to the axis." In the axis a gradual distinction arises between the ascending portion or stem and the descending portion or root—and still further on, the foliaceous organs become more and more completely separated from the generative apparatus. The initial stage of development is identical in all organic forms. Plant and animal are at first indistinguishable. After the animal nature is recognized, still greater divergences from the general towards the special must occur, before it can be referred to either one of the great sub-kingdoms, vertebrate and invertebrate. Successive departures or divergencies from the elementary vertebrate type determine whether the embryo is to be fish, bird, reptile or mammal. Continued differentiations assigns it to a particular class and species. The testes and ovaria have a precisely similar origin and structure, and further changes exhibit what is to be the sex of the individual. This progress from the special to the general, from the simple to the complex is universal. The peripheral parts appear before the central organs of each system. The capillary vessels are seen before the veins and arteries, and these are sketched out before the appearance of the heart. The nerves are prior to the spinal cord, and the spinal cord to the brain. Every organic system in its progress exhibits a shifting series of forms, each of which is permanent in an inferior species—so that the history of embryotic evolution is a *tableau vivant*, or a great moving panorama of organization. At first the heart is a single chamber like that

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of insects, subsequently it is doubled like that of the aquatic tribes, again it presents three cavities which are persistent in the adult crocodile, and finally it is four-chambered as in quadrupeds. The successive development of the cerebro-spinal axis has furnished an appropriate basis for the classification of animals. The degree of convolution observed on the cerebrum has been proposed by Prof. Owen and others as a plausible criterion of mental power. The brain of man at first is perfectly smooth, as in the lowest species of animals. It becomes more and more wrinkled and convoluted, as its successive stages are representative of higher classes, and attains in the human form the greatest degree of complexity. These general facts are sufficient to illustrate our fourth proposition.

Dr. Carpenter in the generalizing spirit of modern philosophy would not limit this uniformity of development from the more general to the more special, to the individual life of organic forms, but would extend it to that vast series of organic phenomena which may be called the general life of the globe. In the progress of general development vegetables appear before animals, and the lower before the higher botanical forms. The invertebrata were created before the vertebrata, and fish and reptiles before birds and mammals. The majority of animal fossils exhibit more resemblance to the embryonic than to the adult condition of our present species, showing the predominance of the general over the special in those primeval ages. Even where one of those forms appears to be more complicated than any now existing, it is because it includes a combination of the characters which are now distributed among different groups. He calls such complex structures *osculent* or *transitional* forms, and considers their existence as confirmatory of the general principle. An able writer, however, in the Westminster Review, Jan. 1855, calls Dr. Carpenter's position in question with great ingenuity and contends that the splendid generalization has little substantial basis.

V. *The extension of organic forms is provided for, rather by the modification of the elementary or typical structures, than by the introduction of new pieces into the mechanism.*

This great fact is a further proof of the simplicity and unity of nature's operations. In the protozoa and botophyta, the

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simplest animals and plants, this principle of repetition of similar parts, almost universally prevails. It holds good throughout the whole animal kingdom, although after successive and complex differentiations have occurred for special purposes, the fact becomes less apparent. In the mollusca and striculata, whole groups of organs are frequently so repeated that one group detached from the rest can carry on an independent existence. In the annelida and other inferior species of articulata we find the locomotive, respiratory and other important organs almost indefinitely multiplied in the longitudinally repeated segments. But the elementary or typical form may be so modified as to be irrecognizable by the senses, and cannot be viewed in its proper relations, except by the study of embryogeny and comparative anatomy. Thus, the wing of a bat is not an additional member attached to the mammalian form—but it is a membrane stretched from an extended hand. Again, the hoof of the horse is the middle finger of a mammalian hand. The proboscis of the elephant, although so modified as to be the organ of prehension, is still a nose. Prof. Bell, with special reference to the British crustacea, thus states the great economical principle: "the typical structure of any group being given, the different habits of its component species or minor groups are provided for, not by the creation of new organs or the destruction of others, but by the modification in form, structure, or place, of organs typically belonging to the group." This law, applicable to species, is equally so to any special system or apparatus of the individual. Thus all the complex structures of a forest tree are modifications of the simple leaf—and the bones of any given skeleton are repetitions more or less perfect of an archetypal vertebra.

Homology signifies literally a treatise about similar things. Its fundamental principle, itself the basis of philosophical anatomy, is, that there is unity in variety, that all the forms in a given series are modifications of a single archetypal form. The first application of this universal law to the vegetable kingdom was made by Linnæus, one of the many great intellects which Sweden has produced. He maintained the essential identity of leaves and flowers. The celebrated poet Gœthe, and his countryman, Wolf, made still more important advances in this field of inquiry. Succeeding botanical physiologists have put the prin-

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ciple forward on a distinct and impregnable basis. A tree, in a just philosophical sense, is not a single individual, but is strictly a community, an aggregate, like many of the lowest animals, sponge, coral, &c., of many individuals. Careful analysis will show that in the *leaf*, vegetable individuality really resides. The fact, that many leaves will readily strike root from the base of their stalks when used as cuttings, and so form independent plants, confirms this view, and is not so satisfactorily explicable on any other. From the embryonic portion of the vegetable seed two leaves (cotyledons) shoot out, taking respectively an upward and downward direction, probably because being similarly electrified, they diverge from each other. On the sides and summits of these primitive leaves, other leaves identical and continuous in structure are produced, which by their progressive elongation and condensation create in one case the stem or trunk and in the other the roots. The stem of the cactus retains still the shape of an immense leaf. The branch is formed like its parent trunk, the stem like its parent branch, the pedicle like its parent stem, the terminal leaflet like its parent pedicle. That a flower is not only a leaf, but contains in its bosom a whole family of leaves, appears incomprehensible in its fully developed state. But every sepal, petal, pistil, stamen and seed is a metamorphosed leaf. A thorn is a leaf shrunken and condensed, the rind or peeling of an apple is a leaf, greatly expanded and incurvated. Every stipule, petiole, runner, spine, tuber and tendil is a modified leaf. The very monstrosities of vegetations are abnormalities of the typical leaf. The differences are not in type, but in special development. In the earliest state in which all of these different structures are discernible by a powerful microscope they are all precisely alike. The archetypal leaf is therefore the unit of vegetable structure.

The idea that the bones of the cranium are modified vertebræ, appears to have first occurred distinctly to Oken, whilst contemplating in studious reverie the blanched skull of a deer in the solitude of the Hartz mountains. This happy inspiration has served as a key to many of the mysteries of osteology. Doubted by some and derided by others, it required for its establishment the broad basis of embryogeny and comparative anatomy. The cranium of fish is composed of a much greater number of pieces

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than that of man: a single vertebra of man is represented in the shark by a number of pieces united by ligament. This complexity of structure in fish is however only apparent. The skeleton of man has just as many ossific centres as those of lower tribes, but subsequent coalescense for the special exigencies of his life has caused great divergence from the elementary type. The confused and complicated elements of the human form are beautifully separated and as it were dissected out for us in the permanent structures of lower beings. By the study of these, philosophical anatomists have endeavored to construct an *archetypal vertebra*, of which all the multifarious ossific structures are but variations, modified for adaptation to special ends, by the subtraction, subdivision, expansion, coalescence, deficiency, excess or even multiplication of its elements. Oken, Gœthe, Spix, Carus, St. Hilaire, Owen, and others have labored in this field of research with such success, that the theory of the archetype skeleton is no longer a metaphysical puzzle or a transcendental dream, but one of the most splendid and suggestive generalizations of modern science.

The endo-skeleton of the vertebrata is a segmentary, bony case for the support and protection of the sanguineous and nervous systems, which in this great sub-kingdom are specialized in the highest degree. One of its segments from the dorsal region, including two of the ribs and a segment of the sternum, approximates nearest to the typical vertebra. This consists essentially of a *centrum*, represented by the body of the vertebra, a *neural arch and spine*, represented by the bony boundary of the spinal canal and its posteriorly projecting process, and a *hæmal arch and spine*, represented by the ribs and sternum. The first arch or ring encloses the neural, the latter, the vascular and visceral apparatus. To these are appended other processes (for the technology of which we refer to Prof. Owen's work) forming *lateral arches* for the inclosure of vascular canals —or *diverging appendages*. Of these parts the *centrum* is always present, is always on the median line of the body, and undergoes least developmental modification. The bodies of the vertebra, from the coccyx to the second cervical, are all centrums of typical segments. The odontoid process of the axis, removed and attached to that bone, is really the centrum of the atlas.

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The basilar process of the occipital is the centrum of the occipito-cranial vertebra. The posterior half of the body of the sphenoid is the centrum of the parietal vertebra, the anterior half is the centrum of the frontal, and the vomer is the centrum of the nasal vertebra. The hæmal arches are seen not only in the ribs and sternum, but in the hyoid bone, and in the maxillaries of the face. The neural arches are always present where there is a neural axis to pass through. In the cranium the neural spines are made to split and diverge greatly, so that when their edges again approximate, an immense concavity is obtained for the protection of the cerebral mass. The occipital, parietal and frontal bones are only highly developed neural spines of three great typical vertebra, which constitute the cranial vault. The diverging appendages are entirely deficient in some segments, and developed in others, as in the occipital and sacral, to such a degree as to constitute the superior and inferior extremities of the skeleton. This meagre statement is still sufficient to afford a glimpse of the typical uniformity which reigns amidst the developmental diversities of organization. From the want of diagramatic illustrations we can go no further into detail: but we recommend the study of the archetype skeleton in Prof. Owen's works, not only as a great scientific generalization, beautiful and sublime in itself, but as the very best lesson we know of for the cultivation of philosophical habits of thought.

It would be simply absurd to limit the wonderful facts and principles of homology to so obscure a department of natural science as osteology. The simplicity and permanance of the bony structures have given us readier and more extensive facilities of research, but there can be no doubt that the principle of archetypal unity pervades every department of anatomy. There must be an archetypal nerve-segment corresponding with each archetypal vertebra. The four cranial vertebræ correspond remarkably with the four independent encephalic masses of animal embryology, viz., the cerebellum, the tuber annulare with its appendages, the cerebrum and the olfactory ganglia. Passing from the known to the unknown, without transcending the limits of a legitimate logic, we can foresee the universal law, that every organic series, whether of nerves, muscles, vessels, viscera or bones, is a segmentary chain of repetitions, essentially identi-

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cal, but widely modified for special ends. But having recognized the essential identity of the parts of each series, let us see if there be no homological relation between the different series themselves. Not only are the same forms repeated with infinite modifications in the different planes of being, but the same things are done in the different planes through the agency of one influent force. The needle points to the pole, the flower turns spirally to the sun, the animal goes unguided over wastes and forests to its home, the man moves himself consciously or unconsciously towards his ruling passion. The poisonous mineral, the deleterious plant, the savage animal, the wicked man, what are they but genuine homologues on different planes of manifestation? There are three planes of animal life—the primary, the mediate, and the ultimate, the central organs of which are respectively contained in the three great cavities the cranium, the thorax, and the abdomen. We have already seen that the walls of the cavities are homologous repetitions of an archetypal form. Why may not the *contents* of the cavities be also homological? Why may not the liver be the lungs of the abdomen, and the lungs the cerebrum of the thorax? We know that every point of the body is represented in the brain. It is hardly premature to assert that every organ of the body is a brain, or part of a brain in another form, or mode of manifestation, just as steam, water and ice are three totally different presentations of the same oxy-hydrogen compound. We may be as far from a true philosophical anatomy of the viscera as we are from an exact astronomy of the milky way, but we would call attention to some striking analogies between the cranial and thoracic viscera, which cannot fail to interest and instruct the reader. Analogy, the fruitful source of error, has been frequently the index-finger of truth.

When we look into the cavities formed by the homologous bones of the cranium and thorax, we find in each, two great organs of supereminent importance, connected with each other by nerve-fibres, blood-vessels, and intermediate membranes. In the latter we have heart and lungs, in the former the cerebellum and cerebrum with its sensory appendages. The sensory ganglia are evidently merely appended to the cerebrum—since all intellection is necessarily based upon pre-existent sensation. Like

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the root, stem, leaf and flower of the tree these four great organic centres all began their development at the same point and proceeded, until reaching their respective lines of divergence, in the same manner. They were simple and delicate cells increasing by repeated self-division, and perfectly symmetrical in their arrangement. And although for physiological uses they diverge from their common type like the different races of men from their parent stock, many curious traces of an essential organic unity may still be detected. The cerebrum is much larger than the cerebellum almost hiding it from view; the lungs are much larger than the heart, and partially surround and cenceal it. The cerebrum is developed after the cerebellum: indeed the lowest animals have none at all, and it successively increases in proportion as we ascend the scale until it attains its maximum in man. The lungs are developed after the heart, and present steps of advance in the lower tribes analogous to those of the cerebrum. The cerebellum is the great centre of neural life, the heart of organic life, and they act together from the first even in the fœtal condition. In the embryo, the cerebrum, and its homologue, the lungs, are dormant, and they both come into synchronous action at the moment of birth. When the cerebrum is collapsed or congested or asleep or in disease, the respirations of the lungs are correspondingly disturbed. The influence of mental action over the breathing is very remarkable. The fibrous prolongations of the heart into arteries and veins penetrate the interiors of every tissue, but return in a circle to their fountain, without having effected any direct communication with the external world. The nervous prolongations of the cerebellum in the same way are distributed to the interior fibres of the body, but return in loops or circles without any external communication. The fibrous or tubular prolongation of the lungs on the contrary terminates in the nose and mouth upon the surface of the body. The nervous prolongations of the cerebrum terminate in the skin and organs of the external senses, as in the expanded retina of the eye. The cerebellum is the co-ordinator of the dynamic forces of life, the heart distributes the blood, which excites and maintains those forces. The cerebrum is the medium of thought, and the lungs produce the sound which expresses that thought. We have thrown out

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these loose hints merely to put our readers upon a vein of investigation, which we believe will lead to a rich mine of physiological and ontological truth.

We cannot close this essay without calling attention to the efforts, which have been made of late to collocate the phenomena of heat, light, electricity, magnetism, &c., and to refer them all to modifications of one great archetypal force. This is the application to dynamics of the principles we have shown to prevail in the development of material substances. Philosophical anatomy, the science of those universal principles which underlie all the subordinate sciences, may be thus said to be based on three great cardinal facts—the essential unity of the dynamic forces of material substances, and of all the apparently different plans of development.

Article XIV.—*On Corrosive Sublimate in the Treatment of Bright's Disease of the Kidneys.* By John C. Peters, M.D.

The use of this remedy in the above mentioned disease is peculiarly interesting to the Homœopathist. Here we have an opportunity of testing the question whether a strictly homœopathic remedy, not only to the symptoms, but also to the pathology of an organic and generally fatal disease is capable of effecting an absolute cure.

In the London Med. Gazette, March, 1843, p. 941, is to be found a case of albuminous urine from poisoning with corrosive sublimate; for several days a considerable quantity of albumen was found in the urine, which was turbid and of a pale brown color; it was abundantly coagulable by heat and nitric-acid; and we are told that albumen has frequently been detected in similar cases. Long ago, Drs. Wells and Blackall of England, made observations going to prove that Mercury induces an albuminous state of the urine. About 12 years ago, and shortly after becoming acquainted with the above facts, I had an opportunity of observing an accidental case of poisoning with Corrosive-sublimate in the New-York Hospital. I urged the importance of testing the urine for albumen, which was found daily for the

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three or four days that the patient lived; after death a post-mortem examination was made almost for the express purpose of ascertaining the pathological state of the kidneys; a small quantity of urine still remaining in the bladder after death, was tested and found to contain albumen. The kidneys were found at least one half larger than natural, soft and flabby; the whole cortical substance was of a pale reddish white color, instead of the natural reddish brown; the external surface was mostly white, like boiled or coagulated albumen, but dotted with many minute reddish points. This description will be found to correspond very closely with Rayer's second variety of Bright's Disease. I of course became very anxious to test the applicability of Corrosive-sublimate in the treatment of Bright's Disease, especially as I had witnessed at least ten or twelve fatal cases in the New-York Hospital in the course of a few months. I prevailed upon my greatly lamented friend, the late Dr. Wotherspoon, U. S. A., who was then resident physician in the New-York Hospital, to try it in the case of Elisha Lynch, (see Case 1.) who was then expected to die in the course of a few hours. The late Dr. Swett, who was then attending physician to the N.-Y. Hospital, had just made the significant remark at the bedside of Lynch, that we would know more about the case to-morrow, meaning that he would be in the dead house, when Dr. Wotherspoon begged for permission to try the Corrosive-sublimate; it was readily granted, as the case seemed utterly hopeless, and we had lost several patients of the same disease, in the course of a few weeks, and Dr. Swett had also just expressed his dissatisfaction with the result of all the usual allopathic modes of treatment.

Case 1. Elisha Lynch, æt. 24. Seaman. Entered the Hospital January 27. Of good constitution, has never had any disease but intermittent fever. About a month ago began to notice œdema of the feet, which continued to increase and in a fortnight his abdomen began to enlarge, attended with palpitation, vomiting, and slight cough. On admission no part was free from swelling; countenance pale and œdematous, abdomen distended and fluctuating: legs firm, swollen and tender. Some pain on pressure over the right kindney, where he felt pain a short time before the œdema came on. Urine, smoky in appearance, acid,

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depositing albumen abundantly by heat and Nitric-acid; has repeated nocturnal calls to pass his water, which amounts to twenty-four ounces in twenty-four hours.

His patient was put upon the Sup-tart.-potass. and Tr.-digit., which induced pain and griping, vomiting, and free purging, but did not relieve the dropsy. The apocynum was then administered during a fortnight, and produced free purging, without pain; but no diminution of the dropsy or increase of the urine, indeed the latter became so reduced in amount that coma was apprehended. On the first of April he was put upon Cal. and Scill. which he continued to take until ptyalism was produced, without relief of symptoms. On the 11th the increased amount of fluid in the abdomen, threatened suffocation, and Bichlor.-Hyd. $\frac{1}{8}$ gr., and Tr. Cinch. ʒi. was given every four hours, with the happiest effect, the urine increasing in quantity and the dropsical effusion disappearing as if by magic. About a fortnight from this time the patient was discharged entirely free from dropsy, much improved in appearance, appetite good, free from cough (which had been a distressing symptom during the disease) skin moist, but his urine still highly charged with albumen.

This man, after leaving the hospital, went upon a farm where he worked regularly for nearly a month, and felt well, he then shipped as cook on board of a vessel going to Philadelphia, and being obliged to expose himself to sudden extremes of temperature, and keeping night watches, he was soon seized with a return of his complaint, and in six weeks returned to the hospital in (perhaps) a worse condition than before; his legs very much distended and erysipelatous, abdomen much distended, as well as back and upper extremities.

He was again put upon the Bichlor. Hyd. $\frac{1}{8}$ gr. every four hours, soon increased to every two hours, and with the same success as before; in three weeks he left the house without a trace of œdema, improved in very respect, but his urine still albuminous, and of low specific gravity.

Here we have a case occurring in a healthy man, without any apparent cause; first developing itself by dropsy, he appears to have suffered from pain in his back a year before the present attack, which may have been connected with the disease. Purgatives, diuretics and mercurials were fairly tried without

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the least advantage, on the contrary the disease steadily progressed, until tapping was resorted to, to save the patient from asphyxia. The use of the Corrosive-sublimate we find attended with most surprizing results; carrying off the most distressing and formidable symptoms, but still leaving the disease as before as evinced by the urine still continuing to be characteristic of the disease.

Case 2. Peter Horn; 33. Sweden. Seaman. Entered Nov. 15, 1843, with chronic rheumatism, of five or six months standing, and œdema of both lower extremities, complaining of an aching sensation, with deep-seated tenderness in the region of the kidneys; urine about four pints in twenty-four hours, smoky in appearance, and coagulated by heat and Nit.-acid.

Was put upon the Pulv.-Purg. and soon after on Elaterium ¼ gr. every four hours, without any material influence on the dropsy. Jan. 27th was ordered Bitart.-Pot. and Tr.-Digital, which he continued without benefit, until Feb. 11, when it was changed for Bichlor. Hyd. ⅛ gr., and Tr. Cinch. ʒi. tr. in die. Under this treatment he ceased to rise at night to pass his urine, which was from three to four pints in twenty-four hours, of diminished specific gravity, still depositing albumen freely, but its color was much improved, having lost its smoky appearance; the œdema of the feet was but slight, his countenance and complexion have changed for the better, pulse being natural, appetite good, and very slight uneasiness about the loins. The improvement continued and he was discharged.

Patient presented himself a few months afterwards, having returned from a voyage, looking well, no œdema of the feet, and no uneasiness about the kidneys, but his urine still abundantly charged with albumen.

Little remark is needed in this case, the disease, well marked, was unaffeeted by the ordinary diuretics, and its urgent symptoms as in Case 1, were only relieved by the Bichloride of Mercury, which also exerted its alterative effect of the general system, improving all the functions (of the body) although not altering the condition of the urine, either as to its amount of albumen or specific gravity.

Case 3. Michael Briarty; 36. Ireland. Entered May 29th, 1844. Thirty-six days ago he was taken with pain along the

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course of the left sciatic nerve, which did not last long; twelve days ago he first began to notice œdema of the face, when he lay down; also in both feet, extending up, and two days after, reaching the abdomen, which is now distended and fluctuating; lower extremities anasarcous, painful and pitting on pressure; has never noticed any difficulty about the heart, has for some days past suffered from constant vomiting, throwing off every thing soon after being swallowed. Urine about natural in quantity, muddy, resembling small-beer without sediment, coagulating freely by heat and Nit.-acid, and being of diminished specific gravity.

Patient was immediately put upon the Bichlor. Hyd. and Tr. Cinch. with occasional doses of Pulvis Purgans; this, however, bringing on dysenteric symptoms, was omitted for four or five days, and again resumed, and shortly increased to a quarter of a grain every two hours, without affecting his bowels. This was continued until June 16th, when sore-throat coming on, it was omitted. At this time the ascites and dropsy of the lower extremities had greatly diminished, being nearly their natural size; the urine had increased to eleven pints in twenty-four hours, of a light straw color when first passed, but becoming dark after standing two or three hours, of less specific gravity than before, abundantly albuminous. For the last week he had had six to eight stools in the day, loose, but without pain. This was checked by Pulv. Dov. et Camph.

July 3d. Throat is now perfectly well, but the dropsical symptoms have returned, the lower extremities being nearly as much distended as a first, and abdomen somewhat distended. The urine has diminished in quantity, being now but half a pint in twenty-four hours. Was again put upon the Bichlor. which was continued until the middle of August, with the same satisfactory results, the œdema disappearing, and urine increasing to six pints in twenty-four hours. When discharged, August 26th, the dropsical swelling had entirely left him, and his general health much improved, skin cool and soft, pulse slow and regular, bowels natural, urine six pints in twenty-four hours, of low specific gravity and albuminous.

The remarkable power of the Corrosive-sublimate, in relieving the dropsical swellings attendent on Bright's disease, are here

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abundantly proved. Their return after the suspension of the remedy, may lead us to believe that its effects are not permanent, and of this we have not had sufficient opportunity as yet to determine. In the above case the full effects of the remedy were hardly established, before an affection of the throat interfered with its continuance, and it is fair to infer that the return would not have taken place had the treatment steadily progressed. We are inclined to believe that the relief to the patient in this case has been so far permanent, since if the contrary were true, he would have returned to the hospital.

The history of this case presents us with only one symptom of any urgency in its access, namely vomiting, which no longer troubled him after his admission. The tonsillitis which supervened in the course of the treatment, had no connection (most likely) with the main disease; he attributed it to being obliged to get out of bed at night to give drink to a patient in the same ward.

In three cases the Bichlor. Hyd. and Tr. Cinch. acting as a diuretic, produced the striking relief, after all other treatment had failed, carrying off the dropsy with astonishing rapidity, and giving a new start as it were, to all the functions of life. In the case of Lynch, this was twice effected at an interval of six weeks with complete success. The Bichlor. was given at first in an eighth of a grain dose with a drachm of Tr. Cinch., three times a day, and gradually increased to every two hours, and in neither case did ptyalism occur to any extent.—*Hospital Records.*

To Drs. Wotherspoon, Elliott and Moses, who successively filled the post of resident physicians to the N.-Y. Hospital, is due the credit of introducing this homœopathic remedy practically into use in public practice. From the N.-Y. Hospital it began to be used in the Colored Home, and the success of the practice, has made it more or less general throughout the world.

In answer to a note upon this subject to a physician of one of the large allopathic medical institutions, I lately received the following answer.

July 19th, 1855.

My Dear Doctor,

I received your note this morning, and am sorry to say that I cannot assist you materially in the matter of the Corrosive-sublimate, as I have not kept a single note of any case in which I

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have used it; *but my general impressions of the remedy are very favorable.* Your truly, &c.

To Dr. J. C. Peters.

This opinion is formed and retained after eight or ten years' use of the remedy.

As early as 1846, it had been used in at least twenty-five cases in the N. Y. Hospital; of these five or six died, but they were all very old and bad cases, in which the treatment was pursued with little or no hope from any treatment. Some of the cases which recovered for the time being, were very severe; the urine was almost entirely suppressed; the dropsy very extensive, and coma partially developed. Such cases almost invariably died under the ordinary treatment, yet quickly improved, and soon left the hospital, apparently well, when treated with Corrosive-sublimate. But the most curious and mortifying circumstance to the homœopath, is the fact, that the albumen did not entirely disappear from the urine in any one case; in some it was diminished very decidedly, in others not all; while in a few cases it even became increased. Hence the remedy only seemed to save life for the time being. Its most marked effect was an increase in the quantity of urine; in some instances the urine was increased from half pint to three or four quarts per day, attended with a steady diminution of the dropsy and relief from all the urgent symptoms. This diuretic effect of corrosive mercury is thought to be peculiar to this disease, for of a great number of patients who took this remedy for other diseases, in the same doses, and as frequently as it was used in Bright's disease, it did not increase the quantity of urine in a single instance.

My experience in private practice has been somewhat similar to the above. It is very difficult to determine how long the Corrosive-sublimate shall be used. Bright's disease often comes on so slowly and insiduously that three, six, eight or even ten years may elapse before it is detected; and in these chronic cases the remedy ought probably to be continued patiently from six to twelve or even eighteen or twenty-four months.

In the whole homœopathic therapeutics we find but two cases of Albuminuria reported as cured, and both were recent acute cases, of but a few weeks' standing. In one, the cure was

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apparently effected by Kali-carb. 300; the other by Colocynth-tincture. It is to be hoped that all homœopathists having experience in this disease will soon make it public.

It is possible that some of the chemical tests of Corrosive Mercury may be found useful in Bright's disease. The Proto-chloride of Tin will detect a 19,200th part of Corrosive-sublimate, even when mixed in beef tea, new milk, porter, and tea made with a liberal allowance of cream and sugar. In other instances it has affected solutions which contained only an 80,000th.

Hydriodate of Potash is a test of great delicacy, when skillfully used, as it acts when the Corrosive-sublimate forms only a 7000th part of the solution.

Hydro-sulphuric-acid gas will detect Corrosive-sublimate when its proportion is only a 35,000th of the solution.

Nitrate of Silver is also a test of great delicacy.

The galvanic action of a thin plate of gold and one of tin, left in the solution previously acidulated with Muriatic-acid will detect one 80,000th part of Corrosive-sublimate.

Sampson and Christison place great confidence in the use of Gallic-acid in Albuminuria; in a few instances it seemed to have the effect of arresting the secretion of albumen.

Case 5.—Albuminuria, with Ischias-postica cured, with Colocynth, by DR. W. REIL.

A slender woman, aged 34, was taken sick in August, from exposure to cold and wet, with rheumatic pains in the loins, which soon centred in the left hip joint, but also extended down the whole leg, rendering walking and lying down impossible; she could only maintain a sitting posture, somewhat inclined to the right.

She was first treated allopathically, with leeches, blisters, mercurial and iodine oinments, turpentine, repeated emetics, and Hydriodate of Potash.

Four months afterwards she came under homœopathic treatment; the left leg was enormously swollen and œdematous, the skin red and shining; about the ankles and knee joints it seemed as if the skin would burst; the swelling also extended over the left thigh, but was not so tense, nor so red. There was a permanent violent pain at the exit of the ischiatic nerve, extending upwards through the glutei muscles, lower part of the loins and

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side of the abdomen; also downwards along the ischiatic nerve; the pain was deep-seated and very intense.

The right leg was also somewhat swollen as high as the knee. Every motion was exceedingly painful and almost impossible, so that the patient had spent two months in the above-described sitting posture, both night and day.

There was pain on pressure over the left kidney; urine scanty, turbid, brownish-red, and contained much mucus and albumen.

Constipation, with stools only every four or five days; appetite poor; some fever; almost entire sleeplessness; emaciation of the whole body; occasional œdema of the face.

Treatment. *Tinct.-colocynth*, five drops four times a day; in three days there was a slight but perceptible increase of urine, which was not so turbid, but still contained much albumen; no relief from pain, which was still very violent. Veratrine ointment, (1 grain to the ʒj.) was applied externally twice a day and the Colocynth increased to eight drops per dose, four times daily; at the end of four days more the pain had entirely subsided; urine abundant, yellowish, clear, but highly albuminous; œdema somewhat less; stools every two days; the patient complained so bitterly of the taste of the Tinct.-colocynth that it was given in Tinct. Orange Peel.

During the first fourteen days of homœopathic treatment the cure progressed slowly; the albumen then commenced to disappear from the urine; stools occurred almost daily, and were soft, although not diarrhœa-like; sleep was good; appetite commenced; and fever abated; the left leg only was œdomatous from the knee down. The patient was ordered to move about, with some increase of pain; an excessive flow of urine now commenced, and completed the removal of all the œdema in eight days more, or about three weeks in all.

Under the continued use of Colocynth the albumen gradually lessened, and in seven weeks from the commencement of homœopathic treatment it had entirely disappeared, and the patient might be considered cured.—*Clinical Journal of Homœopathy. April*, 1855.

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Article XV.—*Cases of Pulmonary Consumption, treated homœopathically, Par le Docteur* Widenhorn, *translated from the French, by* R. M. Bolles, M.D.

Case 1.—A young man of twenty years, born of phthisical parents, had himself inherited from them a phthisical constitution. He had scarlatina and morbilli, &c. in his infancy and he even had some beginnings of a scrofulous affection, of which an allopath delivered him as he said. At twelve years he was put to learn the trade of a tailor; during his apprenticeship he contracted the itch twice, which was treated in the ordinary manner. At seventeen years he had peripneumonia, which appeared to have been treated after the method of Rasori. In the spring of 1834 he was attacked with a catarrhal affection, for which he was treated allopathically, but without benefit. His disease went on increasing from day to day, until it was pronounced incurable by many physicians, and presented the following table of symptoms.

Symptoms of the Local Affection.—Tickling cough proceeding from the throat, Calc., Sulph.; cough with purulent and fœtid expectoration, (tuberculous matter), Calc., Sulph., Hepar., Phosph., Lycopod., Stannum, &c.; cough during the night, Sulph., Calcaria, Lycopod.; dry cough, chiefly in the evening and in the evening and night being in bed, Sulph., Calc., Lycopod.

Respiration and Symptoms of the Chest.—Difficulty of breathing in walking in the open air, Sulphur; loss of breath in speaking, Sulph., Calc.; stertorous respiration, rattle, mucous and cavernous, Calc., Sulph.; sensation of weakness of the chest *in speaking*, Sulph., Stann.; shooting pains in the chest on moving, in the left side, Calc., Lycopod., Phosph., Sulph.; heat in the chest, Calc., Sulph., Lycopod., Phosph.

Sympathetic Symptoms.—Want of appetite, *repugnance to meat*, Sulph., Silic.; diarrhœa with pain in the belly during many days, Sulph., Calc., Lycopod.; weakness, lassitude, drawing pains in the limbs, particularly on changes of weather, Sulph., Calc., Lycopod.; continual propensity to sleep in the day-time, with insomnia at night, Sulph.; continual fever, with horripilations, especially in the evening, Calcar., Sulph., Hepar.; transient heat, great frequency of the pulse, Calc., Sulph.;

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night-sweat, especially on the chest, Calc., Sulph.; sweat after every movement or after labor, Calc., Sulph.; emaciation, loss of strength, Calc., Sulph., Lycopod.; *ill-humor*, *irrascibility*, propensity to be frightened, *melancholy*, *disposition to weep*, Calc., Sulph., Lycopod., Phosph.; fifteen or twenty medicines correspond more or less with the foregoing table of symptoms, and if we omit all but the principal symptoms, three or four of them still concur together in representing the disease.

It would be difficult then for a debutant, with this very abridged table, that contains nothing useless, to choose the proper remedy. I say without useless indications, because patients and homœopaths at the beginning of their career, designate too many symptoms, and thus render it very difficult to distinguish between the important and the trivial.

We know that it is principally the causes and the symptoms, in connection with time and circumstances, that decide the choice. Here the causes are hereditary disposition, a phthisical constitution, and an illy-cured itch. Sulph. corresponds to these. The sputa and the symptoms of the cough have an analogy with many means, with almost all those that have been extolled in phthisis pulmonalis. Cough in the recumbent position is produced by more than twenty medicines. There is therefore nothing decisive, either in the sputa or in the symptoms furnished by the cough. The symptoms of the chest and respiration agree with Phosph., Lycopod., Calcaria, Sulph. The decisive symptom here is the sensation of weakness in the chest *in speaking*, and is in favor of Sulphur; the same is observed in Phosph.-ac., Rhus. and Sulph.-ac., but not accompanied by the other symptoms. The shootings in the left side during motion speak also in favor of Sulph. The repugnance to meat is also a very favorable symptom to Sulph. It speaks also in favor of Calc., Lycopod. and Silic., but in a less degree. There is in these medicines, Silic. excepted, disgust, or distaste, but not repugnance. Another symptom very favorable to the Sulph. *is the drawings* in the limbs, with aggravation on change of weather. The moral symptoms go in favor of Sulph., particularly the irracibility and the melancholy.

On the 15th March, in the evening, I gave Aconit. 10. gl. ij. for the febrile symptoms. The next morning I gave Sulph.

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10. gl. iij., at first to attack the psoric affection, and secondly, because this medicine was indicated by all the circumstantial symptoms, as the cough at night in bed; sense of weakness in the chest in speaking; shooting pain in the left side on motion; repugnance to meat; pains in the limbs from changes of the weather, and the moral symptoms. Here the causal itch can alone determine the choice, for Calcar., Phosph. and Lycopod. correspond as well with the principal indications. It is a rule also that we begin with Sulph. when the existence of itch is proved.

On the 23th March (eight days after), I saw the patient again, he complained much of the effect of the medicine. The morning after the dose all his symptoms were considerably augmented, and so continued three days, and it is only since three days that he finds himself better; the shooting pains in the chest have ceased; the cough less frequent, and no longer any cough in bed; the pains in the limbs are gone, although the weather is very changeable; the nocturnal sweats diminished; the appetite a little improved.

I waited six days longer, and on the 26th of March gave Calcaria 8. gl. iij. for the following symptoms:

Short dry cough, with tickling in the throat, as if from dust; cough in the evening; he looses breath when he stoops; asthma and tension of the chest; diminished by holding the shoulders backwards; diarrhœa with undigested fæces; nervous excitability, great fatigue after walking a little, disposition to inquietude; all these symptoms, but particularly the diarrhœa, excitability, the lassitude and inquietude, are in favor of Calcaria. The medicine acted in a heroic manner; all the symptoms disappeared in the space of eighteen days. The cavernous rattle and pectoriloquy were no longer heard. But the febrile symptoms did not yield, although the cough had diminished considerably, and the patient had taken two doses of Aconit. before the Calcar. It was not so severe, but continued a slow fever. Every evening there was dryness of the skin and hands; besides the patient keeps a dry cough, though diminished, and is manifested particularly after drinking; continued pressure at the chest, with throbbing of the heart, during digestion; tranquil melancholy, grief and despair.

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Although the Calcar. had had a good effect, I concluded from these symptoms that the Lycopodium was more indicated. For this reason, on the 18th April, I gave Lycopod. 10. gl. ij.; the effect was surprising. At the end of fifteen days, the patient had no cough nor pain in the chest. The appetite was perfectly restored, as well as the strength, sleep and repose of mind, and the patient was pronounced perfectly well after ten weeks.

Case 2.—A man of twenty-eight years, of phthisical constitution, long neck, protuberant larynx, narrow chest, the shoulders like wings, skin white, &c., much given to spirituous drinks, also very fond of coffee, had been cured, he said of many inflammations of the chest, always treated by abundant bleedings, which diminished the pains, but left behind a catarrhal affection, with morning cough, and difficulty of respiration.

In February, 1834, the cough increased, and an allopath was called in. Under a treatment consisting of blisters, issues and divers medicines, the disease increased from day to day, and the treatment was declared impossible, because of the existence of tubercles and pectoriloquy.

The patient came to me on the 12th October, and I observed the following symptoms:

Symptoms of the Local Affection.—Percussion, dullness of the superior part of the right side of the chest in the clavicular region, as well in aspiring as in retaining the air; dullness of the opposite side behind, in the scapular region. The rest of the lungs furnished no apppreciable sign. Stethoscope, absence of respiratory noise in the superior part of the left lung, but sibilante râle in the inferior part, in the region of the heart; on the right side, above the nipple, cavernous rattle to the extent of a five-franc piece. Pectoriloquy in the same place; above and below a sort of mucous rattle; behind feeble respiratory noise in the whole left side; crepitating rattle in the right; continual cough, augmented evening and morning, (almost all medicines); cough with sense of oppression in the middle of the sternum, (Caustic., Carb.-veg., Phosph., Stann., Silic., Sulph.); cough with considerable expectoration, especially in the morning, (almost all medicines); cough excited by especially laughing and talking, (China, Stann., Phosph.); cough with sanguinolent expectoration from time to time, (Arnica,

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Bryonia, Calc., Lycopod., Ferrum, Hepar, Merc., Natr.-mur., Phosp., Pulsat., Rhus., Sulph.); respiration oppressed during movement, (Arsen., Con., Led., Phosph., Verat., Stann., Nux.); interruption of respiration, night and morning, even in bed, (Caust., Con., Calc., Ferrum, Graph., Kali, Nux., Phosph., Pulsat., Sam., Sepia, Stann., Sulph., &c.); weight and pressure on the chest, (Bryon., Phosph.,); oppression of the chest, (Phosph. with thirty others); beating of the heart at every emotion; sensation of smarting pain in the chest, principally under the sternum, (Phosph. and Rhus. also, but the pain is not felt precisely after having expectorated); pressure and lancinating pains in the hypochondria and pit of the stomach, in coughing, so that he is obliged to support the parts with his hands, (Phosph., Bryon.); lassitude, weakness in the chest, (Bryon., Phosph., Calcar., Lycopod., Staphys., Stann., &c.)

Sympathetic Affections.—Canine appetite, with nausea after eating, alternating with loss of appetite, (Bryon., Calcar., China, Hepar, Hyosciam., &c.); great thirst, (Bryon., Hyosciam.); diarrhœa, with emissions of wind and mucosities, more than twenty medicines; general loss of strength, (Alum., Lycopod., Calc., Phosph., &c.); nocturnal sweats, especially on the chest, Calc., Phosph., Lycop., Kali, Sulph.); sleep disturbed by unpleasant dreams, (China, Lycopod., Pulsat., Sepia, Phosph., Silica, &c.); tendency to yet angry, to fly into a passion on the most trifling occasion, (Nux., Phosph., Nat.-mur., Rhus., Sulph., &c.); anxiety at pit of the stomach, in thinking of disagreeable things, (Phosph.); increase of pains during changes of weather and during storms, (Calc., Phosph., Sulph., Rhus., Verat., Silic., Mang., Merc., Graphites); in this table, which is without doubt one of the most complicated, we see at least forty or fifty medicines concur, but of this number there are only three that correspond with the characteristic symptoms of the disease, for there is only one symptom here that can be regarded as characteristic, viz., the cough excited by laughing and speaking.

This symptom has the greatest weight.

1. Because, it is attached to the local affection, and is caused by it.

2. Because it constitutes here the principal suffering, and

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unites in itself the circumstances, in the midst of which the cough came on.

The means then are three, viz., China, Phosph., Stann.; all the other symptoms offer nothing of circumstantial, or at least the circumstances enter also in concurrence with other means. Phosph. was considered the best, because it agreed as well with the preceding symptoms as with the moral condition, and with the influence exercised by changes of the weather and storms, which does not take place with the other two medicines.

On the 12th October the patient received Phosph. 10. gl. ij. in a small bottle, with the injunction only to breathe it in the morning: a precaution that seemed to me necessary, because I feared the medicine would act with too much force, and this in fact took place, for a spitting of blood came on, with increase of oppression at the chest, pains in the chest, but above all, an exaltation of the moral symptoms; the patient having become choleric to excess, much agitated, and almost beside himself. I was called the second day. As the patient was very feeble; I let the medicine act no longer; I caused him to respire wine many times, which sensibly calmed the symptoms and the choler.

I left the patient fifteen days under the influence of the Phosph. About this time there came on an increase of pains in the chest, with fever of an inflammatory character. I gave two doses of Aconit. every two hours at the end of four hours. I noted the following state: dry cough at night, with pain in the chest; cough after laughing, and sometimes also after eating; beating of the heart; want of appetite sensation of fullness in the stomach; diarrhœa, dejections of undigested aliments; weakness in consequence of frequent emissions of blood; I gave China as an intercurrent, because the Phosph. had not yet exhausted its action; he took China 8. gl. ij. on the 5th November.

At the end of eight days I found the dullness of sound much diminished, a sort of rattle was heard in the left lung, but the mucous rattle had entirely disappeared from the right lung, where pectoriloquy was again heard; dry cough at night; cough in the morning with yellow fœtid sputa; pain as if from an excoriation, especially at the spot where the pectoriloquy exists; beatings of the heart after eating; pressive pain in the stomach after eating; diarrhœa of undigested aliments; propensity to

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be angry, repugnance to seeing strangers. All these symptoms indicate Calcaria, of which I gave him 8. gl. ij.

The issue was surprising, at the end of fifteen days all the dullness of the left side was gone, and a decided mucous rattle was heard in all the parts where before there was no sound. There was slight pectoriloquy and limited to a very small space. The quantity of sputa had diminished and changed in color and odor, being composed of mucosities. Plus de ballemens de cœur, de douleur cuissante, de pesanteur d'estomac, ni de diarrhée. Return of the appetite, serenity of mind, disposition more social.

I did not trouble the action of the Calc.; at the end of fifteen days the amelioration came to a stand. Finding no new indications I repeated *Calcaria* 4. gl. Fifteen days after I perceived neither pectoriloquy, nor dullness, nor rattle, except a little mucous rattle in the place where the cavern had existed. Appetite good; return of the strength; cough reduced almost to nothing; plus de oppression de poitrine.

To destroy the psoric nature of the disease, I gave Sulph. 8. gl. ij. Three weeks after the patient could be considered as perfectly cured, he no longer complained of any thing, and the respiration was heard throughout the whole chest. As he had lost much blood, I gave him again China 4. gl. ij., which generally terminates treatments of this kind; from this time the patient returned to his occupations without experiencing the least inconvenience. The treatment lasted three months.

Case 3.—Madam ——, aged 45 years, sanguine temperament, face red, hair light colored, mother of many children; belonging to the laboring class, who work hard, and take no care of themselves. She had lost her strength many years before, but was able to manage her concerns by the energy of her character. She had consulted many physicinas without benefit. The preceding, winter I treated her for a pneuomonitis, which was superadded to her phthisis, which was at that time much advanced. One of her sisters had died of it, she had had the itch a long time before. The 16th July, 1834, she applied to me in the following state: "poitrine rentree entre les deux épaules et voûtrée," her breath so short that she could not utter three words in suc-

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cession; impossibility of walking not only up-stairs, but also on a level road; an almost incessant dry cough; extraordinary emaciation; continual alternations of chills and sweats; stitches under the right and left false ribs; sometimes icy coldness of all the limbs; vague rheumatic pains also in them, which may have been contracted in the damp house, which she has inhabited for many years; soreness of all the body, so that she finds no easy position in bed, and touching her any where gives pain. Distaste for all food, and yet her digestion is good and easy. It is twelve years since she was troubled for six months with what she calls an erysipelas of the face, which finally left that part and went to her back; it was probably some other less acute cutaneous affection. Since that time she has had itchings over all the body, which compelled her to scratch with great violence and excoriate the skin, which has given rise to itchy pimples. She has not menstruated since some months, besides she has arrived at the epoch of their cessation in this country.

For the last six or seven years she has been subject to a fever or chill, which came on every night at twelve o'clock, and persists even after she rises in the morning. These attacks were the result of taking a bath in which she felt cold.

On the 17th July and 17th August she received Spts. Sulph., 4th dilut., i. gtt., and in September a third dose of the Sulph. 10. gtt. i., during this time two plasters (animés) were applied; one on the back and the other on the chest, but the lungs did not appear to be benefitted by them.

On the 6th September a violent colic was relieved by the inspiration of Nux.

On the 11th September she inhaled Bryonia, for severe stiches in the hypochondria, but without success.

On the 18th September there were indications of a breaking down of tubercles, not announced by yellow expectoration, but by a watery matter in which were floating albuminous flakes. At this time I opened six issues, intending thereby to prevent the purulent disorganization, which threatened the whole of the pulmonary organs. I confess that I doubt whether they ever contributed to this end, because the expectoration, of which I have spoken, terminated before they were in activity, and was not repeated afterwards. I gave at the same time many doses of

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Causticum, to be taken every fifteen days. The first, of three globules was followed by great uneasiness and exasperation of all the pains. I reduced those following to one globule, and I have given them no stronger to this patient since, of whatever substance they were composed.

On the 6th January four doses of one globule Lycopodium, every seven days, and many doses of (intercurrent) Aconit. The menses reäppeared, and in such abundance as almost to amount to metrorrhagia, and they have continued from that time.

On the 10th March, Kali-carb. three doses, one globule, and three doses, one globule, alternated every ten days.

There then came on a yellow puriform expectoration, which I judged proper to arrest.

On the 13th May two doses, one globule, Kali-carbon., and two doses, one globule, Acid-nitri, to be alternated every ten days.

The yellow-serous expectoration was arrested, and the cough ceased from that moment. Since the reäppearance of the menses (that is to say two or three months) she has recovered some strength and appetite, and can attend to the light work of her house. The permeability of the lungs, judging by auscultation, had not however made much progress. The issues made fungous flesh, and were very painful. I resolved to close them, and began to dress them without the peas. But I dared not at this time suppress the whole at once. I therefore established one on each arm. Although those on the chest have been closed more than two months; the cough has not returned; the appetite and strength have been kept up, but an obstinate constipation came on, which I attributed to the Acid-nitri.; Nux.-vom. repeated, as well as Opium, were without effect, and she was compelled to use enemata. She has suffered other inconveniences and pain, of which the following is the catalogue, on the first of last August. Stools in small masses, covered with mucus; nocturnal sweats, and diurnal cold of the face, trunk and limbs; pains as of a sharp piercing intrument, shooting from the left hip to the flank and hypochondrium of the same side, and not permitting decubitus on either side; sensibility on pressure of the bones of the chest under the skin; putrid taste in the mouth in the morning; exacerbation of all the pains at night, as well as by motion, accompanied by oppression.

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This time I gave, after mature reflection, two doses of Lycopod. one globule, and two of Graphites, one globule, alternated every ten days. She is still under their influence, and most of the symptoms given above, the constipation, sweats and the chief part of the pains, with the oppression, have disappeared.

It is a long time since she has been so well. She has not had the cough for a number of months, and the tubercles seem to have become indolent. If she continue as well during the winter I shall close the two issues in the arms.

I do not pretend that this case can serve as a model, even omitting the inutility of the issues. It seems to me, and I say it in good faith, that it proves that when we have administered a certain number of antipsoric medicines, whether well or ill chosen, we almost always succeed in mastering the disease; and I regard it as scarcely less than a miracle that this patient should be restored to such a state, and with the apparent promise of its being sustained.

Case 4.—Mr. ——, aged 39 years, "ancien militaire" at present "gendarme," large, blonde, very dry, high colored countenance, sanguine temperament, stools habitually rather soft. Has had the itch seven times, always treated by external remedies (ointment, &c.). While in the service he had gonorrhœa with buboes, which were treated with an enormous quantity of Mercury in friction, and the liquor of Van Swieten; the breath intolerable; the patient sometimes smelling it himself.

The gonorrhœa was treated with injections of mallows, it continued three years, and was probably kept up by sycosis; for in the end strictures formed, and recourse was had to bougies. During all that time, and since, the urine caused smarting, particularly when he drank wine (which is too often), but his urine is not passed oftener than natural; but each glass has a deposit of the thickness of the finger, of a matter like the liquor of the prostrate.

Since an arrest, in which he was beaten, stamped on, and danced on, and passed bloody urine for twenty-four hours after; the bladder was more sensible after mercurial treatments, and this medicine produced all its effects and diseases; he had caries or necrosis of the bones of the legs. Herpes exedens (Dartres rougeantes) over all his body, of which the cicatrices are still

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visible. In this state he was sent very properly by an excellent physician, who occupied the post where his brigade was stationed at that time, to the waters of Barreges; he returned cured of the mercurial symptoms, except the headache and the fœtid breath; this cure was due to the hydro-sulphate of Potash. In the midst of all these disorders he has kept a most magnificent set of teeth. At present his principal disease is tubercular phthisis. It is manifested by very great oppression, which was increased by the severe beating mentioned above, it is of six or seven years' standing, and neither permits him to go up-stairs or a hill, nor to speak more than a very few words at a time.* The respiration is every where "sifflante sans aucune murmure, sans amplitude," cough in the morning, dry and frequent; he says that his sputa is green and putrid, which I much doubt, for I have never been able to verify it by causing him to spit in a white handkerchief.

On the 17th Aug. 1834, I opened an issue in each arm, and chose such medicines as were best calculated to combat the itch, and at the same time serve as antidotes to the mercury, of which the abuse had been so prejudicial. I began with three doses of Aurum, each three globules, every five days.

On the 12th September I gave six doses of Carbo.-vegetab., three globules each, every five days. From this time the smarting during the passage of urine, as well as the milk-white deposit, disappeared and never returned. Improper regimen, to which he abandoned himself, had no effect on this indisposition.

On the 13th Nov. six doses of Spts. Sulph. of four globules, every five days. During the continuance of their action there was an evident amelioration of the cough and oppression.

On the 2d Feb. 1835, three doses Causticum, of two globules, every twelve days.

On the 27th April three doses, of three globules each, Calcaria-carb. every ten days.

On the 25th July the cough and expectoration were almost gone, and he was capable of fulfilling all his duties, and can march like an ordinary soldier and ascend without difficulty. But some herpetic spots have appeared at the posterior and

* The tubercles were the result of the use of mercury.

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superior part of his thigh and leg, of a brownish red, on which small pustules are elevated. I gave him Psoricum, three doses of five globules, and Graphites, three doses of three globules, alternated every seven days. The herpetic eruption is already sensibly modified.

Case 5.—M——, 21 years, large, well constituted, chesnut-colored hair, disposition tranquil, overseer in a spinning factory, had the itch some years ago, has abandoned himself to onanism, but not to very great excess. For some time his legs and energy have given way; ascending stairs shortens his breath, with oppression, his cough not frequent. The color of his face is not diminished, but is rather circumscribed and confined to his cheeks, his appetite is diminished, has consulted me rather on account of his want of energy, than for any sickness that he feels. His situation exposes him somewhat to the dust of cotton, and what is worse, confines him to crowded rooms. The respiration lacked amplitude, and was sifflante towards the top of each lung; he had stitches in the sides of his chest. This patient is one who is fearful in regard to his health, and follows advice to the very letter.

On the 31st Nov. 1833, I gave him three doses of Spts. Sulph. 10. every week (one to be taken) and put an antimonial plaster between the shoulders. The lungs soon became more free.

On the 22d Dec. the respiration continued rare only towards the top. I made, as was my custom, two issues, one in each third intercostal space. A voyage made me loose sight of him till the 27th of March, 1834; he still had his issues, which have now been open eight months, but have never discharged well. There was still some cough and oppression, but diminished. I gave him two doses Spts. Sulph. 10, one globule. I might certainly have done better than to repeat this medicine, either in choosing another or by intercalating Mercury. It may have been observed that I have fallen into this fault many times. I have remarked, however, that it is not with this as with Causticum, or other medicines, which cannot be repeated with impunity when they have once exhausted their action, without interposing some different medicine.

On the 13th August he was comfortable, but some pimples caused me to fear a recent infection of itch. I gave him Sepia,

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three doses, of three globules each, and forty days after the last, Carbo.-veg., three doses of three globules each, to be taken every eight days. He had neither cough nor oppression, and the eruption of which I have spoken had entirely disappeared. He received three doses of Causticum, eight globules each, to be taken every twelve days. I have seen him many times since then, he has no cough at all, and has had no ill effect from the suppression of the issues on his chest.

Case 5.—M——, a boy of 5½ years, very large of his age, and well constituted. For some time he has lost his appetite and all his strength; is become exceedingly lean, and cannot breathe on ascending the least step, runs no more with his companions, when taken out to walk with his parents, he is obliged to be carried by his father, after taking one or two steps. He has a frequent, dry cough, expectorating nothing but a white mucus in the morning. They have lost a son of the same age and by the same disease. Three little girls are however well. It is not the first time that I have seen all of one sex in a family die of phthisis, whilst those of the other sex were exempt. The mother is perfectly sound, but the father, of a herculean constitution, had served, and contracted the itch seven times, and syphilis many times, for which he had been saturated with mercury. It came to his ears that two physicians of the neighborhood, who had in turn attended his first son, who was dead, and had also attended the patient for his colds, as they called them, had predicted that they would loose also this son. I was called in by the father, who owed his life to homœopathy. I perceived on auscultation, that the right lung was affected through all its extent; after an antimonial plaster between the shoulders, only the upper half remained diseased, I gave him at the same time Sulph., 1st trit., this was on the 14th April, 1833.

The child soon recovered his gaiety, and returned to running in the fields with others and at all times. Towards the end of May he had but slight oppression, coughed very little, and that only in the morning.

The father seeing me practice auscultation, learned to do it himself, the respiration was sifflante in the superior part of the right side, he received four globules of Lycopod.

As this child could not be kept in the house, but was con-

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tinually making his escape and in all weathers; I, as was then my custom, opened an issue in his right arm, which however did not prevent a relapse of the cough on the 28th February of the following year. I placed a second plaster on the front of his chest, which annoyed him much for four or five days, giving him at the same time three doses of Spts.-Sulph., three globules each, to be taken at intervals of five days.

On the 28th August of the same year, four doses of Causticum, two globules each, every week. The child has been well ever since, and has recovered much of his flesh.

I consider this case, and the preceding one, as belonging to the number of those in which the expulsion of tuberculous matter would have been very fortunate, if it had come on spontaneously, and in which it ought to be solicited, if we were in possession of the means, because there was only a moderate extent of lung affected with tubercles.

Case 5. Miss ——, 20 or 24 years of age; blond; skin rosy white; formerly very fat and fresh. Two years before she had a child, which she nursed and raised; her business is to weave cotton in cellars; she had cough and great oppression in ascending stairs. Auscultation showed one side much affected and the other slightly so. I prescribed an antimonial plaster and gave many doses of Spts.-Sulph.

On the 17th December, four months after the Sulph., she said it had soothed and benefitted her. I now prescribed Lycopod. seven globules to be dissolved in 100 drops Alcohol, two or three drops to be taken every morning on a piece of sugar.

On the 26th January, 1834, I established another issue on the opposite side of the chest. The drops of Lycopodium gave her no inconvenience, but had produced a general amelioration, yet she had not ceased from working from the time that she was able to recommence her weaving.

On the 2d February, I gave her twelve globules dissolved in more than 100 drops of Alcohol, to be taken as before, (the same remedy Lycopod.)

I saw no more of her for eight months and thought no more of her, when I met her one day in a store, and she overwhelmed me with thanks. She had recovered her flesh and color; her menses had reäppeared at first very profuse, but finally naturally.

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This case is interesting, in one point of view it seems to establish (as well as others that I have met with) that we may render tubercles indolent by means of one or two substances, in giving them in doses a long time repeated, however small these doses may be, and that we arrive at the same end, in no other way than by making many different medicines succeed each other. I must be understood however that this method is only adapted to those cases where the disease presents no other modification than what depends on intensity.

Case 8. Miss ——, aged 20 years, tall, blond, skin very white, not much color, flesh passable, a weaver; she consequently always labors in the cellar, a very unfavorable circumstance, which contributes greatly to lengthen the treatment. The symptoms are cough, oppression, incomplete amenorrhœa; both lungs are tuberculous, one more than the other; the respiration is almost null towards the region of the clavicle, in all the rest of the organ it is sifflante and entirely without amplitude. She has had the itch, and is one that I have found among the most ill.

On the 20th April, 1834, I put an antimonial plaster between the shoulders, and on the 16th of May following, on each side of the front of the chest. I gave at the same time three doses, each of one drop, of Spts.-Sulph., 4th dilution, to be taken every ten days.

On the 23d of June, I placed a third plaster between the shoulders, but without rendering the upper lobes of the lungs more permeable.

On the 6th July there came on great hoarseness; the voice almost suppressed. I feared tracheal phthisis, and gave three doses of two globules each, of Conium, to be taken every twelve days.

On the 1st September I gave five doses, three globules each, of Spts.-Sulph. 10. every ten days.

On the 17—20th September she breathed Bellad. and then Dulcam. for an eruption of urticaria, the effect of sleeping on fresh grass in the sun, with the view of not interrupting the antipsoric action of the Sulph.

On the 24th of November, six doses of three globules, of Calc.-carb., every seven days, the cough having returned with great intensity.

On the 8th February, 1835, the amendment began to be manifest; the menses more abundant; the oppression much dimi-

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nished, and she began to feel more courage. She received four doses of two globules of Lycopod., to be taken every week.

On the 14th April, Causticum, six doses of three globules, every ten days.

On the 19th of June, in the midst of the progressive amelioration of the lungs, there came on a clucking (gloussement) under the left hypochondrium, in the region of the cardiac cul-de-sac of the stomach, which was particularly sensitive when she pressed or passed her hand over the part.

I gave her two doses of one globule, of Lauro-ceras., to be taken two days apart; this having no effect, she received some days after, two doses of two globules of Oleum-Animale, and two doses of two globules of Acid-Phosph. to be alternated every four days; but not to commence taking these till the latter part of June, in order to let the Causticum accomplish its action.

I saw her some days before my departure; she has been entirely well for many months; the tubercles have become indolent, and the stomach difficulty has also disappeared.

Article XVI.—*Diseases accompanied by an excess or deficiency of one or more constituents of the solids and fluids of the body.*—By E. E. Marcy, M. D.

We are taught by the chemist that the different tissues of the healthy organism are composed of a great variety of constituents, and that each structure according to its uses, is supplied with a suitable proportion of these elements. We are also taught that any essential variation in the proportions of these constituents must necessarily disturb the equilibrium, the harmonious action of the functions of life, and thus ultimately induce disease. It will be our purpose in the present paper to touch briefly upon a few points bearing upon this interesting subject, with a view of directing the attention of the profession to a series of hygienic and therapeutic measures which have hitherto been almost entirely neglected.

In the animal kingdom where instinct rules with regard to the selection of food, the appropriate elements in appropriate quantities are assimilated, thus insuring to the animal symmetry strength, and health.

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In the vegetable kingdom we observe that the plant possesses a discretionary power of absorption. Thus if a plant be made to vegetate in water holding in solution small quantities of inorganic salts, some of these salts will be absorbed while others will be rejected. Now if the same plant be placed in a vessel of pure water, it will throw off those salts, which are inimical to its health and growth, and retain those which are appropriate to make up its tissues. If any thing occurs to impair the vitality of the plant, these noxious substances may remain in its tissues and act as a destructive poison.

A similar process occurs in man. His absorbent vessels take up certain portions of the food he consumes, and rejects other portions, which are passed off by the bowels. Now and then noxious articles are absorbed, but if the health is vigorous and the vitality is strong, the organism throws off by excretion the deleterious substance. On the other hand, if the vital powers are feeble and the tissues are delicate and relaxed, these poisons remain in the system, giving rise to serious maladies, and not unfrequently entering into combination with the different structures, and forming permanent compounds. The action of nitrate of silver upon the skin is a notable example of this action.

We believe that a man in perfect health may receive into his body almost any of the imponderable poisons, like contagious exhalations, malarious atoms, or the cholera, or yellow fever miasms, and throw them off again before they can make any deleterious impressions. But if his vitality has become impaired from any cause, then the poison finds its way to the hidden recesses of life, to the capillaries, to the sentient extremities of the nerves, where an impression is produced which paralyzes the energies of these sensitive and important parts, and calls into operation all the powers of the system to neutralize the noxious influence and restore the body to health.

We are informed by the agricultural chemist, that "each kind of plant requires for its vigorous and healthy growth to be supplied with inorganic substances of a specific nature and in certain quantity. It is this principle which determines the more successful cultivation of certain plants in certain soils.

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Thus, if we examine the composition of the ashes of wheat, we find abundance of silica, phosphoric acid, magnesia, lime, and potash. If we sow wheat in a soil which contains neither potash nor phosphoric-acid, some of the materials necessary for the perfection of the plant being absent, the crop cannot be productive; but if we previously manure the soil with bone-dust, with ashes of weeds, or other substances which may supply the necessary inorganic elements, these will be absorbed, and the plants obtain their full development. Even when the quantity of the required inorganic base is but exceedingly minute, it will still be collected by the vital action of the plant in the necessary quantity. Thus, in most sea-plants, iodide of magnesium exists in such proportion as that it affords the universal source of iodine for all technical and scientific objects; and yet that salt, which is excessively soluble, is removed by the plant from the sea-water, which contains but minute traces of it, and is retained in the vegetable tissue by a power which prevents its being washed out again. "It is this power of a plant to search for and remove from the soil all traces of those inorganic bases which it most requires, that renders many soils incapable of bearing successive crops of the same kind, without the intermediate application of suitable mineral manures."—*Kane's Chemistry*, page 657.

As each plant requires for its healthy growth to be supplied with inorganic substances of a specific nature and in certain quantity, so does each tissue of the animal body require to be supplied with its specific inorganic constituents in due quantity for its proper development.

We are informed by our learned friend, Prof. Mapes, that for the well-being of the plant, it is necessary, that these inorganic constituents should be present in the soil in a certain state of development or preparation. Whenever the same quantities of lime, silica, &c., are presented to the plant in other forms, it is found that it does not thrive, but soon ceases to be productive.

In the vegetable and mineral kingdoms, the great laws of affinity, attraction, &c., bring each atom regularly to its appropriate place, developing during the mysterious and wonderful process, the beautiful plant, the fragrant flower, the

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gigantic tree, or the numerous beauties of chrystaline formations.

But man who violates at every step the laws of nature, and whose chief aim of life appears to consist in pampering tastes which are artificial and acquired, can rarely boast of a perfect organization. From birth perhaps he suffers from ailments transmitted by parents and grand-parents who lived unnatural and artificial lives. And he continues on adding to his artificial habits, novelty after novelty, indulgence upon indulgence, excess after excess, until finally, his system succumbs from over-action, and he dies paralyzed in mind and body, leaving behind him, not unfrequently, a human apology without intellect, without a proper physical organization, without nerve, without stamina, and without the power of perpetuating his species.

We propose to glance at the chemical composition of a few structures and secretions, in health and in disease, with a view of arriving, if possible, at the rationale of morbid deteriorations, and of determining upon some reasonable method for their removal.

If an examination be made of *bones*, they will be found to be composed of both soft and hard parts, the soft part consisting of *fat*, *gelatine* and *albumine*, and the hard part of *phosphate* and *carbonate of lime*, a small quantity of *sulphate of lime*, and traces of *phosphate of magnesia*. According to Berzelius, 100 parts of dry *human bones* contain 33.3 animal matters, 51.04 phosphate of lime, 11.30 carbonate of lime, 2 fluoride of calcium, 1.16 phosphate of magnesia, soda, and chloride of sodium, and water 1.2.

Marchand analyzed the bones of a rachitic child with the following result:

	DORSAL-VERTEBRÆ.	RADIUS.	FEMUR.	STERNUM.
Animal matters	81.34	78.76	79.40	70.54.
Phosphate of lime . . .	12.56	15.11	14.78	9.34.
Phosphate of magnesia .	0.92	0.78	0.80	21.35.
Carbonate of lime . . .	3.20	3.15	3.00	0.72.
Sulphates of lime and soda	0.98	1.00	1.02	3.70.
Fluoride of calcium	}			1.68.
Chloride of sodium, iron, &c.	} 1.00	1.20	1.00	2.01.

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One of the most characteristic phenomena of rachitic affections consists in the deficiency of phosphate and carbonate of lime, and the inconveniences resulting from the malady are chiefly attributable to this cause. Is it not then in accordance with reason, to adopt such a hygienic and medicinal course as shall supply to the bones a needful quantity of the deficient salts?

Among the articles of diet most appropriate in these cases we may cite *milk*, which contains in an attenuated state admirably adapted for assimilation, phosphates of lime, magnesia and iron. Nature has attenuated the remedy in this instance, so that while administering a highly nutritious article of food, we at the same time introduce into the system an appropriate remedy.

Of meats:—beef, venison, mutton, and chickens, contain most fibrine, and the largest quantity of phosphate of lime, and are consequently the most suitable articles of this class in rachitic cases.

Vegetable substances, farinaceous articles, and fruits, although not actually injurious in these cases, should be regarded as of secondary importance, and constitute but a small portion of the food consumed.

As remedies we should rely mainly upon phosphoric-acid and its salts, which, in most instances will be found to be homœopatically indicated. These medicines should always be prescribed in *high dilutions*, in order that they may be sufficiently developed to enable the morbid structures to assimilate their atoms.

In cases where there is reason to suspect complications of psora, syphilis, or any other malady, appropriate medicines must be exhibited to counteract these influences.

In other affections of the bones, like necroses, white swellings, hip-complaints, nodes, exostoses, &c., whether resulting from abuse of mercury, from scrofula, or syphilis, regard must always be had, in the selection of remedies, to the primary cause of the malady, as well as to the more prominent symptoms actually present. A necrosis, for example, arising from the local action of mercury in the bones, would require a different course of treatment from one proceeding from scro-

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fula, or from some mechanical injury. In the former example the mercury may be removed in bulk, by means of galvanic baths, leaving only the symptoms it has induced to be combatted, whole in the other instances the primary causes and symptoms must both be subjected to the operation of internal remedies.

BLOOD.

From the earliest periods, the composition and quality of the blood have been supposed by medical men to be intimately connected with the production of diseases. We need only allude to the humoral pathology, and the absurd practical tenets founded upon it to illustrate the important position this fluid has occupied in the medical world up to the commencement of the present century. At that period, when anatomy and chemistry had demonstrated the falsity of the medical dogmas which had prevailed, and cursed suffering humanity for so many centuries, medical men rushed to the other extreme, and repudiated the idea that the blood had any agency whatever in the production of maladies, or was of any importance in connection with diagnosis, prognosis or therapeutics. Our old school friends had been misled for so long a time, and had committed so many outrages against the poor organism, while laboring under this miserable delusion of centuries, that the very name of disease of the blood was abhorrent to them. Attention has been directed, therefore, almost exclusively to other portions of the body in seeking out the causes and nature of maladies, until within the past score of years, during which the researches of the chemist have given us a more accurate knowledge of the composition, and uses of the blood in health and disease.

An examination of healthy human blood, of the variety of its constituents, and the changes to which these constituents are subjected during disease, will not fail to impress the medical man with the importance of a correct knowledge respecting the physiology and pathology of this important fluid.

The following is Lecanu's analysis of healthy human blood and serum:

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	Blood of man.	*Serum of man.*
Blood globules	13.30	
Fibrine	.21	
Albumen	6.51	8.12.
Fatty substances . . .	.37	.34.
Extractive matters . . .	.30	.46.
Alkaline salts	.84	.75.
Earthy salts	.21	.09.
Water	78.02	90.10.
Loss	.24	.14.
	100.00	100.00.

In addition to the organic elements already alluded to, the blood contains several salts, as common salt, phosphates of magnesia, ammonia, lime, and iron, lactates of soda and magnesia, &c.

Another analysis of serum by Lecanu gives us the following results:

Water	906.00.
Albumine	78.00.
Organic matters soluble in water and in alchohol .	3.79.
Fatty matters	2.20.
Chlorides of sodium and potassium	6.00.
Carbonate, phosphate, and sulphate of soda . . .	2.10.
Carbonate and phosphate of lime, magnesia and iron	0.91.
Loss	1.00.
	1000.00.

About three-fourths of the blood consists of *serum* and the balance of *crassimentum*.

Analyses of two important constituents of the blood, *fibrine* and *albumen*, prove that the former contains at least 0.77 per cent. of phosphates and sulphates of lime and magnesia, and that its ultimates may be expressed by the following formula:

$$C_{800}. H_{620}. N_{100}. O_{240}. + P. S_2.$$

Albumen may be expressed by,

$$C_{800}. H_{620}. N_{100}. O_{240}. + P. S_4.$$

Mulder considers both albumen and fibrine as compounds of *Proteïne* with sulphurets of phosphorus. The sulphur and phosphorus may be removed from the proteïne without difficulty.

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Kane remarks with regard to albumen and fibrine, "that he looks upon them while in connection with the body, as organized and living substances, in whose functions the minute quantity of Sulphur and Phosphorus may act an important part as a catalytic agent."*

An allopath would reply to this last idea, as he has been in the habit of doing with regard to homœopathic doses: how can such minute quantities of drugs produce an action upon the tissues of the organism? Measuring the vital operations of the economy, and the actions of substances upon it, by their own gross and primitive notions, they have no conception of the delicate processes going forward within the organism, or of the modifications which are constantly occurring in the molecular arrangement of the tissues from the action of imponderable foreign agencies. The opinions therefore of such men as Liebig, Kane, Müller and others, who are now beginning to explain the more intricate processes connected with the phenomena of life, fall upon these partizan gentlemen unheeded.

Andral and Gavaret assume the following formula as the standard of healthy blood:

Water	790	1000.
Globules	127	
Fibrine	3	
Solid constituents of the serum . .	80	

These writers recognize four classes of diseases in which the composition of the blood is essentially altered, viz:

1. "*An increase in the quantity of fibrine.*"

This class includes "diseases very different in form and locality, but all belonging to the class of *acute inflammations.*"

2. In which "*the fibrine remains stationary, or even diminishes in quantity, while the globules increase in proportion to the fibrine.*"

"This class includes *continued fevers without local inflammation, and some forms of cerebral hemorrhages.*"

3. "While the fibrine remains unchanged, there is a remarkable *diminution in the quantity of the globules.*"

To this class belong *chlorosis and other similar maladies.*

* Kane's Chemistry page 666.

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4. While the fibrine and globules remain unchanged, "the quantity of *albumen in the serum is diminished.*"

To this class belong *Bright's disease, and others of a similar character.*

The following is the constitution of the blood in each of these classes of morbid alterations:

Constituents.	Health.	1st Class.	2d Class.	3d Class.	4th Class.
Fibrine . .	3	7	2	3	3
Globules .	127	125	136	47	82
Albumen .	72	78	69	75	58
Salts . . .	8	7	7	8	7
Water . .	790	783	786	867	850

From the above statements with regard to the composition of the blood, and in view of the fact that it is the grand receptacle or reservoir into which most of the effete matters of the metamorphosed tissues are conveyed before passing out of the body, it is a fair inference that morbid alterations of the blood may be detected in nearly all serious maladies. Dr. E. A. Parkes, in his paper on "Fever," remarks that "the blood is, indeed, like the sea, which feeds the clouds, and receives back the rivers laden with the impurities of the earth. The venous system especially, from the blood of which analyses are generaly made, is the great sewer of the body, into which all organs drain their disintegrating effete structures."

Among the phenomena which characterize inflammatory fevers may be cited dryness of the skin, diminished secretion of urine, and suspension of the salivary, gastric, intestinal, and other secretions. The effect of these obstructions is to lock up in the blood, and perhaps in other parts of the organism certain quantities of deleterious effete products of the metamorphosed tissues. These injurious foreign substances are constantly being conveyed by the blood to the different tissues, and give rise to various local inflammations, and to the numerous pains which accompany the febrile condition.

In health every individual passes off by the urinary, cutaneous, and intestinal excretions, a certain amount of effete

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matters. The quantity of these products in each case depends upon the constitution of the person, and the amount and quality of food he consumes. As the severity of fevers appears to be dependent in a great measure upon the extent and persistency of the obstruction to these excretions, and the consequent retention of effete products, there is reason to conclude that the most specific remedies are those which tend most effectually to restore the impaired functions of these organs of excretion. These are the visible symptoms, or in other words, these are the manifestations which arise from the efforts of nature to throw off from the system a noxious influence. It matters but little whether the cause of the fever has originated in the blood, or in the nervous or capillary systems; it is the office of the homœopathic physician to regard actual phenomena, to look upon such phenomena as kindly efforts of the *vis medicatrix naturæ* to restore the body to health, and to select such drugs as shall act most efficiently in the same direction.

The most notable changes which occur in the blood during the progress of most fevers, are due to the retention of water, a diminution of certain alkaline salts, and an augmentation of fibrine. In nearly all cases of fever, however, the urine passes off much less chloride of sodium than in health, while other solids like Phosphoric, Sulphuric, Uric, Hippuric-acids, urea, and the pigments are uniformly increased in quantity.

A knowledge of the chemical condition of the blood, of the secretions, and of the excretions, is especially important to the practitioner who prescribes in accordance with *similia similibus curantur*. The perfection of his art consists in selecting remedies whose pathogenetic phenomena accord accurately with those of the malady to be cured. If this be true, the physician should include in his record of cases, all morbid alterations of the blood, of the secretions, and of the excretions, as well as other more prominent and visible symptoms, and then select a remedy which shall completely correspond with the "totality" of the disease.

In our provings of drugs, too little attention has hitherto been paid to the changes which have taken place in the fluids of the body and in the excretions, and in consequence of this

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deficiency we are sometimes at a loss with regard to the most homœopathic remedy. We have many drugs which include among their pathogenetic effects, hot and dry skin, scanty and high-colored urine, head-ache, pains in the back and limbs restlessness, thirst, and a diminution or suspension of the salivary, gastric, intestinal and other secretions, but as yet we know not whether any one of these medicines gives rise to an increase of certain solids, and a diminution of others, in the urine, or to an augmentation of fibrine in the blood, or to a retention of chloride of sodium, or other salt, which ought to pass off in the urine during the existence of these febrile symptoms. Until all these more latent, but important phenomena are noted during the action of drugs, we cannot be in possession of complete pathogeneses. *

"Great attention has been directed during the last few years to the amount of fluid which is poured into the alimentary canal from the various glands and membranes. It is now known that, in varying degrees, there is a constant transit of fluid from the blood into the alimentary canal, and as rapid reäbsorption. The amount thus poured out and absorbed in twenty-four hours is almost incredible, and of itself constitutes a secondary or intermediate circulation never dreamt of by Harvey. The amount of gastric juice alone, passing into the stomach in a day, and then reäbsorbed, amounted in the case lately examined by Grunewald, to nearly twenty-three imperial pints. If we put it at twelve pints we shall certainly be within the mark. The pancreas, according to Kroeger, furnishes twelve and a half pints in twenty-four hours, while the salivary glands pour out at least three pints in the same time. The amount of the bile is probably over two pints. The amount given out by the intestinal mucous membrane cannot be guessed at, but must be enormous. Altogether, the amount of fluid effused into the alimentary canal in twenty-four hours amounts to much more than the whole amount of blood in the body; in other words, every portion of the blood may, and possibly does pass, several times into the alimentary canal in twenty-four hours. The effect of this continual outpouring is

* There are some exceptions to this; and we may allude to the action of Bichloride of mercury in giving rise to albumen in the urine. We refer the reader to the paper on Bright's disease, by our associate, Dr. Peters, in the present number, for further information upon this point.

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supposed to be to aid metamorphosis; the same substance, more or less changed, seems to be thrown out and reäbsorbed until it be adapted for the repair of tissue or become effete." —*Parke on Fever.*

But in fevers this condition of things is changed. This intermediate circulation, so active and so important in health, either becomes materially diminished, or entirely arrested. The salivary flow, the gastric juice, the pancreatic, hepatic, and the intestinal mucous secretions, become much diminished or entirely suspended. Dr. Beaumont, in his experiments upon St. Martin, found that no gastric juice could be excited in any way, during the existence of feverish symptoms, although at other times the slightest application to the stomach would call forth an abundant quantity.

During the progress of typhoid and other fevers, the mouth, stomach, and intestinal canal, continue dry from an absence of their ordinary fluids. This is evident from the fact that after an entire constipation of the bowels for a period of three and even four weeks, during typhoid, scarlet and other fevers, no inconvenience is experienced, and no untoward results occur; for when convalescence takes place, the bowels again resume their normal functions, as if nothing had occurred to disturb their healthy action.

Among the most successful practitioners of the old school in typhoid fevers, are Doctors Reed and Pierson, of Windsor, Conn. The great success of these gentlemen in this malady, has rendered their names famous in all parts of their state, both among professional men and laymen. The peculiarity of their practice consists in avoiding all cathartic medicines, and making use of such means as shall keep the bowels tranquil and constipated throughout the course of the disease. One of these gentlemen remarked to the writer several years ago, that he rarely lost a patient with typhus, when he could prevent the bowels from acting during the first two weeks of the malady.

These gentlemen are aware that the suspended functions of the salivary glands, the stomach, the pancreas, the liver, and of the intestinal mucous membrane, are only symptoms, or effects of some more deep-seated derangement of the organism. They know that by striking at these symptoms,

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and by inflaming the sensitive mucous membrane of the digestive tube with purgatives, they not only fail in reaching the real cause and seat of the malady, but actually complicate to a serious extent existing symptoms.

Here we have a fever caused by some derangement of the nervous and capillary systems. Consequent upon this abnormal condition, we have a temporary suspension of certain secretions. According to the ordinary routine of the old school, an attack is made upon the innocent stomach and intestines, and no quarter is given until the patient dies, or if he has an iron constitution, recovers *in spite* of both the disease and the doctor. How absurd and pernicious this practice! How adverse to the true pathology and therapeutics of the disease! And how fearful the mortality, not from the malady, but from this empyrical system of drugging!

We trust that these remarks may produce an impression upon those gentleman of our own school who deem frequent movements from the bowels necessary during the progress of febrile diseases. Let these gentlemen remember that the *causes*, *symptoms* and *pathology* of fevers all point unmistakeably to *similia similibus curantur* as the real and only law of cure. Let them remember that true homœopathic remedies reach the *causes* as well as the *symptoms* of diseases, and while they remove the former that they cure the latter.

In numerous instances have we known the bowels to remain constipated in fevers for one, two, and three weeks, without the slightest inconvenience, while the combat was progressing between the *vis medicatrix* and her handmaids the homœopathic medicines on the one hand, and the destructive efforts of the disease on the other. And when the victory has finally been achieved, and convalescence has become fully established, we have invariably observed that the bowels have resumed their regular and natural function as in perfect health.

In instances of this description, the disturbing agencies are at work in the innermost recesses of the organism. The energies of the nervous and capillary systems have become so much impaired as to be unable to perform their functions properly; and as a consequence we have manifested a group of symptoms which are termed fever. Homœopathic reme-

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dies, if properly developed or attenuated, possess the power of penetrating to the very seat of the malady, and of rousing to a healthy action the enfeebled capillaries and nerves, and thus of restoring those suspended functions which are dependent upon the integrity of these vessels and nerves.

URINE.

The composition of this secretion is subject to so much variation from a great variety of circumstances, that no fixed formula can be presented as a standard of healthy urine. Atmospheric changes, the temperature of the air, the condition of the nervous system, the amount of perspiration, the quantity and quality of solids and liquids consumed, and many other causes are constantly operating to modify its quantity and composition in a state of health. It is through this fluid that most of the excrementitious portions of the blood, which are incapable of assimilation to our organs, are conveyed out of the organism. Of this description are nearly all the alkaline and earthy salts, iodine, copaibæ, turpentine, &c., many of which pass into the urine unchanged.

The best formula for healthy urine with which we are acquainted is the following by Berzelius:

Water	933.00.
Urea	30.10.
Sulphate of potassa	3.71.
Sulphate of soda	3.16.
Phosphate of soda	2.94.
Chloride of sodium	4.45.
Phosphate of ammonia	1.65.
Hydro-chlorate of ammonia	1.50.
Free lactic-acid Lactate of ammonia Animal matter, soluble in alcohol Urea, not separable from the preceding	17.14.
Earthy phosphates, with a trace of fluoride of calcium	1.00.
Uric-acid	1.00.
Mucus of the bladder	0.32.
Silica	0.03.
	1000.00.

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Two professors of the university of Rome, M. M. Viale and and Latini, assert, after numerous analyses, that iron and manganese are normal constituents of urine.

If we take into consideration the office performed by the urine in passing off from the blood nearly all foreign and deleterious substances, the importance of an accurate knowledge of its components in health and disease will be apparent. Indeed all are aware that in certain maladies, an analysis of the urine constitutes the only sure mode of diagnosis which we possess. In Bright's disease for example, the only certain method of diagnosing granulated kidney is by detecting albumen in the urine. So also in diabetes, the presence of cane sugar in this secretion enables us at any stage of the disorder, to diagnose the nature of the case with certainty.

In arthritic rheumatism, the urine contains an excess of Uric-acid, and Urate of Ammonia in the form of crystals which are deposited when the urine cools. Gouty concretions about the joints and in the sheaths of the tendons, owe their origin to this excess of Uric-acid, which uniting with soda is deposited in the form of urate of soda. When Uric-acid unites with the inorganic salts of the urine in the bladder, urinary calculi are formed.

There are other conditions of the system in which the urine contains an excess of phosphatic salts. Thus we have the *phosphate of lime calculus*, the *triple phosphate calculus*, and the *ammoniaco-magnesian phosphate calculus*.

We have often observed a singular fact with respect to the application of remedies in cases of this kind. If, for instance, the urine contains an excess of an acid, it will generally be found that the totality of the symptoms which have accompanied the formation of the acid, indicate some alkali as the homœopathic remedy; and when alkalies predominate in the urine, an acid is often homœopathically indicated. The frequent use of such medicines as Kali-Hyd., Hepar-sulph., and Calcarea-carb., during the course of arthritic attacks will serve to corroborate our observations.

In inflammatory rheumatism there is always a large increase of urinary solids,—Urea and Sulphuric-acid participating most strikingly in this augmentation. It is a question of

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importance to the homœopathic physician whether his medicines, while producing groups of symptoms in the healthy body corresponding with those peculiar to rheumatism, also cause an increase of urinary solids—especially Urea and Sulphuric-acid? It is our own most decided opinion that these alterations of the constituents of the urine legitimately belong to the pathogeneses of many of our rheumatic remedies. When we find the symptoms of Rhus., Bryonia, Kali, or Belladonna corresponding accurately with those of rheumatism accompanied by an excess of Urea and certain acids in the urine, is it not a logical inference to suppose that the action of these drugs is also accompanied by an increase of these urinary constituents?

If our views should prove to be correct upon this subject, and future provers of drugs should detect alterations in the secretions and excretions of the body analogous to those produced by natural diseases, we may hope to arrive at a point of almost absolute certainty in the application of remedies.

It has been our purpose in the present paper to glance at the subject under consideration, and to throw out a few suggestions, with the hope of attracting the attention of the profession to a better mode of ascertaining the real nature of maladies, the pathogeneses of drugs, and their therapeutical applications. This object can only be accomplished by a careful cultivation and an accurate knowledge of the chemistry of the fluids, secretions and excretions of the body in health, during the action of drugs, and in diseases. When all of these things have been attained, the physician may then prescribe for the actual "totality of the symptoms" of any case presented to him.

Under the head of "*General Record of Medical Science*," some pertinent observations bearing upon the dietetic portion of this subject will be found, to which we refer the reader.

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General Record of Medical Science.

1. FOOD AND DIET.

It has frequently been objected with great truth, that the homœopathists, as a body, follow a stereotyped system of diet, which is principally confined to a petty warfare against a few grains of pepper, a few drops of vinegar, or of cologne water, tooth powder, &c.

It is evident that a large class of diseases will require a method of dietetics as carefully selected and as appropriate to the given disease, as any medicine need be. Diabetes is almost the only disease in which scientific dietetics are carried out in any school. (11.)

DIET IN DIABETES.

According to Watson, about the beginning of the present century, Dr. Rollo, discovered and taught that a diet composed exclusively of *animal* matters had a signal effect in reducing the quantity and in diminishing the sweetness of diabetic urine. McGregor's experiments tell us why this is. Animal food furnishes but scantily the materials for the formation of sugar. The saccharine alimentary principles are chiefly derived from the vegetable kingdom; if then we can exclude aliments of this kind and confine the patient to animal food alone, we thus cut off the supply of the *materis morbi*; and, without indeed curing the disorder, suspend its worst effects, and render it susceptible of cure by specific remedies, which otherwise would be given without avail. But very few persons will long endure this mode of living; so far as they can and will endure it, they are comparatively safe; still we are often obliged to relax the vigor of our rule, in some degree, and it is curious to observe how suddenly and decidedly the saccharine properties and the quantity of the urine are augmented, when by stealth, or by permission, the patient adds to his meal, the smallest portions of vegetable food, even a fresh biscuit or two.

We must therefore contrive to vary the animal diet as well as we can; encouraging the patient by a free license to choose among the different kinds of meat, game, poultry and eggs in their diversified modes of preparation, and admitting into his bill of fare as small an admixture as possible of vegetable substances. Green garden stuff, spinach, cabbage, celery and the like may be taken with less risk of increasing the saccharine matters in the system, than potatoes and those other articles of vegetable diet which contain a notable proportion of sugar, gum or starch. All kinds of fruit must be forbidden; an apple, pear or peach will often increase the quantity of urine in a few hours, from a few pints to as many gallons. We are seldom able to debar our patients entirely from bread, still, none should be allowed but such as is well fermented and somewhat stale, or thoroughly toasted, and even that as sparingly as may be.

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The drink may properly enough consist of gum water, animal broths, &c.; as a common drink, distilled water, acidulated with phosphoric or oxalic acid, appeases more than most things, the distressing and urgent thirst. It is probable that the free use of diluted Lactic-acid will convert all the sugar into Lactic-acid.

In contact with casein, glucose, or diabetic sugar undergoes the lactic, and subsequently the butyric fermentation; with common yeast it passes into the state of vinous fermentation.

It is principally through the influence of the pancreatic juice that starch is gradually converted, in the intestinal canal, into sugar.

As sulphate of copper is the most delicate test for diabetic sugar, it may possibly prove a homœopathic remedy for diabetes. (11.)

DIET IN TUBERCULOSIS.

As tubercle is evidently derived from the blood, we have next to examine the character of the blood in tuberculous subjects. According to ANCELL tuberculous blood is defective in vital properties; the red globules are *deficient* in number and defective in structure; the globulin, hæmatin and iron are all *deficient*.

The *serum* of the blood is vitiated in quality, the water, Albumen and lime are in *excess*, and the Albumen also defective in quality. Caseine does not exist normally in the blood, and hence the defect in the Albumen may consist in its tendency to be converted into Caseine.

The Fibrine is rather deficient in quantity and defective in quality, the fats probably deficient; the alkaline and earthy salts, especially the chlorides and phosphates of Soda and Potassa decidedly deficient.

DIETETIC TREATMENT OF THE TUBERCULOUS DYSCRASIA.

Hence the indications for the improvement of the quality of tuberculous blood, are: 1st, to increase the quantity of iron, fat, alkaline- and earthy-salts and Fibrine, and to improve the quality of the latter; 2d, to diminish the quantity of water, lime and Albumen, and improve the quality of the latter.

As blood is formed from the food by the processes of digestion, chymification, chylification and sanguinification, tuberculous blood may be produced from improper food, by a peculiar form of indigestion, or by a defect in sanguinification in the lungs or other parts of the body.

In the first place vegetable Albumen, according to MULDER is perfectly identical with animal Albumen, and hence it is probable that the whole quantity of Albumen required for the purposes of the body is delivered to it already formed, and does not require to be elaborated by the processes of digestion or sanguinification. Great care should be exercised in the selection of the albuminous articles of food for consumptive persons, that they be of the best quality; as there is already a tendency to excess of Albumen in tuberculous subjects, articles of food should be selected which contain comparatively little

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of already formed Albumen. According to PROUT the following quantities of Albumen are found in the subjoined animal substances.

East India Isinglass, - - -	7.2 to 13.5 per cent.
White of Egg, - - - - -	15.5 "
Yolk " - - - - -	17.47 "
Liver of Ox, - - - - -	20.19 "
Sweetbread, - - - - -	14.00 "
Caviare, - - - - - -	31.00 "

Hence the above articles are more or less objectionable in the diet of scrofulous, tuberculous or consumptive persons.

The muscle of Beef contains only,	-	2.2 per cent.
" Mutton "	-	2.6 "
" Venison "	-	2.3 "
" Veal "	2.6 to	3.2 "
" Chicken "	-	3.0 "
" Fish "	4.4 to	5.2 "
" Pigeon "	-	4.5 "

Hence, beef, mutton, venison and chicken form the best animal food for tuberculous subjects.

Again, as the Fibrine of the blood is defective and deficient, articles of food which contain much Fibrine should be selected.

The muscle of Beef contains	20 per	cent. of Fibrine.
" Mutton "	22 "	"
" Chicken "	20 "	"
" Veal "	19 "	"
" Pork "	19 "	"
" Fish "	from 13 to 15 "	"
" Sweetbread, only	8 "	"

Again, articles which contain Caseine should be avoided in the diet of tuberculous persons—milk, curds and cheese are objectionable, cream and whey are allowable. Asses' milk is the least objectionable, as it contains only 1.82 per cent. of Caseine, while cows' milk contains as much as 4.48. The milk of cows fed on hay, turnips and potatoes contains only 3.3 per cent of Caseine, and is perhaps less injurious than some other kinds.

Vegetable Caseine is chiefly found in the leguminous seeds, such as beans, peas, lentils, &c., hence these may have to be avoided.

Vegetable Albumen is present in considerable quantity in most vegetable juices, such as the juices of carrots, turnips, cabbages, cauliflowers, asparagus, &c.—Potatoes contain far less Protein and Albumen than any other vegetable substance used for food,—only 1 per cent.

Vegetable Fibrine is most abundant in the seeds of the cereal grasses, such as wheat, rye, barley, oats, maize, rice; it also exists in buckwheat; the juice of grapes is especially rich in it, &c.

As the fat is deficient in the tuberculous dyscrasia, the oily alimentary principles should be used.

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Filberts contain	-	60	per cent. of oil.
Walnuts "	-	50	" "
Olive seeds	-	54	" "
Cocoa and Earth-nuts	-	47	" "
Almonds "	-	46	" "
Maize "	-	9	" "
Dates "	only	.02	" "
Yolk of Eggs	-	28.75	" "
Ordinary meat, with cellular tissue	-	14.3	" "
Liver of Ox	only	3.89	" "
Caviare	"	4.3	" "
Cow's Milk	"	3.13	" "
Asses "	"	.11	" "

Butter and olive oil, fats, meats and marrow may be used, suet puddings, salmon, herrings and eels abound in oil, chocolate and cocoa, hashes, stews and broths contain much fat. As the fixed oils and fats are difficult and slow of digestion many physicians may consider them objectionable. It is well known that in many delicate persons fat does not become properly chymified. It floats on the contents of the stomach in the form of an oily pellicle, becoming odorous, and sometimes highly rancid, and in this state excites heartburn, most disagreeable nausea, and eructations, or at times actual vomiting. These effects are owing to the development of volatile fatty acids, and may be prevented by the use of alkaline and earthy salts, such as the chlorides and phosphates of Soda and Potassa which are also required to make up the deficiency of them, which has been shown to be present in the blood of tuberculous objects.

As the *Iron* of the blood is also deficient, a certain quantity must be supplied to the system.—*Peters on Inflammatory and other diseases of the Brain*, pag. 29 to 32.

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2. MATERIA MEDICA.

Visions of Hasheesh, by Bayard Taylor.—During my stay in Damascus, that insatiable curiosity which leads me to prefer the acquisition of all lawful knowledge through the channels of my own personal experience, rather than in less satisfactory and less laborious ways, induced me to make a trial of the celebrated *Hasheesh*—that remarkable drug which supplies the luxurious Syrian with dreams more alluring and more gorgeous than the Chinese extracts from his darling opium pipe. The use of Hasheesh—which is a preparation of the dried leaves of the *cannabis indica*—has been familar to the East for many centuries. During the Crusades, it was frequently used by the Saracen warriors to stimulate them to the work of slaughter, and from the Arabic term of "*Hashasheën*," or Eaters of Hasheesh, as applied to them, the word "assassin" has been naturally

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derived. An infusion of the same plant gives to the drink called "*bhang*," which is in common use throughout India and Malaysia, its peculiar properties. Thus prepared, it is a more fierce and fatal stimulant than the paste of sugar and spices to which the Turk resorts, as the food of his voluptuous evening reveries. While its immediate effects seem to be more potent than those of opium, its habitual use, though attended with ultimate and permanent injury to the system, rarely results in such utter wreck of mind and body as that to which the votaries of the latter drug inevitably condemn themselves.

A previous experience of the effects of hasheesh—which I took once, and in a very mild form, while in Egypt—was so peculiar in its character, that my curiosity, instead of being satisfied, only prompted me the more to throw myself, for once, wholly under its influence. The sensations it then produced were those, physically, of exquisite lightness and airiness—mentally, of a wonderfully keen perception of the ludicrous, in the most simple and familiar objects. During the half hour in which it lasted, I was at no time so far under its control, that I could not, with the clearest perception, study the changes through which I passed. I noted, with careful attention, the fine sensation which spread throughout the whole tissue of my nervous fibre, each thrill helping to divest my frame of its earthy and material nature, until my substance appeared to me no grosser than the vapors of the atmosphere, and while sitting in the calm of the Egyptian twilight, I expected to be lifted up and carried away by the first breeze that should ruffle the Nile. While this process was going on, the objects by which I was surrounded assumed a strange and whimsical expression. My pipe, the oars which my boatmen plied, the turban worn by the captain, the water-jars and culinary implements, became in themselves so inexpressibly absurd and comical, that I was provoked into a long fit of laughter. The hallucination died away as gradually as it came, leaving me overcome with a soft and pleasant drowsiness, from which I sank into a deep, refreshing sleep.

My companion and an English gentleman, who, with his wife, was also residing in Antonio's pleasant caravanserai—agreed to join me in the experiment. The dragoman of the latter was deputed to procure a sufficient quantity of the drug. He was a dark Egyptian, speaking only the *lingua franca* of the East, and asked me, as he took the money and departed on his mission, whether he should get hasheesh "*per ridere, o per dormire?*" "O, *per ridere*, of course," I answered; "and see that it be strong and fresh." It is customary with the Syrians to take a small portion immediately before the evening meal, as it is thus diffused through the stomach and acts more gradually, as well as more gently, upon the system. As our dinner-hour was at sunset, I proposed taking hasheesh at that time, but my friends, fearing that its operation might be more speedy upon fresh subjects, and thus betray them into some absurdity in the presence of the other travellers, preferred waiting until after the meal. It was then agreed that we should retire to our room, which, as it rose like a tower one story

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higher than the rest of the building, was in a manner isolated, and would screen us from observation.

We commenced by taking a tea-spoonful each of the mixture, which Abdallah had procured. This was about the quantity I had taken in Egypt, and as the effect then had been so slight, I judged that we ran no risk of taking an over-dose. The strength of the drug, however, must have been far greater in this instance, for whereas I could in the former case distinguish no flavor but that of sugar and rose leaves, I now found the taste intensely bitter and repulsive to the palate. We allowed the paste to dissolve slowly on our tongues, and sat some time, quietly waiting the result. But, having been taken upon a full stomach, its operation was hindered, and after the lapse of nearly an hour, we could not detect the least change in our feelings. My friends loudly expressed their conviction of the humbug of hasheesh, but I, unwilling to give up the experiment at this point, proposed that we should take an additional half spoonful, and follow it with a cup of hot tea, which, if there were really any virtue in the preparation, could not fail to call it into action. This was done, though not without some misgivings, as we were all ignorant of the precise quantity which constituted a dose, and the limits within which the drug could be taken with safety. It was now ten o'clock; the streets of Damascus were gradually becoming silent, and the fair city was bathed in the yellow lustre of the Syrian moon. Only in the marble court-yard below us, a few dragomen and *mukkairee* lingered under the lemon-trees, and beside the fountain in the centre.

I was seated alone, nearly in the middle of the room, talking with my friends, who were lounging upon a sofa placed in a sort of alcove, at the farther end, when the same fine nervous thrill, of which I have spoken, suddenly shot through me. But this time it was accompanied with a burning sensation at the pit of the stomach; and, instead of growing upon me with the gradual pace of healthy slumber, and resolving me, as before, into air, it came with the intensity of a pang, and shot throbbing along the nerves to the extremities of my body. The sense of limitation—of the confinement of our senses within the bounds of our own flesh and blood—instantly fell away. The walls of my frame were burst outward and tumbled into ruin; and, without thinking what form I wore—losing sight even of all idea of form—I felt that I existed throughout a vast extent of space. The blood, pulsed from my heart, sped through uncounted leagues before it reached my extremities: the air drawn into my lungs expanded into seas of limpid ether, and the arch of my skull was broader than the vault of heaven. Within the concave that held my brain, were the fathomless deeps of blue; clouds floated there, and the winds of heaven rolled them together, and there shone the orb of the sun. It was—though I thought not of that at the time—like a revelation of the mystery of omnipresence. It is difficult to describe this sensation, or the rapidity with which it mastered me. In the state of mental exaltation in which I was then plunged, all sensations, as they rose, suggested more

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or less coherent images. They presented themselves to me in a double form: one physical, and therefore to a certain extent tangible; the other spiritual, and revealing itself in a succession of splendid metaphors. The physical feeling of extended being was accompanied by the image of an exploding meteor, not subsiding into darkness, but continuing to shoot from its centre or nucleus—which corresponded to the burning spot at the pit of my stomach—incessant adumbrations of light that finally lost themselves in the infinity of space. To my mind, even now, this image is still the best illustration of my sensations, as I recall them; but I greatly doubt whether the reader will find it equally clear.

My curiosity was now in a way of being satisfied; the Spirit (demon, shall I not rather say?) of Hasheesh had entire possession of me. I was cast upon the flood of his illusions, and drifted helplessly whithersoever they might choose to bear me. The thrills which ran through my nervous system became more rapid and fierce, accompanied with sensations that steeped my whole being in unutterable rapture. I was encompassed by a sea of light, through which played the pure, harmonious colors that are born of light. While endeavoring, in broken expressions, to describe my feelings to my friends, who sat looking upon me incredulously—not yet having been affected by the drug—I suddenly found myself at the foot of the great Pyramid of Cheops. The tapering courses of yellow limestone gleamed like gold in the sun, and the pile rose so high that it seemed to lean for support upon the blue arch of the sky. I wished to ascend it, and the wish alone placed me immediately upon its apex, lifted thousands of feet above the wheat-fields and palm-groves of Egypt. I cast my eyes downward, and, to my astonishment, saw that it was built, not of limestone, but of huge square plugs of Cavendish tobacco! Words cannot paint the overwhelming sense of the ludicrous which I then experienced. I writhed on my chair in an agony of laughter, which was only relieved by the vision melting away like a dissolving view; till, out of my confusion of indistinct images and fragments of images, another and more wonderful vision arose.

The more vividly I recall the scene which followed, the more carefully I restore its different features, and separate the many threads of sensation which it wove into one gorgeous web, the more I despair of representing its exceeding glory. I was moving over the Desert, not upon the rocking dromedary, but seated in a barque made of mother-of-pearl, and studded with jewels of surpassing lustre. The sand was of grains of gold, and my keel slid through them without jar or sound. The air was radiant with excess of light, though no sun was to be seen. I inhaled the most delicious perfumes; and harmonies, such as Beethoven may have heard in dreams, but never wrote, floated around me. The atmosphere itself was light, odor, music; and each and all sublimated beyond anything the sober senses are capable of receiving. Before me—for a thousand leagues, as it seemed—stretched a vista of rainbows, whose colors gleamed with

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the splendor of gems—arches of living amethyst, sapphire, emerald, topaz, and ruby. By thousands and tens of thousands, they flew past me, as my dazzling barge sped down the magnificent arcade; yet the vista still stretched as far as ever before me. I revelled in a sensuous elysium, which was perfect, because no sense was left ungratified. But beyond all, my mind was filled with a boundless feeling of triumph. My journey was that of a conqueror—not of a conqueror who subdues his race, either by Love or by Will, for I forgot that Man existed—but one victorious over the grandest as well as the subtlest forces of Nature. The spirits of Light, Color, Odor, Sound, and Motion were my slaves; and, having these, I was master of the universe.

Those who are endowed to any extent with the imaginative faculty, must have at least once in their lives experienced feelings which may give them a clue to the exalted sensuous raptures of my triumphal march. The view of a sublime mountain landscape, the hearing of a grand orchestral symphony, or of a choral upborne by the "full-voiced organ," or even the beauty and luxury of a cloudless summer day, suggests emotions similar in kind, if less intense. They took a warmth and glow from that pure animal joy which degrades not, but spiritualizes and ennobles our material part, and which differs from cold, abstract, intellectual enjoyment, as the flaming diamond of the Orient differs from the icicle of the North. Those finer senses, which occupy a middle ground between our animal and intellectual appetites, were suddenly developed to a pitch beyond what I had ever dreamed, and being thus at one and the same time gratified to the fullest extent of their preternatural capacity, the result was a single harmonious sensation, to describe which human language has no epithet. Mahomet's Paradise, with its palaces of ruby and emerald, its airs of musk and cassia, and its rivers colder than snow and sweeter than honey, would have been a poor and mean terminus for my arcade of rainbows. Yet in the character of this paradise, in the gorgeous fancies of the Arabian Nights, in the glow and luxury of all Oriental poetry, I now recognize more or less of the agency of hasheesh.

The fulness of my rapture expanded the sense of time; and though the whole vision was probably not more than five minutes in passing through my mind, years seemed to have elapsed while I shot under the dazzling myriads of rainbow arches. By and by, the rainbows, the barque of pearl and jewels, and the desert of golden sand, vanished; and, still bathed in light and perfume, I found myself in a land of green and flowery lawns, divided by hills of gently undulating outline. But, although the vegetation was the richest of earth, there were neither streams nor fountains to be seen; and the people who came from the hills, with brilliant garments that shone in the sun, besought me to give them the blessing of water. Their hands were full of branches of the coral honey-suckle, in bloom. These I took; and, breaking off the flowers one by one, set them in the earth. The slender, trumpet-like tubes immediately became shafts of masonry, and sank deep into the earth; the lip of the flower changed into a

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circular mouth of rose colored marble, and the people, leaning over its brink, lowered their pitchers to the bottom with cords, and drew them up again, filled to the brim, and dripping with honey.

The most remarkable feature of these illusions was, that at the time when I was most completely under their influence, I knew myself to be seated in the tower of Antonio's hotel in Damascus, knew that I had taken hasheesh, and that the strange, gorgeous and ludicrous fancies which possessed me, were the effect of it. At the very same instant that I looked upon the Valley of the Nile from the pyramid, slid over the Desert, or created my marvellous wells in that beautiful pastoral country, I saw the furniture of my room, its mosaic pavement, the quaint Saracenic niches in the walls, the painted and gilded beams of the ceiling, and the couch in the recess before me, with my two companions watching me. Both sensations were simultaneous, and equally palpable. While I was most given up to the magnificent delusion, I saw its cause and felt its absurdity most clearly. Metaphysicians say that the mind is incapable of performing two operations at the same time, and may attempt to explain this phenomenon by supposing a rapid and incessant vibration of the perception between the two states. This explanation, however, is not satisfactory to me; for not more clearly does a skilful musician with the same breath blow two distinct musical notes from a bugle, than I was conscious of two distinct conditions of being in the same moment. Yet, singular as it may seem, neither conflicted with the other. My enjoyment of the visions was complete and absolute, undisturbed by the faintest doubt of their reality; while, in some other chamber of my brain, Reason sat coolly watching them, and heaping the liveliest ridicule on their fantastic features. One set of nerves was thrilled with the bliss of the gods, while another was convulsed with unquenchable laughter at that very bliss. My highest ecstacies could not bear down and silence the weight of my ridicule, which, in its turn, was powerless to prevent me from running into other and more gorgeous absurdities. I was double, not "swan and shadow," but rather, Sphinx-like, human and beast. A true Sphinx, I was a riddle and a mystery to myself.

The drug, which had been retarded in its operation on account of having been taken after a meal, now began to make itself more powerfully felt. The visions were more grotesque than ever, but less agreeable; and there was a painful tension throughout my nervous system—the effect of over-stimulus. I was a mass of transparent jelly, and a confectioner poured me into a twisted mould. I threw my chair aside, and writhed and tortured myself for some time to force my loose substance into the mould. At last, when I had so far succeeded that only one foot remained outside, it was lifted off, and another mould, of still more crooked and intricate shape, substituted. I have no doubt that the contortions through which I went, to accomplish the end of my gelatinous destiny, would have been extremely ludicrous to a spectator, but to me they were painful and disagreeable. The sober half of me went into fits of laughter over them, and through

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that laughter, my vision shifted into another scene. I had laughed until my eyes overflowed profusely. Every drop that fell, immediately became a large loaf of bread, and tumbled upon the shop-board of a baker in the bazaar at Damascus. The more I laughed, the faster the loaves fell, until such a pile was raised about the baker, that I could hardly see the top of his head. "The man will be suffocated," I cried, "but if he were to die, I cannot stop!"

My perceptions now became more dim and confused. I felt that I was in the grasp of some giant force; and, in the glimmering of my fading reason, grew earnestly alarmed, for the terrible stress under which my frame labored increased every moment. A fierce and furious heat radiated from my stomach throughout my system; my mouth and throat were as dry and hard as if made of brass, and my tongue, it seemed to me, was a bar of rusty iron. I seized a pitcher of water, and drank long and deeply; but I might as well have drunk so much air, for not only did it impart no moisture, but my palate and throat gave me no intelligence of having drunk at all. I stood in the centre of the room, brandishing my arms convulsively, and heaving sighs that seemed to shatter my whole being. "Will no one," I cried in distress, "cast out this devil that has possession of me?" I no longer saw the room nor my friends, but I heard one of them saying, "It must be real; he could not counterfeit such an expression as that. But it don't look much like pleasure." Immediately afterwards there was a scream of the wildest laughter, and my countryman sprang upon the floor, exclaiming, "O, ye gods! I am a locomotive!" This was his ruling hallucination; and, for the space of two or three hours, he continued to pace to and fro with a measured stride, exhaling his breath in violent jets, and when he spoke, dividing his words into syllables, each of which he brought out with a jerk, at the same time turning his hands at his sides, as if they were the cranks of imaginary wheels. The Englishman, as soon as he felt the dose beginning to take effect, prudently retreated to his own room, and what the nature of his visions was, we never learned, for he refused to tell, and, moreover, enjoined the strictest silence on his wife.

By this time it was nearly midnight. I had passed through the Paradise of Hasheesh, and was plunged at once into its fiercest Hell. In my ignorance I had taken what, I have since learned, would have been a sufficient portion for six men, and was now paying a frightful penalty for my curiosity. The excited blood rushed through my frame with a sound like the roaring of mighty waters. It was projected into my eyes until I could no longer see; it beat thickly in my ears, and so throbbed in my heart, that I feared the ribs would give way under its blows. I tore open my vest, placed my hand over the spot, and tried to count the pulsations; but there were two hearts, one beating at the rate of a thousand beats a minute, and the other with a slow, dull motion. My throat, I thought, was filled to the brim with blood, and streams of blood were pouring from my ears. I felt them gushing warm down my cheeks and neck. With a

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maddened, desperate feeling, I fled from the room, and walked over the flat, terraced roof of the house. My body seemed to shrink and grow rigid as I wrestled with the demon, and my face to become wild, lean and haggard. Some lines which had struck me, years before, in reading Mrs. Browning's "Rhyme of the Duchess May," flashed into my mind:—

> "And the horse, in stark despair, with his front hoofs poised in air,
> On the last verge, rears amain;
> And he hangs, he rocks between—and his nostrils curdle in—
> And he shivers, head and hoof, and the flakes of foam fall off;
> And his face grows fierce and thin."

That picture of animal terror and agony was mine. I the horse, hanging poised on the verge of the giddy tower, the next moment to be borne sheer down to destruction. Involuntarily, I raised my hand to feel the leanness and sharpness of my face. Oh horror! the flesh had fallen from my bones, and it was a skeleton head that I carried on my shoulders! With one bound I sprang to the parapet, and looked down into the silent courtyard, then filled with the shadows thrown into it by the sinking moon. Shall I cast myself down headlong? was the question I proposed to myself; but though the horror of that skeleton delusion was greater than my fear of death, there was an invisible hand at my breast which pushed me away from the brink.

I made my way to the room, in a state of the keenest suffering. My companion was still a locomotive, rushing to and fro, and jerking out his syllables with the disjointed accent peculiar to a steam-engine. His mouth had turned to brass, like mine, and he raised the pitcher to his lips in the attempt to moisten it, but before he had taken a mouthful, set the pitcher down again with a yell of laughter, crying out: "How can I take water into my boiler, while I am letting off steam?"

But I was now too far gone to feel the absurdity of this, or his other exclamations. I was sinking deeper and deeper into a pit of unutterable agony and despair. For, although I was not conscious of real pain in any part of my body, the cruel tension to which my nerves had been subjected filled me through and through with a sensation of distress which was more severe than pain itself. In addition to this, the remnant of will with which I struggled against the demon, became gradually weaker, and I felt that I should soon be powerless in his hands. Every effort to preserve my reason was accompanied by a pang of mortal fear, lest what I now experienced was insanity, and would hold mastery over me for ever. The thought of death, which also haunted me, was far less bitter than this dread. I knew that in the struggle which was going on in my frame, I was borne fearfully near the dark gulf, and the thought that, at such at time, both reason and will were leaving my brain, filled me with an agony, the depth and blackness of which I should vainly attempt to portray. I threw myself on my bed, with the excited blood still roaring wildly in my ears, my heart throbbing with a force that seemed to be rapidly wearing

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away my life, my throat dry as a potsherd, and my stiffened tongue cleaving to the roof of my mouth—resisting no longer, but awaiting my fate with the apathy of despair.

My companion was now approaching the same condition, but as the effect of the drug on him had been less violent, so his stage of suffering was more clamorous. He cried out to me that he was dying, implored me to help him, and reproached me vehemently, because I lay there silent, motionless, and apparently careless of his danger. "Why will he disturb me?" I thought; "he thinks he is dying, but what is death to madness? Let him die; a thousand deaths were more easily borne than the pangs I suffer." While I was sufficiently conscious to hear his exclamations, they only provoked my keen anger; but after a time, my senses became clouded, and I sank into a stupor. As near as I can judge, this must have been three o'clock in the morning, rather more than five hours after the hasheesh began to take effect. I lay thus all the following day and night, in a state of grey, blank oblivion, broken only by a single wandering gleam of consciousness. I recollect hearing François' voice. He told me afterwards that I arose, attempted to dress myself, drank two cups of coffee, and then fell back into the same death-like stupor; but of all this, I did not retain the least knowledge. On the morning of the second day, after a sleep of thirty hours, I awoke again to the world, with a system utterly prostrate and unstrung, and a brain clouded with the lingering images of my visions. I knew where I was, and what had happened to me, but all that I saw still remained unreal and shadowy. There was no taste in what I ate, no refreshment in what I drank, and it required a painful effort to comprehend what was said to me and return a coherent answer. Will and Reason had come back, but they still sat unsteadily upon their thrones.

My friend, who was much further advanced in his recovery, accompanied me to the adjoining bath, which I hoped would assist in restoring me. It was with great difficulty that I preserved the outward appearance of consciousness. In spite of myself, a veil now and then fell over my mind, and after wandering for years, as it seemed, in some distant world, I awoke with a shock, to find myself in the steamy halls of the bath, with a brown Syrian polishing my limbs. I suspect that my language must have been rambling and incoherent, and that the menials who had me in charge understood my condition, for as soon as I had stretched myself upon the couch which follows the bath, a glass of very acid sherbet was presented to me, and after drinking it I experienced instant relief. Still the spell was not wholly broken, and for two or three days I continued subject to frequent involuntary fits of absence, which made me insensible, for the time, to all that was passing around me. I walked the streets of Damascus with a strange consciousness that I was in some other place at the same time, and with a constant effort to reunite my divided perceptions.

Previous to the experiment, we had decided on making a bargain

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with the shekh for the journey to Palmyra. The state, however, in which we now found ourselves, obliged us to relinquish the plan. Perhaps the excitement of a forced march across the desert, and a conflict with the hostile Arabs, which was quite likely to happen, might have assisted us in throwing off the baneful effects of the drug; but all the charm which lay in the name of Palmyra and the romantic interest of the trip, was gone. I was without courage and without energy, and nothing remained for me but to leave Damascus.

Yet, fearful as my rash experiment proved to me, I did not regret having made it. It revealed to me deeps of rapture and of suffering which my natural faculties never could have sounded. It has taught me the majesty of human reason and of human will, even in the weakest, and the awful peril of tampering with that which assails their integrity. I have here faithfully and fully written out my experience, on account of the lesson which it may convey to others. If I have unfortunately failed in my design, and have but awakened that restless curiosity which I have endeavored to forestall, let me beg all who are thereby led to repeat the experiment upon themselves, that they be content to take the portion of hasheesh which is considered sufficient for one man, and not, like me, swallow enough for six.

From the Lands of the Saracen.

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3. PATHOLOGY AND THERAPEUTICS.

I. *Report on Fever and Ague.*

1. *Leipzig Hom. Dispensary Report, for* 1853.—Of sixty-nine cases of Fever and Ague forty-eight were cured, and twenty-one not cured; of the twenty-one cases not cured, sixteen came only once; four were treated without much benefit, for seven, twelve, fourteen and twenty-four days, respectively; one was removed to the allopathic hospital.

The forty-eight cases which were cured required an average treatment of fifteen days and seventeen hours; in one tertian case, the longest period of treatment was thirty-nine days, the shortest was five days, also quotidian in one case; three cases, viz., two quotidians and one tertian, required six days each; one tertian, required seven days; five cases, two quotidians and three tertians, required eight days each; and finally one tertian was cured in nine days.

Hence the quotidians were cured more rapidly than the tertians; for the ten quotidians were cured in five, six (in two cases), eight, (in two cases), eleven, twelve, fifteen (in two cases) and in twenty-three days, or in an average of ten and $\frac{8}{10}$ days; while the tertians required thirty-nine, thirty-six, thirty-four, thirty-three, twenty-nine, twenty-four (in two cases), twenty-three (in two cases), and twenty-one days in two cases, and only one case recovered in six days, one in seven, and three cases in eight days, respectively, or an average of sixteen and $\frac{10}{17}$ days.

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Ipecac.	was given	28	times,	and	effected	18	cures;	
Arsenicum	"	"	11	"	"	"	8	"
Nux.-vom.	"	"	13	"	"	"	7	"
Bryonia	"	"	7	"	"	"	4	"
Veratrum	"	"	4	"	"	"	1	"
Pulsatilla	"	"	3	"	"	"	3	"
Bellad.	"	"	3	"	"	"	2	"
China	"	"	2	"	"	"	1	"
Rhus-tox.	"	"	2	"	"	"	1	"
Ferrum	"	"	1	"	"	"	1	"
Cocculus	"	"	1	"	"	"	1	"
Sabadilla	"	"	1	"	"	"	1	"
Ignatia	"	"	1	"	"	"	0	"
Cina	"	"	1	"	"	"	0	"

The Ipecac. cures were effected in an average of 6 $\frac{7}{11}$ days.

The	Arsenicum	cures	in	20½	days
"	Nux.-vom.	"	"	10⅓	"
"	Rhus-tox.	"	"	6	"
"	Bryonia	"	"	9	"
"	Belladonna	"	"	9	"
"	Pulsatilla	"	"	8	"
"	Cocculus	"	"	7	"

After the use of	Ipecac.	1	paroxysm	occurred	in 1	case
	do.	2	"	"	" 3	"
	do.	3	"	"	" 1	"
	do.	4	"	"	" 1	"
	do.	5	"	"	" 1	"
	do.	6	"	"	" 2	"
	do.	8	"	"	" 1	"
	do.	10	"	"	" 1	"
After	Nux-vom.	2	"	"	" 1	"
	do.	5	"	"	" 1	"
	do.	6	"	"	" 2	"
	do.	12	"	"	" 1	"
After	Arsenicum	6	"	"	" 1	"
	do.	16	"	"	" 1	"
After	Rhus-tox.	6	"	"	" 1	"
"	Bryonia	4	"	"	" 1	"
"	Belladonna	4	"	"	" 1	"
"	Pulsatilla	4	"	"	" 1	"
"	Cocculus	3	"	"	" 1	"

In the forty-eight cases, eighty remedies were chosen; hence the wrong remedy was selected thirty-two times.

Ipecac.—This seemed to be the most useful remedy; it effected eighteen cures, eleven of which did not require the aid or selection of any other remedy; while it was successful in seven other cases in which Nux, Verat., China, Bryon., Bellad., had been used without

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avail. This was owing to the great prevalence of gastric fever and ague.

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2. *Leipsig Hom. Dispensary Report for* 1852, by CLOTAR MULLER, M. D.—In 1852, thirty-four cases of fever and ague were treated; of these twenty-four were cured; nine absented themselves after one visit, and one case, after three weeks of fruitless treatment.

Twenty-seven cases were tertians; five quotidians; and two quartans; they were almost all mild and recent cases.

Of the twenty-four cured cases, nineteen only required one choice of remedies, and were generally cured by the second or fourth paroxysm.

Five cases required the selection of two or more remedies and persisted for from six to nine paroxysms.

The uncured case, which absented itself after three weeks' treatment, had taken Nux-vom., China, and Arsenicum.

Ipecac.—Ipecac. again proved the main remedy, and cured sixteen cases without help from any other remedy, and generally in a short time. These sixteen cases were mostly recent ones, occurring in young previously healthy persons; the paroxysms were pretty violent and regular, generally of the tertian type, The principal indications for Ipecac. were to be found in the accompanying *gastric symptoms*, which were most violent during the chill, but did not entirely disappear, even during the apyrexia. They consisted in loss of appetite, qualmishness, accumulation of saliva in the mouth, nausea, vomiting of food, or retching to vomit; irregular, generally infrequent, but thin stools; occasional vertiginous confusion of the head, with aching in the forehead. Before the paroxysm there were almost always frequent yawning and stretching, waterbrash, an unpleasant sensation of uneasiness and fullness in the scrobiculus, with difficult respiration. The thirst was moderate and generally only present during the sweat. Most of the patients had a peculiar paleness of the face, and dark circles around the eyes. The swelling of the spleen was generally slight. In such attacks, Ipecac. was never given without benefit, and in sixteen cases generally effected a cure by the third or fourth paroxysm. It failed in one case in which it seemed much indicated, and Nux-vom. completed the cure.

In the eight other cases, Nux effected a cure in three; Bryonia, in two; Arsenicum, in two; and China, in one.

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3. *Report of the Gyöngyös Hospital in Hungary for* 1853.—Thirty-one cases of fever and ague were treated; viz., thirteen quotidians, nine tertians and nine quartans. Thirty were cured; the quotidians lasted on an average from four to ten days; in a few cases, however, from twenty to thirty days; of the tertians none lasted over fourteen days; the quartans lasted in some instances as long as forty days.

Ipecac., Nux-vom., Arsenicum, China, Natrum-mur., and Ferrum were used. Ipec. and Nux were relied upon when the gastric character

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was predominant. Ferrum, in quartans attended with considerable *infarctus abdominalis*.

In former years Ipecac. was always given in the 3d dilution, one drop doses, but for a long time the strongest saturated tincture has been preferred, in drop doses; the effects are much more rapid and beneficial than those of smaller quantities.

Arsenicum and Natrum-mur. have been used from the 3d to the 30th dilution.

China, never above the 3d dilution.

Ferrum from the 3d to the 9th.

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4. Many American homœopathists do not seem very successful in the treatment of their severer cases of intermittent. I have had a number of such cases fall with under my observation after a long course with infinitessimal doses. Reports of such cases are beginning to get into the allopathic journals. Thus, we find a case in the Am. Journ. Med. Sciences, April, 1855, pag. 360.

Mrs. ———, a young lady of delicate constitution, and for several years a resident in a tropical climate, had, during the latter part of 1853, while at the South, an attack of intermittent fever of the tertian type, and of but slight intensity; it readily yielded to Quinine. She came to the North, in January, 1854, and by a fatiguing journey; being far advanced in pregnancy with her third child; fatigue and apprehension caused by accidents during the journey, nearly produced miscarriage soon after her arrival, and she suffered from weakness and cough, until the period of her confinement, February 26, 1854, having completed her full term. The access of labor being somewhat sudden, a midwife was first in attendance; there was retained placenta, and profuse and exhausting flowing subsequently, which, supervening upon her previously weak condition, reduced her to an alarming state; she was perfectly bloodless in appearance; greatly emaciated; her pulse rapid and feeble. She, however, rallied; and, in from three to four weeks, went down-stairs to dinner. At this time, a most unfortunate epoch for the advent of new trouble, chills, followed by fever, came on, and a regular *tertian* was declared. She was attended by a homœopathic practioner, who administered various infinitessimal doses; and, finally, but not until the *tertian* had become *quotidian*, gave quinine in so diluted a form (stating it to be the "first dilution") that, when subsequently asked by the physicians who finally managed the case, how much he gave of the salt, he was unable to say. Under this course the patient continued to grow weaker; the chills recurred, with violence, every twenty-four hours, and generally at an early hour of the morning; after each attack the patient evidently had less power of resistance. On the arrival of her husband, who had been absent during this last illness, he immediately dismissed the attending practitioner, remarking that, even to the eyes of persons unskilled in medicine, it was sufficiently evident that Nature unassisted,

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could not, in *this* case at least, do the work of cure—however possible such a result might be in a robust person.

On Tuesday, April 4, 1854, I was desired to take charge of the patient; but, in view of her then almost hopeless situation, declined to do so unless with a previous consultation; which being consented to, Dr. BIGELOW, Sen., saw her with me, at about noon of the above day. There had been a severe chill about ten or twelve hours previously. Dr. Bigelow expressed strong doubts as to her recovery, taking into consideration the previous history and her present very weak and alarming condition. It was however, resolved to give *Quinine* in as large quantity as the system seemed likely to bear, combined with nourishment sedulously and judiciously given (the latter point had been, in good measure, attended to previously;) the administration of the remedy was immediately commenced—two grains every two hours; at a second visit, same day, P. M. I directed brisk friction with warm laudanum, just before the *expected* chill, with fifteen drops of the same internally; *dry* warmth to be afterwards employed (in place of wrapping the patient in a blanket soaked in warm water, as was done by the former attendants,) and the said friction to be kept up as long as there seemed even a tendency to chill.

April 5, 10 o'clock, A. M. *There had been no chill;* patient expressed a sense of comfort at her escape from it. Pulse, about 110, feeble; skin natural. *Purge.* The same course of treatment was pursued, with the same, and with constantly better results, as regarded the patient's progress towards recovery. Much of the success attained is doubtless to be ascribed to the untiring exertion of the patient's husband in giving the Quinine regularly, securing the prompt administration of food, and making the frictions with his own hands; these latter, either with warm spirit, laudanum, or with the dry hand, were resorted to on the least feeling as if of threatened chill. There was, however, no recurrence of the chills, which, before the change of treatment, had been so regular of access. The Quinine was continued for two weeks; for the first week in the dose above stated; during the second it was gradually diminished, and finally suspended. Citrate of quinine and iron was given pretty freely during convalescence, which was rapid, when the extreme prostration is considered. The pulse, three or four days after commencing the Quinine, sank from over 100 per minute, to 96, 90, 80; it gained strength and regularity daily; the appetite became strong; the digestion was good; color returned to the previously white lips. In the second week of treatment the patient could walk across the floor, with assistance (ten days before this she could scarcely lift her hand), in a few days she was out, and in a very short time, she whose chance of life was pronounced "*not worth the toss of a dollar*," went from Boston to Washington, D. C., bore the journey well, grew stronger and gained flesh rapidly, has since gone to Europe, and by late accounts is quite well.

I firmly believe that what is said by Dr. BARTLETT (*Treatise on Fevers*, 1847) of the "*congestive form*" of periodical fever, would have

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proved true of this case of simple intermittent, had the same course been continued under which it became so grave. Dr. B. says: "*The paroxysms must be arrested or the patient will die; the only agent in our possession, by which this can be done, is the bark* (cinchona) *and its preparations; and no time is to be lost in their use.*" (*Op. cit.* p. 391.) The question *will* arise, how any well-educated practitioner (in this instance the homœopathist in attendance was such) could, in conscience, allow the disease to progress, when, to his knowledge, he had the means of arresting the paroxysms at hand. One more quotation seems so apposite that it may be admitted: "All that respects the disease, and all that respects the remedy, is so marked, so sudden, and so forcible, that physicians neither doubt nor reason about the matter. They *see* what happens, and, resting upon the evidence of what they see, they know that the disease is cured by (mercury)" quinine. (Latham *On the Heart*, vol. i. pp. 266–7.) Dr. Latham is speaking of mercury—by substituting *quinine* the sentence is quite in place.

It is often remarked that one isolated case proves nothing; granted —yet an aggregate of such cases will surely prove something; and amidst the boasted "cures" of the homœopathists, it seems but simple justice that a counter-report should occasionally be made. To most legitimate practitioners, however, such cases, singly, must carry their own evidence.

At the next subsequent meeting (February 12th, 1855) Dr. Gould related the following case, of which he had been reminded by the above:

A gentleman from the state of New-York, on a visit to Boston, had an attack of tertian, and placed himself under homœopathic treatment. The paroxysms grew more severe, and became quotidian. Consultations were held, but no abatement was experienced; and, after two weeks, being very much exhausted, it was concluded, by both patient and doctor, to abandon that method of treatment. On surrendering his patient, the physician remarked, that he presumed that the disease would be soon arrested, as it was well known that quinine would control fever and ague. Being asked, why then did he not employ it, he replied that it was not in accordance with their doctrine, and therefore he preferred not to try it.

On visiting the patient, he was found to be deeply jaundiced, and his liver protruding from under the ribs; bowels constipated. Blue pill was given, and hot fomentations were applied to the hepatic region. The bowels were freely evacuated, discharging large quantities of bile. One paroxysm, only occurred subsequently, and the recovery was very rapid and complete. No quinine was given.

[The statement of the homœopathist, in this instance, that the use of quinine in intermittent fever is "not in accordance with their doctrine," only serves to expose his ignorance of his master's teachings, and indeed of the *basis* of the "doctrine;" for the discovery of the homœopathicity of bark to fever and ague marks the discovery of homœopathy.

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5. *Experience of Dr. Lembke of Riga.*

Fever and ague began to prevail before Christmas of 1854, and increased rapidly until it became very prevalent, and I had many cases to treat. During the winter I selected my remedies homœopathically with the greatest care, but with very poor results; also in former years I could not boast of my cures of fever and ague; then I generally used the higher dilutions, viz. from the 30th upwards; gradually I was forced to abandon them until for the last three years I have generally preferred the Tinctures. Relapses also occurred under the most careful homœopathic treatment; some patients were not cured at all; and others stayed away; rapid favorable results without subsequent relapses were never witnessed.

On the other hand it is not to be denied that a few grains of quinine often removed the whole disorder as if by magic, often without any subsequent bad effects, and frequently without being followed by relapses.

China and Quinine seem most indicated and useful when there are no symptoms during the apyrexia except some natural lassitude; when the paroxysms are regular and not attended with very obvious disturbances of any organ. This year I often gave Tinct.-Ipecac., Tinct.-Nux, or Tinct.-Aconit., until four paroxysms had passed without any improvement; then I gave Tinct.-China, or Quinine, five drops, four times a day, or in larger and more frequent doses; two or three paroxysms sometimes occurred after this treatment was commenced, but then they generally subsided, and the patient was left perfectly well. Quinine was given in one grain doses. If two or three one-grain doses could be given shortly before the expected paroxysm, it would appear, but in a milder form; if five grains could be given in five doses, at intervals of several hours, then no more paroxysms would occur, and the patient remained well.

Most of the cases were tertians; relapses were apt to occur about the fourteenth or twenty-first day; but then a few grains of Quinine would be all that was required.

It would be well if our old and experienced homœopaths would give us a leaf from their experience; provided they would be frank and truly honest. I am certain, that fever and ague treated with the high dilutions is very apt to last several or many weeks. (11.)

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6. *Experience of* Dr. Kæsemann *of Lich.*

Dr. K. cured fifteen cases with Tinct.-China, every two hours. He had but few relapses and no unpleasant effects. (11.)

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On the Use of Thuya Occidentalis, (Arbor Vitæ,) in the Treatment of Cancer.—By J. R. Leaming, M. D., Physician to the Northern Dispensary, N.-Y.

About the first of July, 1854, my attention was called to a little girl, not quite three years old, who had received a slight injury of the hand, as was supposed, from a fall. I directed the application of cold water, and the swelling and the soreness disappeared. On the 12th of September I was called to see the child, and found a purple tumor, not distinctly defined, occupying and complicating the flexor muscles of the thumb. The veins leading to the tumor were enlarged and tortuous. The tumor itself was not tender, and the bone was not implicated. It had the peculiar elastic feel of erectile tumor. I learned that it commenced growing about two weeks previously. I informed the parents of my fears respecting the malignant nature of the disease, and requested a consultation. Accordingly the next day Dr. W. H. Van Buren saw the case with me, and confirmed my diagnosis. On the 20th of September, Dr. Van Buren met me again, and explored the tumor with a grooved needle. A glutinous matter was obtained, indicating that the disease was of the colloid variety. The treatment directed was small doses of Hydrarg.-bichlor. in Tr.-Cinchon.-co., the hand to be painted every day with Tr.-Iodine and poulticed.

The disease rapidly increased, attacking the carpal and meta-carpal bones, the back of the hand became thickened and hard, and the veins large and tortuous. An abscess formed where the exploration was made and discharged healthy pus. Still the tumor increased in size.

Being informed by a medical friend of the successful employment of Thuya-occidentalis in a case of rapidly-developed fungus-hæmatodes of the eye—the tumor gradually subsiding under its use, and returning on its intermission, but finally completely disappearing on persisting in the employment of the remedy,—I determined to resort to it in this case. It was of course a forlorn hope; but the character of the disease warranted any course of treatment which offered a shadow of success. The child was accordingly put upon the use of a tincture of the leaves of this tree. In two weeks the appearance of the hand was changed: the tumor had not increased in size. In two weeks more, the disease was evidently subsiding, the tumor was smaller, the back of the hand was not so thick and hard, and the veins were not so large.

On the 29th of October, the *father* of the child was attacked with severe inflammatory rheumatism of the right knee-joint. The disease resisted treatment, only partial relief being obtained from Hydrarg.-mass and Ext.-conii, Tr.-Colchic. sem.; Potass. Iodid., Potass.-nitrat., &c., till the 10th of November, when the pain was relieved. At four o'clock, on the morning of the 11th, I was called to see the patient, and found that he had vomited half-a-pint of blood; soon after I arrived, he vomited more, making in all about a quart of

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moderately fresh looking blood. I gave him fifteen drops of Spts.-Terebinth, and sent a messenger for Dr. Geo. P. Cammann to meet me in consultation. Dr. C. soon arrived, and carefully examined the patient. We agreed upon the following diagnosis; that there was an old trouble of the liver, most probably cirrhosis, and that the hæmorrhage was from the portal circulation, induced by this biliary trouble.

For a few days the patient took nothing but mulled wine and beef-tea. Altered blood passed from the bowels twenty-four hours. Forty-eight hours after the first hæmofrhage he vomited a small quantity of blood, and passed altered blood for thirty-six hours afterwards. The bowels were tympanitic, pulse one hundred and ten, skin moist, tongue furred. The patient presented a yellowish, waxy appearance. He was directed to take Hydrarg.-sub.-mur. one grain, and Ext.-taraxici, twenty grains, every day or every other day, for the purpose of bringing the system gradually under the influence of the mercurial. Healthy bile was obtained in the evacuations, but there was no improvement in the patient's health. At this time, reflecting upon the case, I came to the conclusion that there was malignant disease connected with the liver. My reasons were, the appearance of the patient, the history of the case, and the history of the patient's family. His mother died when he was a child. Three years before her death a purple tumor appeared on her hand. It resisted treatment, and the hand was amputated. Six months before her death she vomited blood, and died of some internal disease. His mother's brother died of cancer of the lip. His sister vomited blood and died of some internal disease. His little daughter was under treatment for cancer of the hand.

At my next meeting with Dr. Cammann, I stated my earnest convictions respecting the malignant nature of the disease connected with the liver. Dr. Cammann believed the disease was of long standing and of a very serious nature, but that we needed further evidence to warrant us in making up a certain diagnosis.

On the 30th of November, Dr. Valentine Mott saw the patient with me in consultation. The patient at this time was very tympanitic; there was also a small quantity of fluid in the peritoneal cavity. The heart was pushed up from its normal position, so that the impulse was felt above the nipple. He was weak, tongue furred, pulse one hundred and ten, skin moist, and urine scanty,

After examining the patient and hearing the history of the case and of the family from me, Dr. Mott's diagnosis was cirrhosis of the liver, with a suspicion of malignant disease. I commenced giving the Thuya in tinct. made in the following manner: *The leaves and small twigs were crowded into a jar and then covered with alcohol; half a teaspoonful every three hours.* The rheumatism had entirely subsided after the hæmorrhage; still there was no improvement in the patient's health.

On the 6th of December, Dr. Willard Parker saw the patient in consultation with me. After a careful personal examination, and

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hearing the history of the case and of the family from me, his diagnosis was cirrhosis of the liver and suspicion of cancerous disease.

The patient seemed to be rapidly sinking. I increased the dose of the Thuya to two teaspoonfuls every three hours, and gave in addition a mixture composed of Hydrochlorate of Ammonia and Chlorate of Potass., each ʒi., and cinnamon water ʒvi., a tablespoonful every hour or two. He seemed to improve almost immediately, his appetite became good, and he gained strength rapidly. A week after Dr. Parker saw him he was able to walk into an adjoining room and sit there most of the day. The 12th of December, I found a small tumor in the left side on a line with the heart, just under the ribs. In giving it an impulse it would leave the hand and return to it, giving the sensation of the fœtus in ballotment. The tumor grew rapidly, and I could notice an increase in size at each examination.

On the 18th of December, Dr. Cammann made a careful examination of the tumor. It rested upon the kidneys, and evidently was the cause of the displacement of the heart. It extended over toward the right side beyond the median line and downward almost to the umbilicus.

There was more urine secreted than there had been; still the dropsy gradually increased. A great variety of active diuretics had been used without any beneficial effect; indeed they all seemed to do harm, consequently he was confined to the Thuya and mixture of Hydrochlorate of Ammonia and Chlorate of Potash.

On the 4th of January, the dropsy having increased so much, it was decided to relieve the patient by tapping. On the 6th of January, at the patient's request, Dr. W. H. Van Buren was called and drew off thirteen quarts of amber-colored fluid highly charged with albumen. In a week he was able to walk about and ride out, driving an open carriage several miles into the country with enjoyment and benefit. With the exception of the physical inconvenience of the tumor lying on the kidneys and the portal veins, the patient seemed to enjoy better health than he had done for some years.

The dropsy rapidly returned, and tapping was necessary again in two weeks. Dr. Van Buren performed this operation five times at intervals of two weeks. After the fifth tapping extensive peritoneal inflammation set in, and the patient died on the 5th of March.

A post-mortem examination was not allowed. This is much to be regretted, as it would have settled some points of interest—the malignancy of the tumor, its connection with the left lobe of the liver, and whether the extensive peritoneal inflammation was caused by the escape of matter from the tumor into the peritoneal cavity. Of the first two points there can be scarcely any doubt; still it would have been a satisfaction to have had the question settled beyond all cavil. The third point is quite probable from the sudden onset of the peritonitis.

The most important fact in the history of this case is the decided benefit received from the use of the Thuya and the mixture of Hydro-

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chlorate of Ammonia and Chlorate of Potash. Immediately after commencing the use of these remedies the stomach and liver resumed their natural functions, and the symptoms of cirrhosis disappeared. The action of the kidneys was also much improved.

During the early part of the father's severe illness, the child was neglected and the Thuya discontinued. The hand became worse, the disease again attacked the carpal bones. When the Thuya was prepared for the father, the child again commenced its use, taking fifteen drops every two or three hours. In a short time its benefit was quite perceptible. At the present time only a trace of the disease remains, and the remedy will be persisted in till the child is well. The hand will remain permanently injured and probably will be atrophied.

Thuya-occidentalis, or Arbor-vitæ, belongs to the pine tribe (coniferæ), is a native of this country, and is cultivated in our gardens. The leaves are the parts used medicinally. They are described in the *U. S. Dispensatory* as having an "agreeable balsamic odor, especially when rubbed, and a strong, balsamic, camphorous, bitter taste."

The Thuya has long been used for medicinal purposes, but with no settled opinions in regard to its therapeutic properties. It has thus been employed in intermittent fever, scurvy, rheumatism, and as a stimulant, diuretic, diaphoretic, and vermifuge. In the *Revue de Therapeut.* (Jan. 1st, 1855), there is a notice of the Thuya having been recently employed by a Hungarian physician in the treatment of venereal excrescences which had resisted mercury, cauterization, and excision. He employed the tincture, using three pints of the leaves to six of rectified alcohol, applying it from time to time with a brush. The excrescences rapidly diminished in volume, and a radical cure is reported to have been obtained in five days.

Thuya-occidentalis is a new remedy for cancer. There have been a great many new remedies for this dreadful disease before, which upon trial have proved utterly valueless; so it may be with this. Two or three recoveries do not prove the value of a remedy. These cases are related that it may receive a more extensive trial; and if others should find it in a large proportion of cases as beneficial as it has been in the cases I have related, it is one of the greatest boons conferred upon mankind.—*N. Y. Journal Med., May*, 1855.

REMARKS.

It is hardly necessary to remind the reader that Thuya has been used by homœopatists for upwards of fifty years in fungus hæmatodes and in condylomata. That the medical friend who used it successfully in fungus hæmatodes of the eye is well known to have obtained his information from homœopathic sources, especially from the report of the cure of the Field Marshal Radetzky of the same disease by Thuya. The Hungarian physician who treats venereal excrescences with Thuya also obtained his information from homœopathic sources. (11.)

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On Rheumatism.—By Dr. Bolle, of Paderborn, (Prussia.) Translated by Dr. J. C. Peters.

Up to the time of the appearance of the 1st Vol. of Homœopathic Studies, by Drs. Wurmb and Caspar, I, (Dr. Bolle) always had great vexation of spirit whenever I was obliged to attend a case of acute articular rheumatism; because such rheumatisms would not yield in the slightest degree to my Bryon., Bell., Colch., Nux.-v., Puls., Dulc., Merc., Rhus, Aconit., Rhodod., &c., &c., but would persist after their use as it did before, until its natural time and hour of cessation had come, when it would dissappear in a manner not very flattering to my treatment. But when the volume of Homœopathic Studies appeared, my vexation was at an end; and why? because I there read clear and distinctly that other people had their troubles with rheumatism as well as I. Previously to this, my principal source of vexation had been that there were so many well-indicated remedies for all the varieties of rheumatism, that it seemed as if I was the only one who did not know how to use them rightly. I naturally thought, that my inability to make a correct selection of remedies was the principal cause of my want of success, and this vexed me the more, because I had almost invariably taken the greatest possible amount of pains to find the right remedy.

However, I now came to the conclusion that acute articular rheumatism was a difficult disease to treat, and that all the most approved remedies would often leave us in the lurch. It was evident that we had good remedies enough; and that a sufficient amount of pains was generally taken to select the right remedy; hence, perhaps, the doses given had generally been too small.

In the beginning of my homœopathic practice I used the 200th dilution almost exclusively; in the course of seven years I gradually descended to the thirtieth, twenty-fourth, twelfth, sixth, and even to the third and second potency; finally I only used the third, second, and first dilutions and the strong tinctures.

In the treatment of rheumatism I soon began to use the lower potencies, for two reasons; 1st, because, the higher potencies seemed to fail in the hands of others; and 2d, because I had had much bitter experience with the high potencies.

Dr. Bolle then reports three cases of acute rheumatism, treated very successfully with full doses of the third decimal dilution and the strong tinctures of Bryonia; a few days generally sufficed to accomplish the cures. (11.)

Galvanic Baths.—Eight years ago, while perusing the writings of Becquerel upon the subject of galvanism, our attention was arrested by the idea, that this agent not only possessed the power of decomposing certain salts, but that during the process, one constituent of the salt must pass to the positive and the other to the negative pole of the battery, traversing if necessary, in its rapid course even the

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tissues of the body. In a paper, published in this Journal more than three years since upon this subject, we earnestly called the attention of the profession to this important agent, and made allusion to some of the experiments of Becquerel. We then expressed our determination to continue these investigations, and at some future period, to communicate the results to the world. And we have not been idle, for in conjunction with our friend Dr. Otto Füllgraff, we have succeeded in fully demonstrating and perfecting in a practical manner, all the views which were so long since suggested by Becquerel. As was observed in our Journal of August, 1852, "it appears, therefore, that the constitution of the fluids of the body may be altered, *certain principles may be withdrawn*, and the ratio of the remaining principles may be changed. In the same manner, a new mode of entrance into the human body of active remedial agents is indicated quicker, more direct, more certain, than any other known, without the risk of being injured, or altered by digestion, or of being eliminated by excretion."

These ideas have been practically demonstrated both in withdrawing mineral poisons from the body, and in passing homœopathic remedies through diseased tissues of the organism. The former is accomplished by means of galvanized baths, and the latter by means of an ordinary Grove's Battery, which decomposes the drug and passes it through the part affected at the will of the operator.

We have repeatedly seen persons suffering from the effects of mercury, lead, and other minerals enter these baths, and after remaining half an hour, charge their entire contents with appreciable quantities of the metal which has been withdrawn from their bodies. In making these experiments every precaution has been taken to avoid all errors, and various tests of the most delicate character have been employed before and after the entrance of patients into the baths.

But the most gratifying part of this interesting process consists in the progressive improvement which is invariably experienced, as the poison is gradually extracted from the system. We have repeatedly observed chronic and obscure ailments of long standing disappear like magic under the influence of these baths. Another result of the process is to effect an entire change in the whole organism,—rousing into activity functions which had long been impaired, and increasing the susceptibilities of the tissues to remedial impressions. As a direct consequence of these changes, we have an equalized circulation, and an augmentation of the vitality of the entire organism.

In our next issue, we shall enter into practical details with respect to therapeutical results, and describe minutely the various mechanical arrangements by which the objects specified can best be accomplished. In the mean time, we take occasion to inform the profession, that every facility for practically testing these applications, can be found at the residenceof Dr. Füllgraff, No. 81 East Twenty-Third-st., where the doctor has arranged suitable baths, and other appliances for accomplishing in the most perfect manner, the objects indicated.

E. E. M.

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Bibliographical Notices.

MEDICAL JOURNALS OF BOSTON AND PHILADELPHIA.

The Boston Medical and Surgical Journal.

Having been a constant reader of this weekly Journal for many years past, we have often admired the manly character and its freedom from that prejudice and bitter animosity which too often mark the pages of Medical Journals.—Its principal editor has always seemed ready to open its pages to any one who had solid information to convey to the public, and his generous and manly character as a scientific journalist has justly won him distinguished laurels. But since his political distinction has forced him to retire in a measure from the editorial chair and associate with him younger men, we regret to see the character of his journal falling below the generous and the lofty standard it has before assumed and descending to low abuse of rival systems of medicine, and scurrillous statements which we cannot have charity enough to think it really believes. For example in the Journal of November 1, 1854, there appears an article under the caption: "Homœopathy in New-York," copied it is true from a Vermont paper, but introduced with the editorial comment, "that the general remarks of the writer are deserving of notice by the community as well as the profession." The article refers to the melancholy death of the Rev. Bishop Wainwright, as a "*victim of Homœopathy*," and unqualifiedly pronounces that he died "*for want of treatment.*"—It states "that he was under what was called treatment for days and weeks of suffering, until he and his family became aware of the utter folly of such tampering. Nevertheless eleven days more were allowed to elapse before *the man* was dismissed and two regularly-bred physicians of talent and high repute were summoned to the bedside. A brief examination was sufficient to show that it was now too late. That period of *trifling*, which has not even the excuse that neglect might offer, had been fatal, and further effort would probably be hopeless. The next day death closed the scene." The article concludes with the following very courteous remarks: This seems to be the rule of homœopathic practice, to hang on to a case so long as the result seems favorable, but to stand ready at the turn of the tide to step quietly aside and shirk every thing, at the denouement being just *nowhere*. How long will quackery rule in high places? But Homœopathy has seen its best days in New-York, and though the iniquity still abounds, the love of many is waxing cold. *Pretension, immorality and coarseness* stamp the majority of the practitioners of this system, and society will soon cut loose from such medical advisers."

We can hardly believe that the senior editor of the Boston Med. Journal could be made to utter such a sentiment, and we are sorry to see its pages defiled by such an extract and its recommendation as "deserving of notice by the community as well as the profession." Severe and even caustic criticism of homœopathy and its adherents is naturally to be expected from a public journal which has to sustain an opposite system of therapeia, and bold and manly opposition to what it really believes untrue or visionary in medicine is not beneath the dignity of a scientific mind. But to stamp the majority of the practitioners of the homœopathic system, nine-tenths of whom are seceders from the old therapeia, educated and graduated by the side of and at the same schools with those who call themselves orthodox physicians, to stamp such men with pretension, immorality and coarseness is a condescension to vulgar blackguardism which should be considered

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a disgrace to any public newspaper and doubly so to any scientific journal. We sincerely trust that the publication of the above extract was only an unguarded yielding to the prejudices of some favorite patient, and not at all the candid sentiments of the editors of the Boston Medical Surgical Journal. With regard to the facts mentioned we care not to discuss them since the whole article is so flagrant an outrage upon common decency, that whoever has read it cannot but feel a want of confidence in its veracity. But we may be here allowed a remark or two to our professional brethren who differ from us in their therapeutic views. Medical men generally, whatever system they profess, are much more infallible with the pen than with their remedies—it is easier to say, after its termination, how a case should have been treated, than to treat it before the result of the experiment is known—hence it is unwise to censure any treatment simply because it is occasionally unsuccessful—if no person had ever died of "typhoid remittent fever" under the best of allopathic treatment, there might be some show of reason for supposing that an opposite method or system of therapeutics, when unsuccessful, was either actively or passively in fault—but when statistics show the mortality of this disease much less under what is called Homœopathic treatment than under any other known, it is not becoming in any instance to charge the educated physician of that system with having "killed his patient"—the uneducated practitioner of any system may kill his patient, as he cures them through ignorance, but we are contrasting only those of equal ability and knowledge, and the argument applies only to such. The oft-repeated assertion that some diseases are self-limited, and that all cures under homœeopthic treatment are either of this class, or no diseases at all, will not do until the science of medicine is so surely established and so thoroughly perfected as to discriminate between those diseases which tend naturally to a healthy termination, and those which will prove fatal without medical interference.

But we do not intend to argue this subject—we have done with argument on the merits of any therapeutic system—we appeal only to facts, to oft-repeated experiments and the best of all teachers, experience, and after the lessons of past ages in therapeutic experience we can only say "he that is filthy, let him be filthy still," if he chooses. We are not content to use a recipe because old Dr. so-and-so used it with success in a similar case, but unless we know of some medicament which has a particular affinity for the disease we are called to treat, we prefer to let our patient die from neglect, if you please to call it so, rather than give an uncertain dose of a drug which may kill if it does not happen to cure.

It was our intention to stop here, but we cannot close without again noticing an article on "Popular Medical Delusions" in the same journal of May 31, 1855—in which, with another chango ef editors, is reiterated the same sentiments hostile to Homœopathy, and what is worse, the sweeping charge of duplicity and dishonesty—"the homœopathic practitioners, who pretend to have a scientific basis for their absurd system, might be forgiven for their nonsense, but never for their not infrequent duplicity; it is well known that while purporting to give infinitessimal doses, they often administer powerful ones. Only a few days since we heard the following prescription read, which was written by a homœopathist of this city:—℞. Potassæ-Iodidi ℥ss; Hydrargysi-Deutiodidi grs. ij.; Aquæ-distillatæ ℥iv., m. dose one teaspoonful three times a day. *** Marvellous but true. These delusions of the public are common. How can those be trusted who thus set truth and their own dogmas alike aside? We have often thought that action at law might well be taken against these medical pirates, under a charge of obtaining money by false pretences."—

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Strange that we cannot "see ourselves as others see us."—Perhaps the writer of the above can inform us what is the precise dose which a homœopathic physician must invariably prescribe in order to be true to his system! Perhaps he thinks like most of the opponents of Homœopathy, that the dose is the essence of the system, and that if a practitioner dares to give stronger than the millionth part of a grain of a drug, he belies himself, because forsooth he has sworn to deal only in infinitessimals. But it is useless to argue with those who will not be convinced, because they will not properly investigate the truth. The same old objections and the same malignant assertions were made and refuted by the father of the homœopathic system, and have been satisfactorily met and answered a thousand times since. When a scientific journal is obliged to prop up a falling system of its own, by misstatement and ridicule of an opposite system which promises great good to mankind and openly courts investigation and inquiry, it proclaims distinctly to all its readers that it has some secret misgivings as to the solidity and permanence of its own foundation. We regret to perceive this downward tendency of a medical journal so long and so well established, and if it will continue to yield up reason to prejudice, in spite of all friendly remonstrance, its old patrons can only say: "Ephraim is joined to his idols, let him alone."—*H. C. Preston.*

The American Journal of Medical Sciences, vs. *Homœopathy.*

This long established and really valuable Journal, the head and front of Allopathic periodical literature in this country, contains two articles in the No. for July, 1855, which call for a little critical animadversion. The first will be briefly dismissed. It is entitled "Inquiry into the Physiology of the Organic Nervous System, by Isaac Casselberry, M.D., Evansville, Ind." The first five or six pages of that essay is a bold plagiarism from Holcombe's Scientific Basis of Homœopathy: Chap. III., without a word of credit or reference. Not only the train of thought, but the very phraseology is identical. We claim no striking originality for the opinions therein advanced, but when Dr. Casselberry read, approved and retailed them, he should have had the moral courage to have acknowledged the source whence he had derived them. Dr. Hays, in his editorial dictatorship, would no doubt have rejected the article which sanctioned even the *physiological* speculations of a Homœopathic physician. How could he have done otherwise, when in the same number, he admits a scurrilous squib, denouncing the whole New School profession as knaves or fools? Before his fellow practitioners sneer at Dr. Casselberry for this literary theft, let them reflect how often they give medicines in very small doses on the Homœopathic principle—pretending all the time to ignore Homœopathy entirely—and then let them write themselves down in the same category with Dr. C. A few leaves from a book is petit larceny, compared with the grand larceny of using one medicine without acknowledgment.

The second article is a review of the Inquest on the death of Agnes Lottimer, before Dr. Ball, Coroner of Brooklyn, Oct., 1854. The *animus* of the article is bitter, illiberal and unscrupulous. The author sympathizes cordially with Dr. Ball's puerile attempt to stay the progress of Homœopathy, by holding judicial inquests over the bodies of persons deceased under Homœopathic treatment. No love for truth, or devotion to science, dictated the present effusion of his brain. He is alarmed at the rapid and immense spread of the New System. He is rankling with envy, jealousy and malice because Homœopathy is supported, not like Thomsonianism and Eclecticism, Patent Medicine and Indian Therapeutics, those legitimate children

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of old Allopathic Chaos, by the ignorant and the vulgar, but by influential clergymen and distinguished authors, by merchant princes and great lawyers, by the brightest in the world of fashion and the strongest in the arena of intellect. "We wish to supply our readers with the means of convincing non-medical men, as they have opportunity from time to time, that Homœopathy is unworthy of their belief and confidence." Behold! the genuine source of his zeal and eloquence, his pathos and philanthropy! In our opinion, however, those of his readers who are of his own stamp need none of his prompting to carry on that secret, petty, gossipping, backbiting, underground warfare, in which they can misrepresent without fear of reputation, and detract *ad libitum*, beyond the reach of punishment.

These remarks apply only to a certain class of the Allopathic profession. We have met amongst them many high-toned and liberal gentlemen, old friends, who have not been alienated by our change of opinion, and new ones, willing to accord as wide a range of honest belief on medical as upon political and religious subjects. There were a few who deemed our conversion to Homœopathy a sufficient ground for sundering our pre-existent social relations. They were men of vulgar minds, of essentially plebeian cast, slavishly bound to the creeds of their professional superiors, men who never had an idea but at second-hand, or ventured a stone's throw beyond the pale of stereotyped orthodoxy. They were either men in medical office or the toadies of those who were. Such a specimen of the *genus homo* we take the reviewer now under our scalpel to be. He would shift a dying patient off into a Homœopathic Hospital, in order to deteriorate its report. He would ascribe the cure of a tedious and dangerous disease to a mustard plaster or an injection which had been incidentally employed in its Homœopathic treatment. He would charge the entire New School profession in the United States, numbering 1200 or 1500 graduates of Allopathic colleges, with incapacity and dishonesty, because some individual professing our creed had exhibited ignorance or meanness. The prejudices of such men are so deep-rooted that they are invincible; their self-conceit is so predominant that they can never be enlightened. Their miraculous conversion might diminish the stream of course vituperative and falsehood at present spit forth upon the specific system, but would contribute little to the progress of medical science, and nothing at all to the moral, intellectual or social elevation of the Homœopathic profession.

But let us look for a moment at the evidence, to see whether Dr. Ball had a shadow of justification in parading this lesson and its circumstances before the public. He wished to show that the patient had died of intermittent fever and that the case would not, yea almost *could not* have been fatal under Allopathic treatment. If he had proved both points, his attempt to bring Dr. Wells before a criminal court would have been simply preposterous, for there is no legal injunction laid upon this community to live and die under Allopathic administration. No jury of respectable men would take the least cognizance of such alleged mal-practice, or rather non-practice, unless the prosecutor could establish beyond dispute, that no case of intermittent fever ever was cured by Homœopathic remedies, and also that no single case ever died under Allopathic treatment. The Coroner failing in this, his inquest was a piece of sheer impertinence, began in malice, prosecuted with discourtesy, and terminating as might have been anticipated, in defeat and disgrace.

Suppose the death to have occurred from intermittent fever: the pre-existent inflammation of the brain conceded by the Allopathists to have existed, had left the patient in such a feeble, cachectic condition, that the prognosis of its cure was very unfavorable, and the use of their specific,

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Quinine—even upon Old School principles, not at all admissible. The Allopathic testimony as to the power of Quinine in the cure of Intermittent transcended the limits of fact. Dr. Willard Parker testified that the "regular profession" were invariably successful, and that the great remedy was Quinine. Dr. Dickson of South Carolina—probably the best authority upon this subject in the U. S. says—"Those deceive themselves who regard Quinine as a universal and infallible febrifuge even in malarious fevers"—(Southern Journ. of Med. and Pharmacy. Jan. 1846)—"Cinchona says, Pereira," and its preparations prove most successful in the simple or uncomplicated form of intermittents; that is, where the disease appears to be purely nervous. But when agues are accompanied with inflammatory excitement or with visceral diseases (as in the case before us) Cinchona generally proves inert or injurious." "From 1840 to 1846 M. Boudin had under his charge 2947 patients with intermittent fever, of both sexes and all ages, whom he has treated with arsenic. Of those more than 2000 had been previously under treatment from one to ten times by the Sulphate of Quinine and had suffered from relapse." (!)—(Bell and Stokes' Practice, Vol. II. Page 730). What better evidence do we want than that last paragraph, that Quinine in the large majority of cases arrests but not cures intermittent? From considerable observation in the Western and Southern parts of the U. S. we can avow, not only that Quinine repeatedly fails to cure intermittent fever, but that most of the chronic diseases, cachexias, &c., in those regions are due to uncured Intermittents—complicated, protracted and aggravated by Quinine and other Allopathic nervines, tonics, bitters, &c., &c. And we may say, moreover, that if professional gentlemen are to be arraigned before judicial tribunals to answer for deaths resulting—as Dr. Clarke defines Agnes Lottimer's to have resulted "from intermittent fever and its consequences"—very few practitioners in the West and South would escape the lynx-eye of such coroners as Dr. Ball.

One more quotation from Dr. Dickson, and we have done with the infallibility of Quinine in curing Intermittent, so readily sworn to by these interested Allopathic gentlemen. "Notwithstanding the employment, however judicious and persevering, of the most valuable and efficient of the remedies for intermittent, selected however carefully from the long list cursorily treated of, to which an equal number might be added from the books and from promiscuous practice among nurses and the common people, notwithstanding all these efforts, your patient will still occasionally continue to suffer, if not as regularly as at first, yet from time to time, from the recurrence of his obstinate tormentor. When this degree of tenacity has been obtained, nothing will remove the disease, short of an entire alteration of all his habits of life and modes of living." (Practice, Vol. I. page 283.)

The success of the Homœopathic treatment of Intermittent Fever was amply testified to by the Homœopathic physicians, summoned in the case. We can affirm that some of the most brilliant and satisfactory cures we have ever witnessed were those of Intermittent Fever, made by Homœopathic medicines, Arsenic, Cimex, Ignatia, Carbo-veg., Ipecac., Bryonia, Natrum-muriaticum, &c., in inappreciable doses, after Allopathic measures had entirely failed. These remedies are now used on many plantations in the South-west, to the almost total exclusion of Quinine, and with the most satisfactory results. Before Dr. Ball could convict Dr. Wells for his failure in one case, he must ignore or falsify the evidence of scores and hundreds of Homœopathic physicians who would testify that with Dr. Wells' treatment they had cured hundreds and thousands of similar cases. The very fact that the paroxysms persisted in spite of Dr. Wells' specific

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treatment inclines us to believe that they were not of malarial origin at all—but a mere coincident of chronic cerebral disease insidiously advancing towards a fatal termination. Let us endeavor from the imperfect history of the case, and the meagre sketch of its morbid anatomy, here given us to construct a theory of its pathology.

The facts elicited are substantially these. Agnes Lottimer, aged twelve years, was taken sick, 2d of August, 1854. The symptoms were those of cerebral meningitis, persistent headache, photophobia, fever, delirium, &c. On about the eighth day a violent paroxysm occurred, during which the pulse became weak and rapid, 160 to the minute, surface cold and pale, respiration anxious and difficult, patient unconscious and extremely restless. After this there was what appeared to be remittent fever for ten days, no perfect intermission having taken place. The patient then improved and was getting about, with daily paroxysms of common intermittent fever. These paroxysms grew less and less severe, and shorter and shorter in duration. Suddenly, three days before death, she complains of stiffness and soreness of the muscles of the neck. This disappeared: and on the morning of her death she rises with headache, has a slight chill about ten o'clock, gets out of it comfortably, when her attendant is suddenly summoned to witness long-continued convulsions, terminating in death: hæmorrhage from the lungs occurring just before the fatal issue.

Post-mortem appearances. Skin of a dirty white hue, and bloodless. *Dura-mater* pale and healthy. *Arachnoid* opaque and thickened at points along the longitudinal sinus. *Pia-mater* thickened, congested, and easily removable with forceps in the neighborhood of the diseased parts of the arachnoid. Serum escapes on removing the calvarium, serum distends the arachnoid, serum in small quantity is found in the ventricles, serum in the spinal canal and a considerable quantity in the fossa of the occipital bone, amounting to three ounces. Other parts of the brain healthy. Blood in the pleural cavities, lungs intensely congested, the smaller bronchial tubes containing bloody serum. Heart healthy. Organs of the abdomen remarkably bloodless. Liver perfectly healthy. Spleen considerably enlarged, but texture sound and almost bloodless. Kidneys congested, in the first stage of Bright's disease, with some fatty degeneration.

This was a case of *partial* and *chronic* cerebritis, including under cerebritis, inflammation of the arachnoid, pia-mater and some portion of the cerebral tissue immediately beneath it, for it is absurd to suppose that the pia-mater could be stripped off easily with forceps from the hemispherical surface without both tissues, inextricably driven together as they are by inosculating vessels, having partaken of the inflammatory softening. The acute stage was very violent, and the sub-acute, passing into the chronic, was marked by the prominent symptoms of remittent fever. "It is of importance to attend to the circumstance, that in children, diseases of the brain often come on very insidiously, and may have existed for sometime previous to the appearance of any very decided symptom. The case of a child affected with fever, restlessness, headache, slight convulsions, irritability of stomach and vomiting, a foul tongue and disordered bowels, is looked upon as one of gastric remittent fever or as the effect of dentition, whilst there is inflammation going on in the brain or in its membranes, which, however, is not suspected until delirium, strabismus or convulsions, point out an advanced stage of cerebral disease." (Cyclopedia of Practical Medicine, Vol. I. page 324.)

But, says the sagacious coroner, all of this was followed by simple intermittent fever persisting for six weeks: is it possible for chronic cerebritis or meningitis to be masked so thoroughly as to be taken for common

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ntermittent? Most assuredly it is. Turn to Bell and Stokes' Practice, Vol. II. page 482. "The pain too of an arachnitis may be intermittent, and continue to exhibit this character for a considerable length of time. I have seen many instances of this in children, where the little patient was seized with acute pain in the head, at a particular time of the day, which after a few hours' duration, subsided, and then returned again the next day at precisely the same hour, and continued in this way for *several weeks* (mark that!) until at length his friends were surprised by the sudden unexpected supervention of coma, convulsions or blindness. I knew two cases of this kind in which the intermittent character of the pain was so prominent as to engross the practitioner's whole attention, so that the real nature of the affection was overlooked and bark prescribed. I have now witnessed three or four of these regular quotidian attacks of pain in children, which after continuing for days and even weeks, were suddenly followed by perfect blindness, in some cases with and in others without coma."

Again, same book, page 518, "Periodicity is quite common in epidemic meningitis. Lallemand in 1820 had pointed out this feature in the recurrence of spasmodic phenomena accompanying arachnitis, and Parent-Duchatelet and Martinet in their treatise on this latter disease had also spoken of remissions and exacerbations as a frequent occurrence. They showed also that inflammation of the arachnoid would take a distinctly intermittent type, quotidian or tertian: and that even traumatic arachnitis was distinguished by complete intermission, a quotidian return of symptoms, which persisted until death." Dr. Adair Crawford (Cyclopedia of Pract. Med. Article—Inflammation of the Brain—) says—"There are occasional instances of the symptoms assuming a remarkable periodical course, and returning at regular intervals."—"These cases have been mistaken for pernicious intermittent fever and treated by bark."—"This tendency to intermittence and periodicity is most frequent in *chronic* cerebritis." We need not parade forth in this place the vast amount of evidence, that meningeal inflammation may pass from an acute into a chronic stage in the most insidious manner, that it may assume a distinctly intermittent type for days and weeks, calculated to mislead the best diagnosticians, that it may terminate suddenly in convulsions and death to the amazement of both physicians, and friends, and moreover that the anatomical lesions may not appear at all proportioned to the duration, severity, complication and fatal issue of the case.

The phenomena preceding death confirm in a remarkable manner this presumed pathology of the case. The pain, swelling and tenderness of the cervical muscles, which Dr. Wells took for mumps, and of which the Allopathists offer *no* explanation, was evidence direct of returning exacerbation of the cerebral disease, very likely to terminate in death. In a review of Neisser on acute inflammation of the serous membranes of the brain and spinal marrow, found in the British and Foreign Med. Rev., Oct. 1846, page 393, after analyzing a case of severe cerebral disease in which there was stiffness of the neck, pain, swelling and tenderness of its muscles, the writer goes on to say—"and further, the rheumatic affection of the nuchal muscles indicated the *serous* membrane as the locality of the inflammation. It is to be noted too that a rheumatic affection of the nuchal muscles is a prominent circumstance in the natural history of arachnitis." A case occurred in our own practice last year confirmatory of this statement. A child three years old was attacked with the usual symptoms of severe erebral inflammation. On the second day there was a remission; on the third day an exacerbation with convulsions; on the fourth a perfect intermission, the little girl playing with her dolls all day, evincing appetite and

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usual playfulness. On the morning of the fifth day she complained bitterly of pain in her neck. There was swelling and tenderness beneath the ear and behind the jaw of one side, easily mistaken for mumps. She had nothing like a chill, but fell suddenly into convulsions, which terminated in death, after she had manifested symptoms of the deepest pulmonary congestion, the consequence and not the cause of the cerebral phenomena.

Metastasis of mumps to the brain, although very rare, is still a well-authenticated fact. We have met with but one case, and in that the testicle was affected previously to the occurrence of meningitis. Our objections to Dr. Well's theory of metastasis in the present case are threefold: 1st, The positive existence of *parotitis* was not made out in the evidence, 2d, the cerebral phenomena should have appeared soon after the disappearance of the cervical swelling, whereas the next day there was no abnormal symptom whatever, 3d, the post-mortem revelations were those rather of a chronic than those of an acute disease. The Allopathic hypothesis that the death occurred from pulmonary congestion induced by a paroxysm of intermittent is still more untenable. The paroxysm had not been growing successively more and more severe and congestive until the fatal one, as would have occurred had their theory been correct, but quite the reverse. There was no textural change in the spleen which might have been looked for after so many paroxysms. The spleen and liver were almost bloodless; a most startling and incredible condition of things in a *congestive chill*. The renal disease, never a concomitant of intermittent, is occasionally a pathological accompaniment of chronic cerebral disturbance. The chill on the day of death was a very light one, and the convulsions occurred before the existence of any marked pulmonary congestion. In truth, the congestion of the brain preceded that of the lungs. It was a regularly recurrent feature of the chronic disease, and an unusually severe paroxysm was foreshadowed by the anomalous pain in the head with which the patient arose that morning. The pressure of effused serum and of stagnant blood in the capillaries, conjoined with reflex irritation from the diseased points, produced the convulsions, and the pulmonary congestion and hæmorrhage were consequences of that abnormal state of the respiratory centres.

When we review the history of this case, and see that it was acute meningitis for one week, sub-acute meningitis for another week, simulating remittent fever, chronic meningitis for the remaining six weeks with intermitting paroxysms; when we recollect that diseases of the brain, especially when *partial* in extent, and chronic in character, are exceedingly insidious, that they frequently present no lesions of intellect, mobility or sensibility, that they have been repeatedly mistaken by the best diagnosticians for simple intermittents and so treated, that the termination in death is frequent and mostly unexpected; when moreover we regard the abnormal quantity of effused serum, the deeply congested pia-mater, the opacity, thickening and softening present, and the absence of any organic lesion of malarial origin, for the merely enlarged spleen is a matter of no weight in an organ so readily distended without injury, and when lastly we remember that the Allopathic coroner and witnesses ignored all of these and other collateral facts, made no minute inquiries or rigid cross-examinations to elicit the truth in so doubtful a case and obtain a scientific diagnosis, and were not only willing but anxious that the public mind should be impressed with the false idea, that Agnes Lottimer died under Homœopathic treatment of simple intermittent fever, we say, that upon making such a resume of the circumstances preceding and attending this inquest, we are struck with indignation and disgust at the dastardly and

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malicious spirit of those who concocted the plot, and at the disgraceful acquiescence of those who assisted in or approved of it.

We had designed to make some comment upon the ill-natured facetiousness, the hypercritical smartness, the egregious ignorance of Homœopathy manifested, and the moralizing twaddle indulged in by the reviewer in the American Journal of Medical Sciences. But the mean-spirited tone of his article calls upon us to desist. We cannot hope to benefit *him*, for his moral gangrene, is beyond the reach of caustic, nor would we greatly entertain our own readers by too faithful a dissection of such a specimen of the *Mephitis Americana*. Nothing but the respectability of the Journal in which he has been permitted to appear, has procured him the honor of our notice. We dismiss him, and forever, from our mind's eye with great pleasure. And we close by calling the attention of Allopathic coroners to an article in the same No. of the Journal, on Pneumonia, by Dr. John T. Metcalf, extracted from the New-York Times. The Dr. reviews the successful treatment of Skoda, Varrentrapp, Diett and others, confesses it all to be purely *expectant*, and wisely abandoning calomel, venesection, tartar emetic, gives his voice for diet, rest, venesection, no medicine and nature. We simply suggest that these respectable medical authorities be forthwith summoned before coroners' juries, to account for having permitted patients to die of pneumonia with no medication, in the very face of the antiquarian evidence, that calomel, bloodletting and tartar emetic are curative of that disease. How *their* offence differs from Dr. Wells', on the Allopathic supposition that our medication is equivalent to placebos, we confess ourselves unable to discern. Why "expectant medicine" should be voted thanks for its zeal in prosecuting the natural history of disease, and Homœopathy should be abused for the same good work we leave the pockets and not the voices of our opponents to answer.—*Holcombe*.

REMARKS.

Previously to the perusal of Dr. Holcombe's able review, I had always been of the opinion, that the Bright's disease of the Kidneys was the most important feature in Agnes Lottimer's case. Singularly enough, neither homœopathist nor allopathist seemed to lay much stress upon the presence of this disorder, which is so apt to cause convulsions and fatal disorder of the brain. It is only necessary to call attention to this point, to have its importance recognized.

The point upon which most ridicule was expended, was the assumption by the homœopathists that there might be a translation, or metastasis of mumps to the brain. Singularly enough, we find in the April, 1851, No. of the American Journal of Medical Sciences, p. 542, an article entitled:

"*Two cases of Mumps, with Metastasis to the Brain, both terminating fatally.*"

DR. HARVEY LINDSLEY records the following examples of this rare accident:—

In Jan. 1849, a son of Gen. W., who at the time was a student of medicine and attending the lectures of the medical school, was attacked with the mumps, and after a few days illness died, as I was informed, *from metastasis of the disease to the brain.* I cannot give the particulars of this case, as the patient was not under my (Dr. Lindsley's) professional care. On the first day of February following, about a week after the death of this young man, I was requested to see his brother, aged 20, a student of Princeton College, who was at home on a short visit to his friends. I found him laboring under a well-developed attack of mumps of the left side, (the gland was considerably swollen) and with some fever, though on the whole,

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suffering but slightly, and feeling, as he remarked, very comfortable. The disease seemed to be taking its natural course, and if it had not been for the recent death in the family, would have excited but little interest or observation. As it was, however, his friends felt some anxiety, and I was induced to attend to his case more carefully than I should have thought necessary under ordinary circumstances. As precautionary measures, I (Dr. Lindsley) directed pretty active purgatives, followed by diaphoretics, hot foot baths, warm flannel to the swollen gland, &c., and *watched very closely for any indications of disease to the brain.* I could detect nothing of the sort, however, and until the fifth day every thing seemed to promise a favorable termination. I examined my patient carefully, twice a day, with reference to the condition of the testicles, *as well as the brain.* But there was no apparent disturbance of the functions of the one, and no enlargement of the other. *He was cheerful, slept naturally,* and felt confident of a speedy recovery. Upon examining him, however, on the morning of the fifth day, my apprehensions were excited by finding that he was laboring under *priapism.* I dreaded this symptom the more, as the disease seemed now to be taking the same turn that proved fatal in his brother's case. He was immediately ordered to be leeched freely at the base of the brain; a blister was applied to the nape of the neck, purgatives given, and an active general antiphlogistic treatment adopted. At the same time, additional professional advice was obtained. During the whole of this day, however, the priapism was the only indication we could detect of diseased brain.

On the next morning we were informed that he had been laboring under delirium the greater part of the night; had been restless and suffered much. These symptoms continued to increase in violence, *convulsions came on,* and in a few hours death closed the scene on the sixth day of the disease, and the second after the priapism.

Post-mortem. A careful examination of the brain was made thirty hours after death, *when decided marks of inflammation* were found in the cerebellum, but none in the cerebrum. (*See also the Stethoscope and Virginia Med. Gazette, Jan.* 1851.)—Peters.

Miscellaneous Items.

HOSPITAL REPORTS.

1. *Hospital of the Sisters of Charity at Linz.* (*Austria.*)

This hospital was opened on June 1, 1842. The city council gave a building for the use of the sisters of charity, and the Arch-Duke Maximilian-Este, built a wing for hospital purposes, and collected a fund, which soon was sufficient for the wants of a not inconsiderable number of patients. The hospital now consists of three compartments, viz: one, with twenty beds, for men; another, with twenty beds, for women; and the third, with twelve beds, for children. Dr. Reiss, has been the physician to the establishment from the beginning.

The number of patients treated from June, 1842, to January, 1855, amounts to 9129, of whom 501 died, (40 of marasmus senilis); hence the per-centage of deaths was 5.47; there were 5300 cases of acute disease, with 2.6 per-centage of deaths; and 3829 cases of chronic disease with 9.4 per-centage mortality.

Of these we may mention:

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Acute Exanthems	427 cases,	mortality	1.6 per-cent.
Inflam. Lungs	315 "	"	2.2 "
Typhus Fever	647 "	"	12. "
Organic Heart Disease	172 "	"	14.5 "
Tuberculoses	438 "	"	28.9 "

The greatest mortality, viz., 36. 2 per-cent. occurred in Dropsies.

In the Epidemic Dysentery of 1850 there was a mortality of 14 per-cent.

Of cholera in 1854, of thirty-three cases, sixteen died. The number of OUT-DOOR patients has amounted to about 24,000.

In the children's department, 635 cases were treated; mortality 8.9 per-cent., viz:

Acute Exanthems	86 cases,	mortality	9.3 per-cent.
Inflam. Lungs	43 "	"	0. "
Typhus	35 "	"	14.2 "
Scrofula	99 "	"	0. "
Hooping Cough	42 "	"	2.5 "
Dropsies	18 "	"	61. "

The average expenses, medical and household of the whole hospital was 6186 Florins, or about $3000.

Intermittent fevers required a longer than average duration of treatment, as they were never suppressed, but attempted to be cured radically.

2. *Hospital at Gyöngyös in Hungary.*

Report from July, 1853 to July, 1854.

Diseases.	Whole number.	Cured.	Improved.	Not cured.	Died.	Brought in dying.	Remaining.
Abcessus gland. auris	2	2	..	..	..	..	..
Angina tonsillar. et faucium	4	4	..	..	..	..	..
Apoplexia	2	1	..	..	1	..	..
Arthritis	4	3	..	..	..	..	1
Blepharadenitis catar.	2	2	..	..	..	..	..
Caries oss. pedis	1	..	..	..	1	..	..
Catarrhus chronicus	4	3	1	..	..	..	..
abscessus thoracis.	1	..	1	..	..	..	..
Colica	2	2	..	..	..	..	..
Contusiones	3	3	..	..	..	..	..
Delirium tremens	1	..	..	..	..	1	..
Diarrhœa chronica	1	1	..	..	..	..	..
Erysipelas extremitatum inf.	2	2	..	..	..	..	..
Febris biliosa cum inflam. faucium	1	1	..	..	..	..	..
- catarrhalis	3	3	..	..	..	..	..
- depascens	4	1	..	..	2	..	1
- gastrica	18	18	..	..	..	..	..
- - catarrhalis	2	2	..	..	..	..	..
- - rheumatica	2	2	..	..	..	..	..
- intermittens	31	30	1	..	..	..	..
- nervosa	3	3	..	..	..	..	..
- puerperalis	1	1	..	..	..	..	..
- rheumatica	2	2	..	..	..	..	..

Diseases.	Whole number.	Cured.	Improved.	Not cured.	Died.	Brought in dying.	Remaining.
Hæmoptöe	2	2	..	..	..	..	..
Hydrops universalis	12	1	1	..	7	1	2
- anasarca	14	14	..	..	..	..	..
Icterus cum ulcer.pedis	1	..	1	..	..	..	..
Ileus	1	1	..	..	..	..	..
Induratio testiculi	1	1	..	..	..	..	..
Insolatio	2	2	..	..	..	..	..
Lienitis	1	1	..	..	..	..	..
Mania	1	1	..	..	..	..	..
Metritis	1	1	..	..	..	..	..
Morbili	3	3	..	..	..	..	..
Paralysis artuum	2	2	..	..	..	..	..
- vesicæ urinariæ	1	..	1	..	..	..	..
Peripneumonia	8	8	..	..	..	..	..
Pleuritis	14	14	..	..	..	..	..
Phthisis	5	..	1	..	4	..	..
Rheumatismus capitis	2	2	..	..	..	..	..
Scabies	13	13	..	..	..	..	..
Scrophulosis	3	..	3	..	..	..	..
Syphilis	33	31	..	1	..	..	6
Typhus	2	2	..	..	..	..	..
Trismus et Tetanus	1	..	..	..	..	..	1
Ulcera chronica	13	6	6	..	..	..	1
Variolæ genuinæ	1	1	..	..	..	..	..
Vertigo	2	2	..	..	..	..	..
Whole number..	240	194	16	1	14	3	13

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3. *Report of the Leipzig Homœopathic Dispensary for* 1852.

Diseases.	Whole number.	Cured.	Improved.	Moved away.	Only came once.	Did not return.	Died.	Still under treatment.
Acne	10	2	2	..	3	3	..	..
Adhæs. post perit.	2	1	..	..	1	..	..	..
Amaurosis	4	..	..	..	..	3	..	1
Amblyopia	1	..	..	..	..	1	..	..
Anasarca post scarl	3	3	..	..	..	..	..	..
Angina tons.	23	21	..	..	1	..	..	1
Apopl. insult.	1	1	..	..	..	..	..	..
Arthritis	10	4	1	..	2	1	..	2
Ascites	4	3	..	1	..	..	..	..
Atrophia	11	4	1	..	1	2	3	..
Balanorrhœa	1	1	..	..	..	..	..	..
Bronchiektasia	1	..	..	..	1	..	..	..
Bubo	11	8	..	..	2	..	..	1
Carcinoma	5	..	..	1	1	3	..	..
Cardialgia	47	34	2	..	7	1	..	3
Caries	11	2	2	..	3	2	..	2
Cataracta	4	..	..	..	2	1	..	1
Catarrh. bronch. ac	49	42	..	1	4	..	..	2
" " chr.	72	32	4	..	20	6	..	10
Cat. intest. acutus	26	23	..	..	2	..	1	..
Cat. intest. chr.	11	6	..	..	3	..	1	1
Cat. ventric. ac.	60	55	..	..	2	1	..	2
" " chr.	67	48	..	1	12	1	..	5
Cephalalg. period.	20	7	..	..	6	1	..	6
Chloasmata hepat.	1	..	..	..	1	..	..	..
Chlorosis anæmia	46	24	1	2	6	6	..	7
Cholera europ.	4	4	..	..	..	..	..	..
Colica saturn.	1	..	..	..	1	..	..	..
Combust	1	1	..	..	..	..	..	..
Condylomata	6	3	..	1	1	1	..	..
Congelatio	6	5	..	..	1	..	..	..
Congestiones	6	5	..	..	1	..	..	..
Contract. genu	1	..	..	..	..	1	..	..
Contusio	33	26	..	..	5	..	..	2
Convuls. neonat.	2	..	..	..	2	..	..	..
Cordis vit. org.	14	..	..	1	3	9	..	1
Corneæ macula	10	1	..	..	4	3	..	2
Coryza	3	1	..	..	2	..	..	..
Coxarthrocace.	5	2	1	1	1	..	..	..
Cretinismus	1	1	..	..	..	..	..	..
Crusta lact.	1	1	..	..	..	..	..	..
Delir. trem.	1	..	..	..	..	1	..	..
Dysekoia	10	1	1	..	6	2	..	..
Dysenteria	6	6	..	..	..	..	..	..
Dysmenorrhœa	7	5	..	..	1	..	..	1
Dysuria	1	..	..	..	1	..	..	..
Ecchymos conjunc.	1	1	..	..	..	..	..	..
Eczema	27	16	1	..	5	2	..	3
Emphys. pulm.	30	..	4	..	4	10	..	11
Empyema	2	..	2	..	..	..	..	..
Encephalomalacia.	1	..	..	..	1	..	..	..
Epilepsia	7	6	..	..	1	..	..	..
Epistaxis	2	2	..	..	..	..	..	..
Erysipelas	3	3	..	..	..	..	..	..
Exsud. pleurit	4	..	..	..	3	..	..	1
Favus	16	12	..	..	2	..	..	2
Fist. lacrym.	3	..	..	..	..	3	..	..
Fractura cost.	1	1	..	..	..	..	..	..
Furunculi	9	8	..	..	1	..	..	..
Gland. tum. et absc.	39	22	..	..	8	4	..	5
Gonorrh. ac.	45	26	..	1	8	6	..	4
" sec	32	11	..	..	3	5	..	4
Graviditatis molim.	1	..	..	1	..	..	..	..
Hæmatemesis	1	1	..	..	..	..	..	..
Hæmoptœ	1	1	..	..	..	..	..	..
Hæmorrhoides	4	2	..	..	..	2	..	..
Helminthiasis.	10	..	..	..	..	3	..	2
Hernia	1	..	..	1	..	..	..	..
Herpes annul.	1	1	..	..	..	..	..	..
Herpes labialis	1	1	..	..	..	..	..	..
Hydroceph. Bright.	1	..	..	..	..	1	..	..
Icterus	2	2	..	..	..	..	..	..
Impetigo	28	13	..	..	10	1	..	4
Incontin. urin.	3	..	1	..	..	1	..	1
Ind. pul. post pneu.	1	..	1	..	..	..	..	..
Induratio ventric.	2	..	..	..	1	1	..	..
Inflammat. genu	7	2	..	2	3	..	..	..
Intermittens	34	24	..	..	9	1	..	..
Intertrigo	2	2	..	..	..	..	..	..
Ischias	2	..	..	..	1	..	..	1
Leucorrhœa	27	9	1	1	10	..	..	6
Lienteria	1	1	..	..	..	..	..	..
Lipom. in occip.	1	..	1	..	..	..	..	..
Lithiasis	1	..	..	..	..	..	..	1
Mastitis	3	3	..	..	..	..	..	..
Menostasia	6	2	..	..	3	..	..	1
Metrorrhagia	5	1	..	..	..	..	..	..
Morbilli	2	2	..	..	..	..	..	..
M. mac. Werlh.	1	1	..	..	..	..	..	..
Nephritis chr.	2	2	..	..	..	..	..	..
Neuralgia	4	3	1	..	..	..	..	..
Nicotian Intoxic.	1	1	..	..	..	..	..	..
Obstr. neonat.	4	2	..	..	2	..	..	..
Odontalgia	93	76	..	..	15	1	..	1
Oedema pedum.	2	1	..	..	1	..	..	..
Oedema præputii.	1	1	..	..	..	..	..	..
Oophoritis.	2	..	..	..	1	..	..	1
Ophth. cat., rheum.	47	40	1	..	6	..	..	..
" scrof.	54	20	..	1	11	1	..	21
Orchitis	6	3	..	..	3	..	..	..
Otitis, otorrhœa	19	13	..	..	3	..	..	3
Ozæna	3	1	..	..	1	1	..	..
Panaritium	13	13	..	..	..	..	..	..
Parosis.	4	1	2	..	..	..	..	1
Parotitis.	1	..	..	..	..	..	..	1
Parulis	17	16	..	..	1	..	..	..
Periostitis.	1	1	..	..	..	..	..	..
Photoph. lact.	1	..	..	..	1	..	..	..
Pimples p. vaccin.	1	1	..	..	..	..	..	..
Pleuritis.	12	12	..	..	..	..	..	..
Pneumonia.	9	7	..	..	..	..	2	..
Polyp. nas.	1	..	..	..	..	1	..	..
Presbyopia	1	..	..	..	1	..	..	..
Prolaps. uteri.	2	..	..	1	1	..	..	..
Prurigo	32	15	..	..	8	5	..	4
Pruritus	1	..	..	..	..	..	..	1
Psoriasis.	3	1	..	..	1	..	..	..
Pust. maligna	1	1	..	..	..	..	..	..
Ranula	1	..	..	1	..	..	..	..
Rhachitis.	4	1	1	..	2	..	..	..
Rheumat. acut.	37	26	..	..	8	..	..	3
" chr.	75	39	..	..	18	3	..	15
Scabies	37	17	..	..	17	1	..	2
Scarlatina	3	2	..	..	..	..	1	..
Scorbut.	1	1	..	..	..	..	..	..
Scolios. molim.	12	2	..	..	4	3	..	2

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Diseases.	Whole number	Cured.	Improved.	Moved away.	Only came once.	Did not return.	Died.	Still under treatment
Scrofulosis	3	1	..	..	..	..	..	2
Spasm. Vitiform	5	4	..	..	..	1	..	..
Staphyloma	1	..	1	..	..	..	..	..
Stomacace	9	7	..	..	1	..	..	1
Stranguria	4	2	..	..	2	..	..	..
Struma	1	..	..	..	..	..	..	..
Subluxatio	10	9	..	..	1	..	..	..
Syphilis	24	11	..	1	7	2	..	3
" secund	15	5	..	1	3	2	..	4
Tænia lata	2	1	..	..	1	..	..	..
Tinea capitis	12	5	..	..	2	1	..	4
Tophus	1	..	..	..	..	..	..	1
Tubercul.	72	1	5	2	29	23	1	11
Tumor cystic	4	1	1	..	..	2	..	..
Tumor ad scapul.	1	..	..	..	1	..	..	..
Tum. lienis. p. typh.	1	..	..	..	..	..	..	1
Tum. nas. scrof.	1	..	..	..	1	..	..	..
Tuss. convuls.	11	5	..	..	1	..	..	5
Typhus	4	2	..	..	1	..	1	..
Ulcus linguæ	1	..	..	1	..	..	..	..
Ulcera pedum	27	7	4	..	2	4	..	10
Ulc. perf. ventr.	11	4	..	1	4	1	..	1
Urticaria	5	4	..	..	..	..	..	1
Valgus ped.	2	1	..	..	..	1	..	..
Varicellæ	1	1	..	..	..	..	..	..
Varices ped.	7	..	..	..	2	5	..	..
Variolæ	4	4	..	..	..	..	..	..
Vulnus	4	4	..	..	..	..	..	..
Whole number	1741	967	41	24	252	143	10	304

4. *Report of the Leipzig Homœopathic Dispensary for* 1853.

Diseases.	No. of cases.	Cured.	Improved	Left.	Came only once.	Staid away.	Died.	Remaining.
Abortus mol.	2	2	..	..	..	..	..	..
Acne fac.	8	2	..	..	2	2	..	2
Amaurosis	1	..	..	..	1	..	..	..
Amblyopia	4	1	1	..	..	2	..	..
Amenorrh.	5	2	..	..	2	..	..	1
Angina	17	14	..	..	1	..	..	2
Angina membr.	1	1	..	..	..	..	..	..
Angylops	1	1	..	..	..	..	..	..
Arthritis	7	5	1	..	..	..	..	1
Atrophia	13	4	1	..	3	3	1	1
Balanorrh.	3	3	..	..	..	..	..	..
Bubo	10	5	..	..	5	..	..	..
Carcinoma	2	..	1	..	..	..	..	1
Cardialgia	32	17	..	..	14	1	..	..
Caries	12	4	1	..	2	2	..	3
Cataracta	2	..	..	..	..	2	..	..
Cat. bronch. ac.	51	45	..	1	3	..	..	2
" " chr	68	40	1	..	10	9	..	8
" lar. chr., bronch	11	8	..	..	1	..	..	2
" intest. chr.	7	4	..	1	1	1	..	..
" ventric. chr.	80	40	..	3	24	5	..	8
" " acut	61	53	..	..	5	1	..	2
Cephalalg.	27	17	..	..	6	3	..	1
Chemosis	7	4	..	..	2	..	..	1
Chloros	39	17	1	..	12	7	..	2
Cholerine	1	1	..	..	..	..	..	..
Chor. S. Viti	4	2	1	..	..	1	..	..
Colica flat	10	7	..	..	1	1	..	1
" saturn.	2	..	..	..	1	1	..	..
Combustio	1	1	..	..	..	..	..	..
Condyl.	8	3	..	..	3	1	..	1
Congelat.	11	10	..	..	1	..	..	..
Congestiones, vert	18	8	..	1	8	..	..	1
Contusio	18	16	..	1	..	..	..	1
Convuls. infant.	3	3	..	..	..	..	..	..
Cord. vit.	15	..	4	..	7	3	..	1
Coxalg.	2	2	..	..	..	..	..	..
Coxarthroc.	4	..	..	..	2	1	1	..
Crusta lact.	4	2	..	..	1	..	..	1
Curvaturae	7	..	..	4	1	1	..	1
Cyanosis	3	..	..	..	..	3	..	..
Debilit. ped. p. fract.	1	..	..	..	1	..	..	..
Dentit. molim.	2	2	..	..	..	..	..	..
Dermatit. ped. man.	3	2	..	..	1	..	..	..
Diabetes	1	..	..	..	..	..	..	1
Dolores osteoc.	2	..	..	..	2	..	..	..
Dyskoia	14	4	1	..	5	2	..	2
Dysent.	5	5	..	..	..	..	..	..
Dysmenorrh.	7	7	..	..	..	..	..	..
Dysuria	5	2	..	..	2	..	..	1
Eczema chr.	32	13	1	..	10	4	..	4
Emphys. pulm.	34	..	8	..	11	12	1	2
Enuresis	1	..	..	..	..	..	..	1
Epileps.	6	2	..	..	..	1	..	3
Erosio penis	1	1	..	..	..	..	..	..
Erysip.	3	3	..	..	..	..	..	..
Favus	8	5	..	..	2	..	..	1
Fistul. ani	1	..	..	..	..	..	..	1
" dent.	2	..	..	..	2	..	..	..
Flux. liq prostat.	1	..	..	..	1	..	..	..
Fract. tib.	1	..	..	1	..	..	..	..
Furunc.	15	11	..	..	1	..	..	3
Ganglion	1	..	..	..	1	..	..	..
Glandul. tum. absc.	45	22	1	..	7	4	..	11
Gonorrh.	62	29	..	1	24	3	..	5
" sec.	22	9	..	1	5	5	..	2
Gutta rosac.	1	..	1	..	..	..	..	..
Haemoptoe.	7	6	..	..	1	..	..	..
Haemorrh.	5	2	..	..	2	1	..	..
Helminth.	11	6	..	..	3	1	..	1

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Diseases.	No. of cases.	Cured.	Improved.	Left.	Came only once.	Staid away.	Died.	Remaining.
Hepat. physic.	1	..	..	..	..	1	..	..
Hern. scrot.	1	..	..	1	..	..	..	..
Herpes praep.	2	2	..	..	2	..	..	..
Hordeol.	1	..	..	..	1	..	..	..
Hygr. patellae.	2	..	..	..	2	..	..	..
Hypoch. onan.	2	..	..	1	1	..	..	..
Hysteria.	1	1	..	..	..	..	..	..
Icterus.	7	4	..	1	..	1	..	1
Impetigo.	21	12	1	..	6	..	..	2
Impot. p. onan.	1	..	..	..	..	..	..	1
Incont. urinae.	4	1	..	..	..	3	..	..
Indurat. pulm.	6	..	2	..	2	2	..	..
" ventric.	4	..	..	..	2	1	..	1
Inflamm.artic. genu.	5	1	..	1	..	1	..	2
Intermittens.	69	48	..	1	16	4	..	..
Irrit. spin.	1	1	..	..	..	..	..	..
Ischias.	7	4	..	..	1	2	..	..
Leucorrh.	21	5	..	..	5	9	..	2
Lichen.	2	..	..	..	2	..	..	..
Lienis tum.p.interm	3	1	1	..	1	..	..	..
Lithiasis.	1	..	..	..	..	1	..	..
Mastitis.	4	3	..	..	1	..	..	..
Menost.	3	1	..	..	1	..	..	1
Metrorrh.	5	4	..	..	1	..	..	..
Miliar.	1	1	..	..	..	..	..	..
Morbilli.	1	1	..	..	..	..	..	..
M. mac. Werlh.	1	..	..	..	1	..	..	..
Moria.	1	..	..	1	..	..	..	..
Myelitis chr.	2	1	..	..	..	1	..	..
Naevus.	1	..	..	1	..	..	..	..
Nephritis chr.	1	..	..	..	..	..	..	1
Neuralg. supraorb.	2	1	..	..	1	..	..	..
Obstr. alvi.	1	1	..	..	..	..	..	..
Odontalg.	98	78	..	1	14	3	..	2
Odor foet. ex ore.	1	..	..	..	..	..	..	1
Oophor. chr.	5	2	1	..	1	..	..	..
Opht. cat., rheumat.	47	28	..	..	17	..	..	2
Ophthalm. scrof.	68	38	1	..	13	8	..	8
Orchitis chr.	6	3	1	..	1	..	..	1
Otitis.	18	12	..	..	6	..	..	..
Ozaena.	1	1	..	..	..	..	..	..
Panarit.	22	20	..	..	1	..	..	1
Paresis, paralys.	18	3	4	..	7	2	..	2
Parotitis.	2	2	..	..	..	..	..	..
Parulis.	10	10	..	..	..	..	..	..
Peliosis rheum.	2	1	..	..	1	..	..	..
Pemphigus.	1	1	..	..	..	..	..	..
Pericarditis.	1	1	..	..	..	..	..	..
Peritonitis.	2	2	..	..	..	..	..	..
Pleuritis.	16	14	..	..	1	..	..	1
Pleuritis exsud.	2	..	1	..	..	1	..	..
Pleurodynia.	4	4	..	..	..	..	..	..
Pneumonia.	8	7	..	..	..	..	..	1
Pollut. excess.	1	1	..	..	..	..	..	..
Polypus nas.	1	1	..	..	..	..	..	..
" aur.	1	..	..	..	..	1	..	..
Prolaps. ani.	1	1	..	..	..	..	..	..
" vaginae.	2	1	..	..	..	1	..	..
Prurigo.	23	10	..	..	9	3	..	1
Pruritus.	7	5	..	..	2	..	..	..
Psoriasis.	1	1	..	..	..	..	..	..
Ptyalism.	1	..	..	..	1	..	..	..
Pust. maligna.	1	1	..	..	..	..	..	..
Rhachitis.	9	1	..	..	4	3	..	1
Rheumat. ac.	44	35	..	..	6	2	..	1
" chr.	73	42	..	1	15	5	..	10
Rubeolae.	1	1	..	..	..	..	..	..
Scabies.	16	8	..	..	4	3	..	1
Scorbut. gingiv.	5	1	..	..	2	2	..	..
Scrof'ul.	10	4	2	..	2	2	..	..
Spasm musc.faciei.	1	..	..	..	..	1	..	..
Stomacace.	11	10	..	..	1	..	..	..
Strabism.	1	..	..	..	1	..	..	..
Stranguria.	1	1	..	..	..	..	..	..
Struma.	5	..	1	..	3	1	..	..
Subluxat.	15	12	..	2	..	1	..	..
Sudores noct.	1	1	..	..	..	..	..	..
Syphilis.	27	14	..	1	2	7	..	3
" sec.	17	7	2	1	1	1	1	4
Taenia lata.	1	..	..	..	1	..	..	..
Tinea cap.	20	11	..	..	3	3	..	3
Tophus.	2	..	1	..	..	1	..	..
Tuberculosis.	55	1	4	3	11	27	4	5
Tum. cyst.	1	..	..	..	..	..	..	1
" nar. scrof.	2	1	1	..	..	..	..	..
" ped. rheum.	4	1	..	..	2	1	..	..
Tuss. convuls.	33	26	..	..	4	..	1	2
Typhus.	3	1	..	2	..	..	..	..
Ulcus ad anum.	2	..	..	..	1	1	..	..
" ad front.	1	..	..	..	..	..	..	1
" corneae.	8	2	3	..	1	..	..	2
" pedum.	44	9	4	3	11	14	..	3
" perf. ventr.	3	1	..	..	2	..	..	..
Urticaria.	5	5	..	..	..	..	..	..
Valgus ped.	1	..	..	..	1	..	..	..
Varicos. ped.	8	1	1	..	3	3	..	..
Variola.	1	1	..	..	..	..	..	..
Vulnera.	11	8	..	..	3	..	..	..
	1905	1044	55	36	405	206	9	150

The Leipzig Homœopathic Dispensary has been in existence thirteen years:

In	1843,	428	cases	were treated,
"	1844,	608	"	" "
"	1845,	713	"	" "
"	1846,	762	"	" "
"	1847,	777	"	" "
"	1848,	973	"	" "
"	1849,	1080	"	" "
"	1850,	1190	"	" "
"	1851,	1284	"	" "
"	1852,	1741	"	" "
"	1853,	1905	"	" "
	Total	11470.		

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HOMŒOPATHIC AND ALLOPATHIC STATISTICS.

Dr. Chargé of Marseilles has recently published an interesting statistical table representing the mortality occurring at the "Convent of Refuge" since its foundation in 1841 up to 1854. From this table it appears that the annual mortality, under allopathic treatment, amounted at the maximum point to 12 per cent., and at the minimum point to 4,17 per cent.; while the homœopathic maximum never reached above 3,72 per cent., and descended as long as 1,48 per cent. The following are the figures:

ALLOPATHIC TREATMENT.

	Population.	*Deaths.*	*Mortality.*
1841	142	10	7,04 per cent.
1842	138	17	12,31 "
1843	189	13	6,93 "
1844	208	9	4,17 "
1845	248	10	4,43 "
1846	274	15	5,47 "
1847	327	14	4,28 "
1848	325	14	4,31 "

HOMŒOPATHIC TREATMENT.

	Population.	*Deaths.*	*Mortality.*
1850	338	5	1,48 per cent.
1851	318	10	3,14 "
1852	322	12	3,72 "
1853	334	10	2,99 "
1854	360	12	3,33 (cholera) "

In proof of the prophylactic power of homœopathic remedies, Dr. Chargé asserts that in 1849 there were 260 cases of cholera at the "Convent of Refuge" and fifteen deaths. In 1854, one sister was attacked with the malady and cured in twenty-four hours. This case induced the other sisters to resort to be homœopathic preventives since which period no other case of cholera has occurred.

EPIDEMICS.

YELLOW FEVER.—We are happy to learn that the homœopathic physicians at Portsmouth and Norfolk have been as successful in the treatment of this terrible disorder this year, as were the homœopathic physicians of Natchez and New-Orleans in 1853.—The average of deaths never seems to exceed 10 per cent.—

For an admirable article on yellow fever, see the Nov. 1853, No. of this journal. In 1853, Dr. Holcombe, of Natchez, treated one hundred and forty cases, of which only nine died. Dr. Davis, of Natchez,

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treated four hundred and fifteen cases, with twenty-four deaths. Dr. Leon, of New-Orleans, treated more than one hundred cases, with a loss of ten per cent., and says that the other homœopathic physicians were equally successful.

Steps have been taken to obtain full reports of the epidemic of this year, and its homœopathic treatment from all of the Southern cities.

ALLOPATHIC NOTIONS

of the Nature, Progress and Treatment of Yellow Fever.

As a general thing, before the disease supervenes, or rather at the first stage of the disease, you experience an unwonted hilarity, an animation rarely before felt. Elasticity and buoyancy pervade your frame, so that you could walk and run, and always feel as if you could mount upon eagles' wings. The spirits are jocund and lively. Then comes a slight pain in the head: then a tremulous shiver of the nerves, and then the pain in the back. These sometimes increase slowly; and now, if you have an experienced physician, a good nurse, resort to the simplest remedies—a mustard-bath and a mild cathartic; remain in bed and keep the nerves quiet—the chances are nine out of ten, or ninety-nine out of a hundred, in your favor.

But who thinks this is "Yellow Jack," as he is facetiously called? Who can for a moment suppose that this is the dreaded and terrible disease that now mows down all before it like the mower in the field? Alas, men are thrown off their guard. "It is only a slight attack," they say, "of remittent fever; no man would lay up for this." But then, alas! comes the fever in all its terrible malignity and power, like a strong man armed. You are instantly thrown on your couch; the physician then in haste is sent for; but, alas! in too many cases, too late. And now the throbbing temple, the lightened head, threatening bursting almost, the arteries and veins gorged as with flame, increasing pain all over the system, then supervening delirium, the eye wildly rolling; then the saffron hue, and then, as suddenly as it has come on, the fever abates. The patient feels weakened, but yet quite well. Perhaps he arises, as thousands have done, from his bed, sits down to his table and writes a short note to a distant friend, thanking God that all is over, and that he is now convalescent. Rising from his chair he staggers —one terrible jet from his lips, he reels and falls upon the floor or bed a corpse! This is no exaggeration; this is no extraordinary specimen of the disease and of its operations. The reverend gentleman narrated several cases coming under his own observation, or the particulars of which he had learned from friends, of the suddenness with which the disease exhibits itself and fatally terminates.

Pathology.—Dr. Stone says. This disease has literally no anatomical character—it is a blood poison. In yellow fever proper there are no traces left to account for symptoms or death. Occasionally there are engorgements from the sequelæ—but none to account for the black vomit, &c. There was, in fact, no irritability or tenderness of the stomach, but simply heightened nervous sensibility. The yellow liver described by Louis was but a dirty yellow, as in the absorption of blood around a bruise of the skin.

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Treatment.—Yellow fever is a self-limited disease; it is not to be treated—it is to be managed. All that is to be done is to keep the patient alive for a certain time, and he will get well.

The disease is ushered in with a chill or slight rigor, often scarcely noticeable, followed by heat in forehead, pain in head, limbs and back. If carefully treated, these symptoms will terminate gradually in two or three days; but if the patient gets hot and dry, in from five to seven days, collapse, black vomit, and death result.

Among those who may be said to understand the disease, there are two methods of treatment: the expectant—cups to temples to relieve cephalalgia, slight laxatives to open the bowels, hot baths under the bed. Others give quinine; I myself was the first to do so, whoever has the credit, but no matter about that. The only difference is that they do not give it with any specific object. His method was a full dose at the beginning of the disease, but not afterward. Thus given, it promoted and prolonged the sweating stage, and while this was kept up the patient was safe. It was remarked, that they would get well without quinine where it was generally prescribed. He was physician for many years to the hospital where there were forty to fifty instances a day, and he noted that those in favor of this quinine treatment were about ten per cent.

Calomel.—There was no possible condition of the system where there could be any benefit derived from its use—there was no local disease. He knew this, for he had followed the patients of the Calomel-ites to the dead-house in plenty. He was formerly serving as apothecary to the hospital, and one of his acquaintances asked him to prescribe for them. He gave quinine; the attending physician came in the morning and he ordered a drachm of calomel, but I put up magnesia. The next day he was better, and the doctor repeated the dose, but I took the liberty to repeat the magnesia. He got well, and thenceforward was one of the attending physician's "brag cases," for I dared not tell him of my doings. Then came new physicians from Paris, full of Broussais' theory, and they bled and boasted of their successes also for a while, and in truth they did succeed as well as the former. Then came eclectics with fanciful theories; they gave a little calomel to disgorge the liver a little, cups a little, leeches a little, and with a result very little different from the others.

There were some peculiarities in the disease that might not at first strike one—the disturbed nervous system, and especially delirium—one of the worst symptoms. This may appear at first, but not usually. Its first evidence is restlessness and want of sleep; objects are seen very much as in *mania-a-potu*. Narcotics produce stupor and death, for the patients with this disease are peculiarly susceptible to morphine; stimulants are much better. You must watch to give the stimulants as early as possible; they then sweat off, and are relieved in twenty-four to thirty-six hours; but even then they must not be disturbed—if raised up they faint away. Perfect and absolute rest, of body and mind, are indispensable. If they are excited the heat returns and they die. Watch for sleeplessness, and give minute anodynes and stimulants. Give those agreeable to the palate. As they approach the black-vomit-period with previous restlessness and acid secretions, give some alkali, with minute doses (say a 20th or a 30th of a grain) of morphine, with champagne, ale, beef essence, &c. Impart to the patient a feeling of safety and security. And yet I have thought, in proportion to the mildness of the disease was the danger, for quiet is absolutely necessary, and coercion does not answer. The patient is to be managed, not treated.

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Foot-baths under the clothes, will often produce favorable sweats. When in dry heat, forced perspiration is bad; sponging with tepid water is then better. The douche is but of temporary benefit, and the subsequent reaction leaves the patient worse. Sponging with lemon-juice, sweet oil and salt are used, but pure water is better. All that is to be done is to ease them through.

Dr. STONE.—Literally there is but one paroxysm, but if convalescence be disturbed there is a return of the first stage, and this may be called a relapse.

Dr. GARDNER stated that Dr. ASHBEL SMITH laid great stress on covering, and said the patient should be enveloped in blankets and carefully excluded from the air. Was this correct and what drinks are proper?

Dr. STONE.—Careful covering of the entire body and limbs is absolutely requisite, but not to swelter under too much covering. If the hands were but exposed sometimes, the heat would return and a relapse ensue. Some mild diaphoretics may be given; such drinks as the patients desire; one year all want brandy and water, other years malt-liquors. Give that which is desired, and carefully avoid even the nervous shock caused by a bitter or disagreeable medicine. Sponging the body under the clothes, ice-water to head, generally was followed by reaction and more pain. Dr. CARTWRIGHT had pursued the opposite plan of enveloping the head in warm fomentations.

Dr. DETMOLD wished to ask a few questions. 1. Was there any evidence of hæmorrhages in the stomach—causing the black vomit; any anatomical change? 2. Was there in the South any popular or scientific belief that the appearance of frost arrested the progress of the disease? 3. Had the breaking the bulk of ship at Norfolk anything to do with the epidemic at Norfolk?

Dr. STONE.—1st.—The Black Vomit left no trace behind. There were some who, making examinations, always saw just what they wanted to, others were unaccustomed and were deceived, thinking they saw softening, &c., when they saw only ordinary conditions, perhaps slightly modified. 2d.—Frost does not check the disease. As a general rule, when the epidemic came early it left early, and when late, it left late. The disease has never renewed after it has ceased, by the return of people from their Summer retreats, as it would if contagious. 3d.—As to the breaking of bulk of ship in Norfolk, he had made many investigations, but could only obtain second-hand information. Dr. UPSHUR, now dead, informed him that the yellow fever was in Gosport before the arrival of the *Franklin*, and this vessel had no yellow fever on board, and was twenty-eight days in quarantine.

The Norfolk epidemic was the identical yellow fever seen the same in every locality, but in a severer form than ordinary. It first commenced at Rio in 1851, thence spread throughout Brazil, Para, northern part of South America, going into the country and the small villages; into the West Indies, into the plantations heretofore unknown to be ever affected, attacking negroes, (generally suffering immunity;) into the pine woods of Alabama and the heights between this State and Georgia, the next year throughout Georgia and South Carolina, this year in Memphis, where never was before epidemic, and Norfolk. It is creeping over the country, and there is some reason to fear (why, cannot be said,) that next year it may reach New-York.

Dr. CORSON wished to know the doses of quinine he gave, and the vehicle.

Dr. STONE.—Fifteen or twenty grains, according to the circumstances at the

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outset, perhaps ten grains more twelve hours after, but none unless on the first day; on the second day it is entirely useless, and after that actually injurious, although they bear it better than any other remedy. It causes vomiting when given late, and is not necessary, for its effects last several hours after its administration.

Dr. S. regretted the necessarily imperfect and desultory manner in which he had been obliged to make his remarks, but he hoped that on drawing up his paper, some weeks hence, he might be enabled to make it more consecutive and logical. He thanked the Academy for the honor they had done in hearing him. The society then adjourned.—*Report of Academy of Medicine.*

Hooping Cough.—This troublesome disorder is prevailing in this city to an unusual extent; we call attention to Dr. Neidhard's interesting article on the successful use of Mephitis Putorius, in the Nov. 1853, No. of this Journal.

Rheumatism, is also almost epidemic at this time; the cool and wet summer seems to have produced an unusual tendency to this painful affection. We have found the Actea Racemosa very useful, when the ordinary remedies, such as Aconite, Bryonia, Pulsatilla, Mercurius, &c., have been comparatively useless.

Hæmorrhagies from the lungs, stomach and uterus seem more prevalent than usual. Colchicum and Hammemelis have proved very useful.

HOMŒOPATHIC MEDICAL SOCIETIES.

1. *The New-York State Homœopathic Society.*

The proceedings have just been received. The Address of Dr. Perrine, of Brooklyn, delivered before this Society at Albany, will be found in this No. of the Journal; the Doctor deserves great credit for the able and thoughtful manner in which he has elaborated and enforced the claims of Hahnemann and Homœopathy upon the respectful attention of the Medical and Lay Public.

We think that the indefatigable and self-sacrificing Secretary, Dr. H. D. Paine, of Albany, has never received due acknowledgement from the fraternity, for his unwearied endeavors to promote the usefulness and maintain the active existence of this most praiseworthy association.

2. *The Connecticut Homœopathic Society.*

We should be most happy to receive full reports of the late proceedings of this active society.

3. *American Institute of Homœopathy.*

4. *Homœopathic Medical Academy of the State of New-York*, or-

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ganized by the Homœopathic physicians of Yates, Ontario, Steuben and neighboring counties.

5. *Rhode Island Homœopathic Society.*
6. *Philadelphia Homœopathic Medical Society.*
7. *Homœopathic Medical Society of Washington* and Saratoga counties, N.-Y.
8. *Homœopathic Society of Orange County.*
9. *Ohio College of Homœopathic Physicians.*
10. *Massachusetts Homœopathic Medical Society.*
11. *Hahnemann Academy of Medicine. N.-Y.*
12. *American Prover's Union. Philadelphia.*
13. *Wisconsin Homœopathic Institute.*
14. *Western Institute of Homœopathy. Ill.*

N.B. Arrangements will soon be completed to obtain regular reports of the proceedings of all of the above associations and societies.

HOMŒOPATHIC MEDICAL COLLEGES.

Homœopathic Medical College of Pennsylvania.

We have just received the 8th Annual Announcement of this successful enterprize. We are truly gratified at the uninterrupted prosperity of this school. The Managers and Faculty have been very judicious and successful in their efforts to secure the permanency and progress of the institution. They have lately not only purchased the college edifice, which they had only rented for the last six years, but have also purchased two commodious dwellings adjoining, for the purpose of opening a school for clinical instruction. Regular clinics in medicine and surgery are also held in the college buildings.

A full course of medical instruction is given in all the branches, viz:

1. Materia Medica and Therapeutics.
2. Homœopathic Institutes, Pathology and Practice of Medicine.
3. Obstetrics and Diseases of women and children.
4. Chemistry and Toxicology.
5. The Principles and Practice of Surgery.
6. Anatomy, general and descriptive.
7. Physiology and Medical Jurisprudence.

We trust that they will not appeal in vain for the cordial support of the whole homœopathic profession in the whole of the union. Homœopathists are now rendered entirely independent of the old

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school for the instructions of their medical students. The number of students matriculated in 1854 to 1855 was eighty-three, and the graduates thirty-eight.

We would propose that every homœopathic physician in good standing should become a member of the college and receive its diploma. Strict supervision should of course be held that no unworthy members should be admitted; none except such as receive the endorsement of the state censors should be honored with a diploma. Every graduate of an allopathic college, now practicing homœopathically, should be anxious to obtain the diploma of a well established and honorable institution like the Homœopathic Medical College of Pennsylvania. Of course each physician should pay for his diploma; and thus, although the college is not pressed for funds, still they doubtless can use more than they have, and every homœopathic physician would have an opportunity of contributing his mite towards securing the permanency of the institution.

We have less hesitation in making this suggestion because it is impossible to conceive that the honorable board of managers or the faculty would be guilty of selling or bestowing their diplomas upon unworthy persons. Our principal object in making it is to devise some means of inducing every homœopathic physician to take a warm and personal interest in the honor, fame, usefulness and stability of the college.

HOMŒOPATHIC DIRECTORY FOR THE UNITED STATES.

We are in hopes that this undertaking will soon be completed in the same thorough manner in which our colleague, Dr. Preston, has perfected the Directory for the New-England States.

Arrangements have been made to obtain the names and residences of every homœopathic physician throughout the United States, but we would be most happy to receive the aid of every physician under whose view these lines may fall. A list for a single county, or a few counties, or for a single state, would be gladly received.

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NORTH AMERICAN;

HOMŒOPATHIC JOURNAL.

FEBRUARY, 1856.

Original and Translated Papers.

ARTICLE XVII.—*On Rational Homœopathy, by* HAMILTON RING, M.D., *of Urbana, Ohio.*

Messrs. Editors: I thank you for your kind invitation to become a contributor to the pages of the North American Homœopathic Journal; and, although, I confess, I am not prepared to write much, or perhaps anything which would certainly promote the advancement of homœopathy and the cause of truth in medicine,—I shall endeavor, from time to time, to forward you an article for insertion in the Journal, trusting that more useful matter will not thereby be excluded.

I have rather been zealous in the cause of medical truth, than an *enthusiastic* advocate of the homœopathic system, as it is most generally understood and practised, although, for several years, I have depended upon my knowledge of the practical workings of homœopathy, upon the science of medicine in general, and upon the exercise of my own common-sense and rationality for the essential matter of a physical subsistence for myself and family. I have not been an enthusiast in homœopathic medicine, because, whilst I have been convinced of and

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have accepted the truths of homœopathy, (so far as I have perceived and understood them,) still I have been persuaded, and the persuasion has gradually become conviction, that either "similia similibus curantur" does not include all principles which lie at the centre and determine the operations in every instance of successful and wise treatment of disease by medicines, or that the so-called law of homœopathy is not rightly understood in many cases in which it is really, although perhaps obscurely, applicable. What my own more mature opinions are will be gathered from what follows.

At the same time that I have not been enthusiastic in my advocacy of homœopathy, I have, nevertheless, been most thoroughly convinced, that *similia similibus curantur* expresses the law which governs and pervades the truly scientific treatment of all diseases such as have their location in the higher regions, in the inmost recesses of the human organism, and either manifest their characteristic derangements almost exclusively in those higher regions,—in the cerebro-spinal system, par eminence,—or which, at the same time descend into the inferior regions or planes of the body,—the sphere of organic vegetative life especially,—and produce their characteristic disorders, by virtue of a certain physiological dependence of the latter upon the former, without the proper vitality, the real organic function and structure,—the *proprium*, so to speak, of the latter, being positively interfered with.

On the other hand, I have not been convinced that, in diseases which originate in the more complex and gross structures of the body,—in the inferior organs and in the plane of the red blood,—and which affect or involve the higher organs only by virtue of the dependence of the higher organs upon the lower, as upon a basis for their normal existence,—in these cases, I have not been convinced (*unless certain experiences and deductions, which it is my object to present to you, be allowed*) that the formula *similia similibus curantur* is sufficient to determine the selection of the remedies adapted to each case of disease. I say, unless certain experiences and deductions, which I shall present, shall be admitted to be valid, because I believe they only are competent to establish, in a truly scientific manner, a broader application and secure a more efficient operation of the

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homœopathic law, than is at present known. In presenting these experiences and deductions, I shall be influenced by no merely external and unworthy considerations, by no desire to be thought to be orginal in my views, or to effect a compromise with a prejudiced opposition, but simply to learn, with the aid of others, whether these things be true or not, and if true, to practise them.

I know that a large portion of the homœopathic school, pays no attention whatever to physiological theories, and I am, perhaps, asked what right I have to make such classifications of diseases, as I have adduced. I can only answer, that it is the teaching of what I regard as true science. Or, I am told, in the usual form of explanation, that vital symptoms are the analogues of the mutations of purely organic life, and that a knowledge of the former implies such practical understanding of the latter, as will always suffice for the selection of the homœopathic remedies in cases of essential disease of the organs. Herein lies the truth, and also, I insist, the obscurity and difficulty.

I am of like opinion with those who believe, that *similia, &c.* does accurately indicate the remedies for all diseases which belong *primarily* to the highest or most interior structures of the human organism, and of whose life *vital symptoms* are the proper manifestations; but when it is, furthermore, attempted to apply the law of similarity to the treatment of symptoms and conditions of the inferior organs, I am convinced that the common method in the homœopathic school, of investigating those conditions or viewing those symptoms, is based upon erroneous or imperfect views of their nature, and that, until such error shall be removed, the homœopathic treatment of several forms of disease, must continue to be, as it has been, failure and disappointment.

In the higher regions of the body, or in the sphere of animal life, vital symptoms are everything; but in the organic vegetative sphere, nutrition, secretion, &c. are the analogues of the former. In diseases of which vital symptoms are the proper manifestations, medicines administered in accordance with the law of similarity of symptoms, will certainly cure. In diseases involving primarily, the inferior organs, there are no ever-present,

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unvarying external symptoms or visible conditions, along side of which, in all cases, the pathogeneses of remedies may be ranged for comparison, with reference to similarity. The symptoms of the inferior organs are derived from their *functions*, which are not, as in the case of the cerebro-spinal system, sensations and voluntary or automatic actions. Those functions are as various as the organs themselves are. The stomach and intestines secrete the gastric and other fluids; the liver secretes bile; the pancreas its peculiar juice; and these together with other organs, are the chief instruments in the digestion of food. In diseases of the vegetative sphere, the perversions and suppressions of these and other secretions, and the interference with their uses in the body are the primary symptoms with which we have to deal, and which we must overcome. In these diseases, does the law *similia similibus* help us to the remedies? The answer must be derived from a rational consideration of the facts of experience.

Homœopathic experience undoubtedly presents us with many instances of cure, in diseases *attended with* perverted or temporarily suppressed functions of the inferior organs, but it does not, by any means, establish the efficacy of the ordinary homœopathic treatment, in cases in which impaired functions of the stomach, intestines, liver, &c., are primary or essential features of the diseases. On the contrary, experience has settled the fact, that the treatment employed in the homœopathic school fails to overcome such constipation of the bowels (dependent upon deficient, perverted or arrested secretion of bile and intestinal fluids) as we find in many cases of bilious and other fevers, and consequently cannot cure these fundamental conditions of disease. Hence the unsatisfactory results of the ordinary homœopathic treatment of severe miasmatic fevers, especially in the western states and in the autumnal months.

Now it does appear to me, notwithstanding the many arguments which have been employed to prove that *all* aperients or evacuants are unnecessary, that in forms of disease,—and I shall especially allude to bilious, remittent and intermittent fevers,—in which the lower organic functions are impaired (those of the abdominal organs, for example) the normal condition and the essential nature of those functions should be restored by the

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operation of medicines, or the treatment should be regarded as inadequate. And it has appeared so to others, if I may judge from what is said to be a fact, that western homœopathic physicians, who have succeeded in curing severe cases of miasmatic fever, have been obliged to resort to allopathic measures to assist such cases through, especially in some years and during the fall months. And I believe that it is known to many homœopathic physicians, that the cases in which so-called allopathic assistance is required, are cases in which the abdominal organs concerned—in the sphere of their proper organic life—have become essentially diseased, and in which their functions are not simply disturbed or very temporarily suppressed. Western homœopaths have proved, to their own satisfaction at least, that the infinitesimally, or even the slightly attenuated medicines will not cure the worst of such cases; and they have had no other alternative than to adopt what they supposed to be allopathic measures. They feel confident that the fault does not lie in their not having selected the most homœopathically indicated medicines; there is, moreover, a conviction amongst them, that portions of medicine in the ordinary crude form, and in quantities more or less allopathic, are needed.

Wherein lies the difficulty? Does *true* homœopathic treatment really fail in severe miasmatic fevers, or are the failures to be ascribed to the ignorance or misconceptions of homœopathic physicians? The difficulty seems to me to be dependent upon two errors,—first, in the usual method of applying the law of similarity to purely external and non-essential symptoms, such as *constipation, diarrhœa, portal congestion, &c.*, abstractly considered,—and secondly, in the employment of the attenuated medicines in derangements concerning the proper life of the most inferior organs.

What are the facts in relation to the first-named error? In health, the liver secretes bile of a given amount and quality. In disease, that secretion may be perverted or suppressed. If the secretion is simply depraved in quality, or, besides, altered in quantity, there may be diarrhœa or constipation. If the secretion of bile is arrested, there is generally constipation. So far as the external symptoms *diarrhœa or constipation* are concerned, it cannot be said that one essentially differs from the

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other. They are, in fact, as symptoms in miasmatic fevers, essentially alike. The proof is this;—there is reason to believe, that, in every form of disease in which the secretory or excretory organs are involved, there is, uniformly, a natural effort in the organs to continue their processes of secretion and excretion, and thereby to eliminate morbific matter, and that whenever the secretions, excretions and eliminations are suppressed, wholly or partially, it is because the proper life of the secretory and excretory organs is depressed or assailed by an occupancy of these organs by the poison of disease, or perhaps by an increased *intensity* (I employ this term because it is a familiar one) of the morbific influence. If this be so, the symptoms *constipation and diarrhœa*, abstractly considered, in diseases essentially involving the liver, stomach, intestines, &c., should have nothing to do with the determination of the *homœopathicity* of remedies. And to retain consistency between the ideas I have expressed, all medicines positively influencing the organic secretory and excretory functions,—especially in miasmatic fevers,—should be, and should be regarded as, eliminatives, evacuants.

A *strict* homœopathist impatiently inquires, perhaps, by what rule, in such cases, is the remedy to be selected? It must not be understood that I deny the applicability of the homœopathic law in the treatment of such forms of disease; I merely mean to insist, that in miasmatic fevers (for example) *secretion, excretion* and *elimination*, and not congestion, constipation, &c., are the uniform and essential conditions to be kept in view, as organic symptoms, whether these physiological and pathological processes are present, or are impaired or suppressed, and that *the similarity is to be sought after in the essential as well as visible characters of these secretions and excretions, or of the matters which should be secreted and excreted.*

The facts relating to the second named error,—the employment of the attenuated medicines in diseases involving the proper life of the organic system,—are, that in all such diseases the ordinary crude forms of medicines, in small, or more or less allopathic quantities, are indispensible. And this necessity, I must infer, is based upon a fact *that medicines are truly related to the lower and the lowest organic structures, only in their least attenuated and crude forms.* The higher and the highest

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organic structures in the body are pervaded by subtile material, aërial and ethereal elements, to which experience seems to show that the medium attenuations and the higher infinitesimals are as truly related.

It is not my purpose, at present, to write an essay on the treatment of disease, and I shall approach the principal aim of this letter, which has some especial reference to the ordinary homœopathic treatment of remittent and intermittent fevers,—by asserting that true science, based upon experience, requires, that, in diseases essentially, and not secondarily, involving the inferior organs of the body, medicines in the crude form, and it might be, at times, in no inconsiderable quantity, shall always be administered. This does not, by any means, undervalue the attenuated medicines, nor imply that they may not be required intercurrently, and as most useful and necessary auxiliaries; on the contrary, in so far as the higher organisms are not merely secondarily affected, but are so essentially, and, especially primarily, the attenuations must also be necessary, and in the next place I assert, that the opinions which have just been expressed, are particularly applicable to the severer and most complicated forms of bilious, remittent and intermittent fevers; in other words, that from the want of knowing what better to do, more or less of ordinary allopathic treatment of these cases of disease, is necessarily employed, and, finally, I assert as my belief, that the homœopathic school will be obliged to admit the truth of the foregoing, will be obliged to adopt the same treatment of the diseases alluded to, as is employed in allopathic practice, or that it must concoct a more effectual, scientific and rational practice.

These assertions do not—let me assure you—proceed from a desire to teach others, much less to dictate to men of vastly larger experience than my own; they are entirely based upon strong convictions of their truth, and upon a sense of duty to declare that truth fearlessly and without regard to personal considerations. I feel that the opinions I have expressed will, at once, meet with a hearty disapproval of a large proportion of my professional brethren.

Let it not be understood that I advocate combined homœopathic and allopathic treatment in any case, much less as a general rule; and I disclaim the intention, not because I feel

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unwilling to render justice to the allopathic school, but because I believe it can be shown that such (apparent) combination of practice, in the cases in which it is advised, is entirely in accordance with the fundamental principles of Homœopathy. I have stated that the natural tendency of the human system, in diseases involving the secretory and excretory organs, is to eliminate morbific materials, or the products of disease, and sustain the normal secretions and excretions; and that, in cases in which the organs whose office it is to secrete and eliminate, fail to perform their respective functions, it is because their proper organic life is interfered with or oppressed, and not because the essential nature of the disease is, in the slightest degree, changed. Where the proper organic life is not interfered with, the disease is supposed to be primarily located in the higher or the highest regions or structures of the body, and the homœopathic remedies, selected in accordance with the idea of *similarity* will cure. When that life is depressed by a more external, or by a more *intense* invasion of the disease, still the disease itself is the same, and the indications from which the remedies are to be selected are not essentially different,—the only difference in the treatment is, that the form of the medicines must be such as is naturally related to the sphere of the organs affected.

This brings us to the startling position, that Calomel and Ipecac., and Opium and Quinine, and other medicines, in the usual *allopathic* doses, may be deemed, in themselves, good medicines; and may, even in those doses, be consistently employed by homœopathic physicians, whenever, *in accordance with the ideas which I am endeavoring to set forth*, they are homœopathically indicated. In remittent and intermittent fevers, it is not to be denied, that the effort of nature is to eliminate the materia morbi, and that in so doing, it leads, if wholly or partially successful, to sweatings and to evacuations from the liver and bowels and other phenomena. For a time, nature does not seem to succeed, the consequence of which is that fever prevails, with a hot, dry skin, constipation and other symptoms of a like character. The only difference between the latter condition and the favorable one previously mentioned, is that in the latter the organic functions of the skin, liver, bowels, &c., are, for the time, oppressed; the disease is essentially the same, except as to inten-

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sity. The only condition in the treatment of the latter case which must differ from that of the former, is to administer the remedies in such form that they may meet the disease on its own ground in the lower organic sphere.

I have no fear that any honest and intelligent mind will misapprehend my meaning, or will attempt to charge me with weakness in upholding the cause of truth. I have no compromises to offer to prejudiced opponents, no favors to ask of those who claim to own the entire stock and interests of the prevailing school of medicine. I have no homage to render to the founder of the homœopathic school, beyond what may be reasonably due to a highly gifted and most useful man. I owe allegiance to no cause except that of the truth; and am bound by no earthly responsibilities, except such as arise out of the duties of general usefulness I owe to my fellow-creatures.

The peculiar ideas I have presented, are stated in a very general manner, but clearly enough, I trust, to command the attention of thinking minds. They will admit of very wide and varied application, with the aid of sound physiological and pathological science. It will be seen, I think, that the ideas are not only true in the extremes which I have chosen for their expression, but are true in all intermediates. It will be seen, that not only the infinitesimals in their highest dilutions, and the crude medicines in familiar quantities, are useful, but, also, all intermediate preparations and all intermediate quantities. The human body is a structure of most elaborate and wonderful workmanship, woven without a break from tissues commencing with the most refined which serve to convey the impressions of sense and sustain the processes of thought, imagination and reason, and descending and adding more and more cras materials and blending more and more complex structures, until the body reaches from the ethereal regions of mind down, story below story, to the domains of mere organic life, and the realms of chemistry and mechanics.

If the ideas I have set forth be true, they must, as soon as they shall be received by the homœopathic school, exercise a profound influence over its teachings in regard to the propriety and necessity of ever making use of so-called aperient or evacuant medicines of any sort. For a long time I have been im-

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pressed with a conviction, that the distinctions usually drawn between what is called the homœopathic and the allopathic uses of medicines, have no foundation in truth. The correct ideas are set forth, I believe, in what I have written.

I have no time or inclination, at present, to anticipate any arguments which might be arrayed against the foregoing opinions; I shall prefer to await the expressions of abler minds supported by ample experience and learning.

You are at liberty to insert this letter in the Journal, and I shall be much gratified if you will notice whatever may seem to you to be inaccuracies of opinion, and will offer such suggestions on the subject written about, as you may suppose will be useful to your homœopathic brethren.

Yours very truly,

Hamilton Ring, M. D.

Article XVIII.—*Noteworthy Cases in Practice.* By Wm. H. Holcombe, M.D., Natchez, Miss.

Case 1.—*Remarkable Convulsive Paroxysm.*—A negro girl, aged nine years, went to sleep just after supper, apparently as well as usual. In an hour or two her mistress was startled by some strange noises emanating from her bed in the next room, and found on bringing in a light that the child was in strong convulsions. I arrived in about an hour after her seizure. She was supported in the sitting position. The forearms were violently and rapidly flexed on the arms, the motion on the two sides being synchronous. The hands flapped about as if they were entirely passive. It seemed as if powerful shocks of electricity were being sent through the two biceps flexors. The flexors of the legs seemed to be in similar convulsive agitation from the rapid and regular upheaval of the knees beneath the bed-clothes. The eyes were rigidly fixed, turned slightly upward but not distorted, pupils moderately sensitive to light. The eyelids twitched slightly. The mouth was rapidly twitching and working as in the act of chewing. Occasionally this would stop and the jaws be violently snapped together several times in rapid succession. This motion would then cease and

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the tongue be thrust in and out with amazing celerity, the chewing movements, *machonnement*, would then return. Foam occasionally issued from the mouth, but the tongue was not bitten, the movement of the thorax was scarcely perceptible, but the blowing inspirations and expirations of the nostrils were very noisy and almost too rapid to be counted. I could not detect the pulse on account of the muscular agitation. The heart's impulse against the ribs was feeble and rapid. There was occasional eructation, and the whole abdomen was distended quite hard with flatus.

Before I arrived, a cup of warm salt water had been administered and a small quantity of greens thrown up, which must have been eaten eight or nine hours before, at dinner. I gave her another cup of the same nauseous draught with a teaspoonful of mustard in it. It was very difficult to get the liquid in her mouth, owing to the incessant action of the labial muscles. Still her lips seemed to make an automatic effort to grasp the edge of the cup. After the fluid reached the fauces, however, it was readily swallowed, showing that the *involuntary* muscular system was not spasmodically disturbed. I ordered an injection of warm salt-water and a mustard plaster to the whole length of the spine.

It was now that I noticed for the first time a curious cataleptic condition of the muscles of the trunk. Letting her head and neck go, I observed that she maintained her position unsupported, although all four extremities were in rapid convulsions. When I bent her back to an angle of 45°, she remained perfectly rigid, continuing in the spasms. She would remain fixed in almost any angle given to the body relatively to the lower limbs. When laid flat on her back the convulsions continued unabated; when on her side the fore arm stuck straight up and kept up the rapid fanning motion. At last I administered thirty grains of Ipecac. in warm water. Before it acted, she began to be relaxed and to breathe more easily. Within twenty minutes she vomited a large quantity of greens, beef soup, and other matters, totally undigested. She fell asleep almost immediately and waked next morning perfectly well. She had no recollection of any thing which had occurred from the time she went to sleep until she vomited.

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This was a beautiful case of reflex cerebro-spinal irritation, caused by the impression of a crude mass of undigested matter on the gastric nerves. The treatment was promptly efficacious, but some of our Hahnemannians may fail to detect the homœopathic applicability of emetics, mustard-plasters and injections. I shall not draw any hair-splitting distinctions or indulge in any apologetic speculations, but simply state why I did so and so. I used the emetic as a convenient mechanical contrivance for getting rid of an offensive matter. I could not scoop out the gastric bowl with a ladle, so I emptied it in the best manner that I could. Observing that the motility of the nervous system was in excess, whilst its sensibility was almost dormant, and that whilst the animal sphere was comparatively active, the organic or vegetative functions were almost suspended, I employed measures calculated to restore the equilibrium of vital energy, just as I would use hot or cold applications to the body to establish an equilibrium of animal heat. Arsenic will produce a sensation of burning heat, but it will not homœopathically cool a man on a very hot day. Hygiene and therapeutics are kindred sciences, geometrically speaking, the *complements* of each other, which must be conjoined for the cure of disease.

Case 2.—*Pulmonary Apoplexy.*—An elderly lady, between sixty and seventy years of age, very short, fleshy, and plethoric, was treated homœopathically for acute pneumonia. The attack was severe, but she convalesced happily and was discharged on the ninth day. The cough, fever, pain, &c. had entirely disappeared, but her mind was unable to divest itself of some very melancholy and foreboding impressions. She was an enthusiastic Methodist of the primitive type, and on hearing the church-bells ringing, (it was Sunday morning) she began shouting at the top of her voice. Her strength speedily failed and she became quiet from exhaustion. Increasing dyspnœa and coldness of surface alarmed the family, and I was summoned. She was bathed in a cold perspiration, her feet and hands were as cold as death. The lips were livid, indeed the whole face was bluish as in collapsed cholera. The dyspnœa was great, the inspirations being imperfectly effected. There was a constant hacking cough occasioned by tickling about the bifurcation of the bronchia. She said, she experienced a bubbling sensa-

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tion on breathing, and that the left lung felt as if it were stuffed and almost immoveable. She cleared her throat frequently and complained of a bloody taste, but there was no hæmoptysis. There was marked dullness of percussion throughout the left lung, except at its upper part, and bubbling wheezing crepitant rales on auscultation, sometimes loud, sometimes hardly perceptible. The heart's sounds were very obscure and its action tumultuous and irregular. The pulse was almost too rapid to be counted. Generally it was extremely attenuated, but at times two or three full strong beats would occur in quick succession. Sometimes it would present a long tremulous thrill, and again it would intermit for several beats entirely. Altogether it was a most remarkable pulse, and especially as it continued without improvement for many hours. In spite of the alarming aspect of the case, the lady professed herself to be in a very comfortable condition, although very sleepy, it was impossible for her to get to sleep.

I had the body rubbed with dry mustard once or twice, but as it failed to restore the heat of the surface or to arrest the cold, clammy exudation, I discontinued all external applications. I used no stimuli of any kind, but gave her occasionally a few teaspoonsful of cream with rasped ice in it. I gave *Arsenic* and *Tartar-emetic*, 1st centesimal trituration, one grain to about two ounces of water, and a teaspoonful every hour in alternation. The Arsenic was homœopathic to the general collapse, which seemed impending, and the Tartar-emetic had a specific relation to the profoundly congested lung, particularly as its abnormal state had followed upon a recent pneumonia. For the first twenty-four hours there was scarcely any change in the patient, but assured of the right selection of remedies I persisted in their use. After that, she commenced gradually improving, she slept a little, the dyspnœa became less urgent, the pulse more regular, the skin warmer, and the lung became gradually less dull and more resonant. It was not for ten or twelve days that all traces of the accident, for such it may be called, had disappeared. She made a tardy but perfect recovery, and is now in excellent health. She has no functional nor physical indications of heart-disease.

This case strongly reminds us of the congestive state which

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sometimes occurs in typhoid pneumonia, and which is thus described by Dr. Dickson. "It has happened to me to meet with several impressive examples of this disease, in which the principal symptom was a peculiar pulmonary congestion. Some diffused uneasiness throughout the chest is complained of, but no acute or severe pain. Dyspnœa attends, which soon becomes urgent; the pulse is usually very frequent; the strength fails, the skin is covered with a clammy sweat; there is little or no febrile excitement; the tongue is moist and clean; extreme anxiety and fear of impending death oppress the patient, with restlessness and inability to sleep. The prognosis of such cases is very unfavorable. On exploring the chest the respiratory murmur will be found almost inaudible, in a great portion of the lungs, either of one or both sides, and the resonance lost to a similar extent." (Practice of Medicine, vol. 1st, page 439.)

In this case, however, the pneumonia had been of the sthenic type. The congestion supervened promptly after the violent exercise of the respiratory muscles, and the forced dilatation of the air-cells. It was not œdema pulmonum, for its occurrence was too sudden, and in that case the sound on percussion would have been resonant and not dull, and although the respiratory murmur might have been obscured, it would not have been displaced by the crepitant râles. It was pulmonary apoplexy, the hæmorrhage being mostly intervesicular. The pulmonary stasis of blood caused an engorgement of the right chamber of the heart and a corresponding vacuity of the left. This disequilibrium caused the tumultuous cardiac action, and remotely the cold skin, clammy sweat and symptoms of collapse. The deficient aëration of the blood produced the lividity, the nervous torpor, and the tendency to sleep, while the necessity of strong voluntary efforts at respiration kept the patient awake. There was no hæmoptysis, although from the patient's peculiar taste, it is probable that there was some effusion of blood or at least serum into the air-cells and minute bronchial ramification, which was readily absorbed. Jones and Lieveking in their Pathological Anatomy (page 402.) state, that "the seat of pulmonary apoplexy is the parenchyma of the lung, and most probably with few exceptions, only the intervesicular tissue; for it is rarely associated with hæmoptysis, which we might expect, if the

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effusion took place into the air-vesicles themselves." A graphic sketch of sudden and unexpected sinking and collapse supervening during convalescence from pneumonia is to be found in Bell and Stokes' Practice, vol. II. page 204. No physical signs or post-mortem appearances are given, but the case was either like the one detailed above, or it was œdema pulmonum caused by the debilitating venesection, antiphlogistics and depletions which had been employed.

CASE 3.—*Acute Gastritis.*—In the course of a medical experience by no means limited, and embracing a period of a little more than ten years, I have met with but one case of acute gastritis uncomplicated with any other disease. Broussais indeed affirmed that inflammation of the stomach never existed except in conjunction with disease of the small intestine. Andral however repeatedly verified the occurrence of this disease as an idiopathic affection and as a sequel to rheumatism and epidemic cholera. Other observers concur, notwithstanding its confessed rarity, in giving it a well-defined place in the nosological catalogue. The case which came under my own observation was exceedingly severe, and the homœopathic treatment promptly and clearly curative.

A young negro woman, eight months pregnant, had been long subject to rheumatism. For two months preceding her attack, she was free from all her common muscular and articular pains, but complained occasionally of severe cramp stitches shooting around the margins of the ribs and arising very probably from the diaphragm. She was seized on Tuesday night with violent pain in the stomach, vomiting, thirst, fever, &c., which were treated by her master (living some miles in the country) with Nux, Chamomilla, Ipecac., Veratrum, Pulsatilla, Dulcamara and Belladonna, without the least alleviation of the sufferings. I saw her on Wednesday morning. She had insatiable thirst, great epigastric tenderness, haggard expression, hurried breathing, almost constant jactitation, utter sleeplessness, pulse 130 to the minute, small and irregular, extremities cool, tongue red and dry. She vomited, every twenty minutes or half hour, a dark, dirty, frothy mucus. Even a tablespoonful of water would excite emesis. There was occasional hiccough, but not the dysphagia mentioned by some writers as occurring in such cases. There was no diarrhœa and

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no tenderness in the lower half of the abdomen. Pain nowhere else but in the epigastrium. This was clearly acute gastritis and it was running that very rapid course which is one of the characteristics of the disease.

The catalogue of all the external applications, permissable in homœopathic families, had been exhausted in vain, so I expected no aid from those *adjuvantia* of our practice. All ingesta were positively forbidden, except pounded ice, which was given in small quantities. I prescribed *Arsenic* and *Tartar-emetic*, alternately every hour, second trituration, one grain to four ounces of water. The teaspoonful of medicine was administered with a little rasped ice. The time between the vomitings was successively lengthened to one, two-and-a-half, four, six, nine-and-a-half-hours. The next to the last vomiting ejected very little but pure, dark blood, making the case what writers have called hemorrhagic gastritis. On Wednesday noon the pain, nausea and thirst were almost entirely gone, but the patient was still restless and sleepless. I prescribed *Coffea*[10] and *Phosphorus*[2] every two hours. She rested quite comfortably that night and convalesced afterwards without trouble. She was delivered in due time of a healthy child.

I cannot dismiss this subject from my mind without commending to my readers' attention the elaborate essays on acute and chronic gastritis contained in Bell and Stokes' Practice of Medicine. If ever a thorough knowledge of morbid processes and sympathetic relationships, sources of error, possible complications, and all the groundwork of scientific diagnosis is needed, it is when the practitioner would detect a remedy on the principle "*similia similibus curantur*." The external and obvious symptoms of disease, independently of the pathological changes going on in the unseen tissues, are not the reliable guides to Homœopathic practice. Gastro-enteric disturbances, particularly in children, may simulate hydrocephalus or meningitis so as totally be mislead a man of limited knowledge or superficial observation. Your *Aconite*, *Belladonna*, *Bryonia*, *Zinc.*, &c., so incomparably valuable in true cerebral diseases, are powerless when there is no real cerebral disease, but progressive intestinal lesions which have sympathetically disturbed the nervous system. An Allopathic practitioner will step in

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and cure your patient, of whose life you were despairing, by the application of a few leeches to the abdomen. This very thing once happened to myself, and I candidly confess it in order to entreat my professional brethren not to rest satisfied with the phenomenal surface of things, but to prepare for the most successful Homœopathic practice by the faithful study of General and Special Pathology. I was treating without effect the cerebral complications which I supposed had arisen in the course of an infantile remittent fever. Subsequent study and thought have convinced me that the case was really one of insidious and obscure gastro-enteritis which might have been readily cured by *Mercurius, Arsenic, Nux, Ipecac.* or other remedies exerting a specific influence on the alimentary tract.

Case 4.—*Angina Pectoris.*—This remarkable affection can scarcely be called a disease in the pathological sense of the word; it is only an assemblage of symptoms. Violent pain in the cardiac region extending upwards into the left arm and sometimes downwards into the left hip and lower extremity—paroxysmal in its nature, and causing a terrible sense of oppression and dread of instant death, is the only really characteristic sign of the disease. There may or may not be pain elsewhere, there may be much dyspnœa or hardly any, annoying flatulence, or none at all, quick, slow, soft, hard, intermitting, or perfectly natural pulse. It may arise from a score of causes, real or imaginary. Organic diseases of the heart, ossification especially, spasm of the diaphragm, spasm of the heart itself, incomplete paralysis of the heart, displacement and compression of the heart, fatty degeneration of the heart, syncope from local plethora, convulsive asthma, abscesses in the mediastinum, tumors pressing on the cardiac plexus, misplaced gout, &c., have all been assigned as its mediate or immediate causes. But no uniform relationship seems to exist between any of these pathological conditions and the symptoms of angina pectoris. They exist very frequently without angina, and angina exists very frequently without them; so it seems fair to suppose that they have no relation of cause and effect, but are merely coincidences or associated products of some common occult cause. In the present state of pathological science it is called a neuralgia, but it is impossible definitely to locate that inappreciable disturbance, in the pneumo-gastric nerves,

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in the great cardiac branches, or in the sympathetic ganglia found imbedded in the substance of the heart itself. I have no facts to give, or theories to propose, which promise any solution of existing difficulties, but it is encouraging to find that Homœopathic remedies can alleviate and perhaps cure the disease as well as the measures of those, who pretend to more distinguished ability and scientific culture than *we* are ever presumed to possess.

A young unmarried lady, stout, plethoric, uniformly healthy, with regular and natural catamenia had felt an obscure pain in the breast for several days. On Monday night, Dec. 17th, 1854, she came out of an intensely heated room into a chilling atmosphere. On Tuesday morning, from ten to twelve o'clock, had a paroxysm of angina. She had excruciating pain in the cardiac region extending back to the scapula and down the left arm to the fingers. The face was pale, haggard, and the whole appearance oppressive of dreadful suffering and apprehension. The pulse varied in strength, calibre and volume with every few beats, and ranged from 80 to 90 per minute. She was lying on the left side. Occasionally a palpitating shock would make her shriek out. The sounds of the heart appeared normal. There was great dyspnœa, but it evidently was aggravated by mental agitation, for she could diminish it by an encouraged effort of the will, and deep inspiration produced no pain. There was considerable flatulence. I ordered an enema to lessen the distention of the bowels, a mustard plaster to the spine to equalize the nervous excitability, and gave *Aconite* and *Spigelia* to be alternated every ten minutes. From twelve to two she was perfectly easy, conversed pleasantly and wished to eat. Suddenly the symptoms returned, and a still severer paroxysm lasted until three and a half o'clock. The whole left side became cold, and bathed in clammy perspiration, the pain extended downwards to the hip, the dyspnœa was almost insuperable and she complained of a burning sensation from the sternum through the chest to the spine. Left *Belladonna* and *Arsenic* every fifteen minutes during the paroxysm. *Arsenic* and *Spigelia* every half hour, in the intervals. She had a third paroxysm of less severity and of only one hour's duration in the night. Next day there was one paroxysm of a half hour's duration, about

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forty-eight after another slight attack, after which she appeared in her ordinary good health, and resumed her usual pursuits.

In three or four weeks she had another severe paroxysm, after taking a very long walk in the afternoon. It was more severe than the last, but of shorter duration, and was followed by another the next day. The same treatment was pursued. I then put her upon Arsenic 3, and Lachesis 6, night and morning. She had uninterrupted health for six weeks, when one night whilst reading she fell to the floor in a paroxysm of aphnœa. She was revived with Camphor, and the symptoms of Angina appeared, mingled with those of hysteria, for there was globus hystericus, shrieking, weeping, and extreme nervous irritability. If I had seen this seizure alone and knew nothing of the history of the case, I might have pronounced it one of the protean developments of hysteria. I then prescribed *Thuja-occidentalis* 2, and *Sulphur* 12, night and morning. After two months I resumed the *Arsenic* and *Lachesis*, and continued them for a month. She had one slight paroxysm three months ago, since which time she had enjoyed excellent health, only complaining of a dull pain about the heart after unusual exercise.

I cannot but believe that the above treatment exercised a really *curative* influence over this case. The case was an idiopathic one; at least it was impossible to detect its sympathetic relationship to any other disturbance whatever. Whilst I concede that allopathic measures may cure a small minority of their cases, it is certainly true, that the natural history of the disease exhibits no tendency to spontaneous disappearance. The paroxysms are very apt to become more and more frequent. and severe, until sudden death occurs. I gave the *Spigelia* in accordance with the view that it was a neurosis of the cardiac plexus. The *Aconite* was given to meet and check any incipient inflammation of the pericardium, the *Belladonna* and *Arsenic* as being more strictly homœopathic to the symptoms. I cannot affirm absolutely, that these remedies cured the paroxysms, they seemed to have mitigated and postponed them. The attacks, however, were certainly lighter and longer than those generally described in medical books. The *Arsenic* and *Lachesis*, which homœopathists have found eminently useful in chronic heart-diseases, were no doubt positively efficacious in eradicating the oc-

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cult causes of the disease. For their striking applicability to the case on the law of similars, I refer to their pathogeneses. The Sulphur and Thuja were interposed as intercurrent remedies on the suspicion, that some latent and undeveloped dyscrasia prevented the other remedies from acting properly. It is impossible to say what share, if any, they exercised in the case. Hydrocyanic-acid and Tabacum appear worthy of consideration in the more formidable phases of this distressing affection.

Allopathic practice, shifting to every point of the theoretical compass, has tentatively exhausted the Materia Medica without securing the confidence of the profession in anything. The seniors rely stoutly on blood-letting, Laudanum, Brandy, Calomel and Tartar-emetic ointment; the juniors speak hopefully of nitrate of silver, revulsives, quinine, and hygiene: whilst an occasional specimen of infantile Æsculapius crows out in behalf of electricity and chloroform. As a clock which does not run at all, is right at least once in the twenty-four hours, so these allopathic experiments make an occasional lucky hit upon some good point in homœopathic practice. Witness these little extracts from Waring's Manual of Therapeutics.

"In angina pectoris, *Arsenic* has been employed with varying success. It often fails, but many examples of its successful employment are on record. Amongst others, McAlexander (Med. Comm., vol. XV.) relates a very severe case, which completely yielded to the use of Liq.-arsenicalis, when other remedies, had failed."

"In angina pectoris, Dr. Loy states, that a *Belladonna* plaster over the præcordial region, renewed every seven or ten days, often procures a very considerable alleviation of the attacks."

"In angina pectoris, *Hydrocyanic-acid* has been employed successfully by Brugnatelli, Granville, and others. Dr. Schlessier (Med. Times (relates a very severe case, which, after resisting many other remedies, yielded immediately to Prussic-acid."

"In angina pectoris, spasmodic asthma, and some other spasmodic affections of the chest, Dr. Munk (Lancet,) states, that he derived the greatest benefit from the internal use of Sulphur, in doses from ʒss.—ʒi., once or twice daily."

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Case 5.—*Anomalous Indigestion.*—A boy, eight years of age, delicately reared, but of healthy constitution, contracted a diarrhœa whilst travelling down the Mississippi river. Three or four stools occurred in the twenty-four hours and were always whitish-grey in color, quite thin and passed without tenesmus or pain. He had irregular paroxysms of very violent pain, but he uniformly referred it to the left hypochondrium. The stomach was very irritable, nausea was readily excited, and a part at least of his food was generally ejected every day. Sometimes it appeared to have undergone no chymifying process, even twelve and eighteen hours after it had been ingested. There was no appetite, no thirst, no fever, no abdominal tenderness anywhere. The child was listless and quiet, slept pretty good, urine natural, skin soft and perspirable. This state had continued two weeks and considerable emaciation had resulted. Nux, Chamomilla, Colocynth, Mercurius, Veratrum, Phosphoric-acid, and other remedies, addressed to the varying phases of the case, were unavailing. In about a week from the time I saw him, he was seized with violent pain in the back and constant jactitation. After several hours a small quantity of deep red urine was discharged, which gave a copious, white, amosphous sediment. At the next urination there was considerable hæmaturia. Nitric-acid detected albumen. He was put upon Nux-vomica 30, and Calcarea-carbonica 2, in alternation every two hours. Treatment to be unchanged for several days, unless some new symptoms of serious import should arise. He improved gradually and was in perfect health in a week.

This case puzzled me very much. There was no tenderness or fever or thirst to indicate inflammation, and nothing to indicate functional or organic disturbance of the liver, except the absence of bile in the stools. I called it indigestion, because the stomach did not discharge its functions. *That* was the prominent and uniform symptom, and probably the first link in the chain of effects. The pain in the left hypochondrium may have been gastralgia of the left extremity of the stomach, or it may have been produced by a congested spleen—caused by the abnormal condition of the chylo-poietic visceræ, and the consequent disturbance of the portal circulation. The irritation of the small intestines evinced by the thin frequent stools, was either reflex

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in its nature or caused by the absence of the normal stimuli of the tissues. The varying nature of the symptoms, now one symptom and then another predominating, rendered the diagnosis difficult, and the treatment fluctuating. At one time I suspected functional derangement of the stomach, again duodenal dyspepsia, now hepatic obstruction, the disease of some mesenteric glands, and sometimes I apprehended latent nephritis, from the well-recognized fact that gastro-intestinal irritation will mask for a long time the various renal disorders. Whatever was the real pathology of the case, I considered the discharge of phosphates and bloody albuminous urine as critical and likely to be followed by speedy recovery, unless some serious organic lesion of the kidneys had already taken places.

It is needless for me to assert to thinking men that I have not adduced this case as a specimen of homœopathic cure. The whole treatment was in my opinion either temporarily palliative or positively inert. And the reason was, that I failed to detect the initiative step of the morbid process, and to arrange the symptoms into a connected series according to established physiological and pathological principles. Allopathic medication (Calomel had been tried in vain before I was called in) would probably have induced gastro-enteritis, hepatitis, or some other dangerous and perhaps incurable complication. I have merely narrated the case as an illustration of a principle, which has been inwoven like a thread of iron into the web of my medical creed, that homœopathic treatment, *misdirected*, is inert, and that it *is* misdirected when based upon anything else than a thorough knowledge of the pathology of the disease, deduced from the whole cycle of facts which constitute the natural history of the case.

ARTICLE XIX.—*The Question of Doses and Repetition of Medicines.* By J. T. HOUGHTON, M. D., of Philadelphia.

I SHOULD be exceedingly gratified to see the important question of *Doses* and the *Repetition of Medicines* fully discussed in the N. A. Quarterly Journal, with the clinical experience of numerous practitioners, in acute and chronic diseases, especially the latter. There are no points in homœopathic practice less

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settled, and none which exercise the judgment in a greater degree. For my own part, being largely engaged in the treatment of chronic diseases, many of my patients being at a distance and never personally seen, I have indulged in the use of very low dilutions, tinctures, first triturations, and even crude drugs, and have repeated these remedies oftener than the strict homœopathic rules permit, without being disturbed by aggravations, and with a degree of success, which leads me to think that some of our writers are far too timid and fastidious in regard to *doses* and *repetitions*. I will not present my practice as worthy of imitation as yet, but only of consideration. My reason for employing low dilutions, &c. was chiefly this: my knowledge of the fact that many of my patients used spirits of bad quality; beer, tobacco, often excessively, coffee freely, and often favorite bitters, camphor, magnesia, salts, and oil, with occasionally pills and patent medicines, that their mental and physical habits were adverse to healthful action of the organism, that their food was highly and grossly seasoned, their table garnished with pickles, sauces, adulterated pepper and mustard, that their clothing was often ill adapted to their circumstances, or some too long without washing, their apartments badly ventilated and full of deleterious gases, and that all these influences, as well the present disease, (and perhaps a psoric miasm) would have to be overcome before a healthful change could ensue.

Now to make an adequate impression upon the vital and vegetable functions, through this murky mass of obstacles, an inappreciable and infinitesimal quantity of even an appropriate homœopathic drug, did not seem to be sufficient. I can see nothing in the act of *diluting*, but a reduction of quantity. *Shaking*, I presume, few will now claim to be the cause of anything more than internal mixing of particles, certainly not the development of dynamic power. The trituration of naturally inert and insoluble substances addresses itself strongly to the reason, and is proved by abundant facts to be the means of developing power in drugs; and hence, I was willing, and even desirous of using all such drugs in at least the third trituration, and even the 6th, or in some instances the 12th, though I have rarely given higher than the 3d.

Vegetable substances I have used mostly in tinctures, saturat-

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ing sugar of milk freely with them, sometimes two or three times over, before using the powder, (literally *soaking* the Sach.-lact. in the tinctures) and giving the powder often quite moist, in doses of one or two grains, sometimes three grains. China I have constantly given in doses of three grains, the mass being composed of sugar of milk saturated with strong tincture and crude bark, equal parts. Cantharides I have used in a somewhat similar manner, mixing the sugar of milk saturated with the tincture, and the first trituration, equal parts, in cases of nephritis and cystitis, dysuria, &c. Ferrum-metallicum I have used very much in the first trituration with the most satisfactory results. Petroleum in the pure substance, two and five drop doses, three times a day, though it is apt to aggravate any existing gastric disorders.

Now for *repetitions*. I have given nearly all of the principal anti-psoric, anti-syphilitic, and chronic (long acting) remedies, in several hundred cases, a single remedy at a time, night and morning for *four days* at a time, sometimes (though more rarely) for *a week*, followed by another similar remedy for four days, or a week, and so on, for three to six months of treatment, prescribing for the case, upon its symptoms, once a month. I argued to myself that using a remedy, twice a day, for four days, was not likely to produce any serious pathogenetic symptoms, while it was probably sufficient, in most cases, to make an adequate curative impression. I was inclined to make a pause of four days, or a week, after each remedy, before giving another, to let the curative effects of the last remedy go on, as we say,—but it was and is inconvenient to do so. It requires the use of the "blind powders," to which I have a decided antipathy, and if the practice is unnecessary, it is a waste of time. It is necessary to give time for remedies, to exhibit their action, in chronic cases, before giving a new remedy, and if so, how much time, and what is the reason for this decision? Answer me these questions, my masters in homœopathy. If you answer me that it is the re-action of the organism, against the influence of the remedy, which constitute the curative process, I will deny your premise and then your conclusions must fall to the ground; for your premises are an assumed hypothesis, an imaginary or ideal theory. I do not myself pretend to explain the *process* of cure, though I

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am a firm believer in the reality and truth of the homœopathic *law* of cure. Nobody has ever yet explained to my satisfaction the process of cure, nor do I believe any body ever will, for nature's grand processes are "past finding out," and the theories of man are not susceptible of being proved like manipulations in chemistry, which is the only certain method of proof. The reason of man, when it enters the field of speculation and pure theory, is shockingly self-deceptive.

Another plan upon which I have given remedies, in chronic cases, has been to select four or five of the most strictly appropriate remedies for a given case, each one covering as many symptoms as possible, and to administer one dose of each remedy during a day, (that is four or five doses in all,) for seven successive days; then to give single remedies, night and morning for four days, and often a week, to repeat the series of five medicines, daily for another week, and so on for a month or two. In selecting these five remedies alluded to, I was of course careful to avoid using such as positively or effectively antidoted each other, or such as were chemically incongruous or likely to produce new combinations in the stomach, and I never was so grossly allopathic as to mix two remedies in one dose. Thus I have given, to fifty patients or more, the following series, on a single day, for a week at a time: Phosphoric-acid, 1st dilution, in the morning; China, tincture and crude drug, before dinner; Cantharides tincture, at 3 P. M,; Aconite at night, in alternation with Hyosciamus next night, tincture.

From this course of practice I have experienced the most satisfactory results. I do not intend to boast. I have my difficulties, my short-comings, my errors, my failures, as well as others, too many of them for my comfort and the comfort of my patients. But I have had my success too, and success far beyond what I have ever had before I adopted this plan of treatment, and far beyond what I hear and see of strict Hahnemannian and Allopathic practice around me. It is not my purpose now to detail my cases, or clinical experience, except in this general outline of my method of applying remedies. Nor do I offer it, as I have said before, as a model system, worthy of all imitation. I do not consider it perfect, by any means. But it is the best, for my purpose I have yet been able form, and it *satisfies* my pa-

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tients. I invite criticism upon it. I court discussion of the points involved in this article, and no one will be more happy than I shall, to have its errors and defects pointed out, and a better method of treating chronic diseases, in patients who are never seen by the practitioner. I sincerely hope some half dozen or more clear-headed, and keen-sighted members of the profession will take up this topic and discuss it in the pages of this Journal.

ARTICLE XX.—*Homœopathic Cures. Translated from Hirschel's Archiv.* By OTTO FÜLLGRAFF, M. D.

AFFECTIONS OF THE HEAD.

CEPHALALGIA.

Arsenicum.—Dr. S. W. Metcalf reports a case cured by three doses Ars. 30, in a boy, aged 11 years, who had intermittent fever three years ago, which was treated by Quinine, and since then suffered every spring and fall, with almost constant stupefying headache, generally over the right temple and eye.

Belladonna and Zincum.—A lady, the mother of one child, of healthy appearance, had been subject ever since her childhood to a peculiar headache, which became much worse, after her sixteenth year, on the appearance of her menses, which always afterwards continued scanty and irregular. It came on with a stupefying, pressing pain, immediately over the eyes, which caused the integument on the forehead to swell and redden, and the eyes to inflame, with a feeling as if the head was screwed in a vice. As soon as the pain reached this intensity, she was obliged to lay on the bed, where she had the most dreadful visions, hearing, however, everything which was going on about her. Her head was cold and dry to the touch. This degree of intensity continued for one day, after which she generally fell asleep. The headache had lasted altogether about two weeks, varying in degree, but never as intense as in the beginning of the attack. A few days previous to the appearance of the menses, the headache would set in again, and on its cessation, left her with a great weakness and tearing pain in the back. Belladonna 6, improved the condition in a few weeks considerably; headache

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becoming less violent and not lasting as long. Catamenia increased in quantity, and of darker color; but she lately had become subject to occasional attacks of vomiting, without any apparent cause, for which *Zincum-sulph.* 2, gr. j. was given every evening. After the use of this drug for four weeks the vomiting ceased, and the headache almost entirely disappeared. *Zinc.-sulph.* was continued a short period longer, until not a vestige of the disease was left.—W. ARNOLD.

Calcarea-carb. A case of Migrane in an unmarried female, aged 29, of lymphatic habit, who had been subject to atrophy while a child; was cured by Calc.-carb. 30, a dose every third or sixth day.

Every eighth or fourteenth day the headache came on with violent jerking, sticking pain on the right side, sometimes with a feeling of coldness in the same; sensation as if the head were as large again as natural; swelling of the right cheek and the right side of the tongue, appearing at the beginning of the headache, and disappearing on its cessation. Menses regular, inclined to perspire, and at other times a feeling of shivering as if from cold.—MEYER.

Camphora.—A man, aged 30, of strong constitution, had been subject for years to a peculiar kind of headache, coming on in the morning on awaking, attended with a sense of weight in the head principally in the occiput, loss of appetite, gradually increasing to an absolute aversion to food, sometimes even causing him to vomit a greenish-looking liquid; followed by general malaise, hammering pain in the head, extending very low down the occiput, head very hot, extremities cool, and gentle transpiration. Camph. 0, gtt. ij., also used by olfaction, cured the patient, so that he has had within a year only one very slight recurrence.—METCALF.

Guajacum.—Hemicrania of the left side for three weeks recurring every night, extending over the face and neck; pain superficial, integument swollen, and blood-vessels congested, accompanied by pulsating pains and stitches in the same, diminished by external pressure, and exercise; increased while sitting. Cured by Guajac. 30, after Bell., Nux.-v., &c., had been given without effect.—X.

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Ipecacuanha.— A one-sided headache of long duration, was radically cured in ten minutes by Vinum-Ipecac., gtt. j.— HENRY BARHAM HARRIS.

Sulphate of Nickel.—In large doses it is liable, like Sulphate of Zinc and Copper, to produce sickness and nausea, especially if taken upon an empty stomach.

It promises to be a specific in periodic headache. Case: A lady writes: My headache came on soon after my second confinement in August, 1847, and continued to return every tenth day without intermission up to Feb. 1852. During the first four years I was in Italy and was attended by English, French, German and Italian physicians; I also tried hydropathy and homœopathy, the latter for six months, but all without benefit. The pain came on in a small spot on the right temple, and lasted from twenty-four to thirty-six hours. After the first eight hours severe nausea followed and lasted up to the sixteenth hour. During the attacks I had violent cold shivering fits, succeeded by a burning fever. At times I was quite delirious from the violence of the pain. I have taken large doses of Steel, Iron, Quinine, and many other medicines; the Quinine was pushed as far as thirty grains a-day for three days by Dr. Simpson. Arsenic was also freely used. Finally I took Nickel, and to my astonishment, my usual headaches have altogether disappeared. Dose, one-half or one grain, three times a day. (11.)

NEURALGIA CAPITIS.

Bryonia.—Neuralgia of the head of long-standing in a case of a man aged 36, of nervous, bilious constitution was cured by Bry. 30. and 6. in a few hours.

The attack began like electric shocks from the basis cranii, behind the forehead and temples. It appeared to the patient as if a red hot needle was pushed through those parts, so as to cause him to draw his face and head involuntarily to one side. Motion increased the pains, also worse during the night.

HUMPHREYS.

DISEASES OF THE ORGAN OF HEARING.

Otitis externa catarrhalis acuta.—During violent fever: Aconite, Bellad. especially in children, where the brain is irritated. One of the principal remedies is Pulsatilla.

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Chronic cases with entire deficiency of ear-wax, are generally caused by a constitutional dyscrasia, Bellad., Con., Graph., Carb.-an. acting most beneficially in that condition. Glycer. used externally is a very good palliative.

Otitis internalis.—The selection of remedies for this disease depends on the causes of its origin, as, teething, exanthem, scrofula, syphilis, &c.

The same has to be said of otorrhœa.—For simple sequelæ of other diseases: Pulsat., Merc., Lycop., Thuja, Amon.-carb.;—for caries—Merc. or some other penetrating agent.

Otalgia.—In cases of two ladies inclined to neuralgia,—one was quickly cured by Strammonium,—the other after a failure of many remedies was finally and permanently cured in eighteen hours, by one drop of Chloroform on cotton, introduced into the ear.

Defect in hearing.—Too great sensitiveness and deceptive hearing: Arn., Bellad., Stramm., Hyosc., also Spigelia in erethesis; Aconite, Rhodod., Rhus, Nux-vom. in torpid constitution. In thickening of the mucous membrane, Merc., Iod., Lycopod., Graph., Mangan. Where there is habitual abdominal plethora, accompanied with buzzing in the ears, we may give Sulph. (Amm.-sulph.) Petroleum,—when there is coldness, paleness, great dryness of the ear, Phosph. is proper. Also its oily external application may be employed in similar conditions with burning and reddening of the external ear, subsequent to nervous fevers, or in those who task the brain too much, or in old men.

Obstructions, &c. of the eustachian tubes will be found under the head of Treatment of Chronic Catarrhs.—REIL.

Dysœcia.—Lachesis, Mercurius-solub. Since three or four months a gentleman was suffering from gradual loss of hearing and diminished secretion of cerumen in the left ear, accompanied by drawing, pinching, sometimes stinging pain, extending down to the inferior maxillary-bone, with constant hammering and a feeling of swelling and tension in the ear. Lachesis 30, cured the pain in the ear, and the tension below the same, and re-established the normal secretion of ear-wax. After the use of Merc. sol. 30, the patient experienced a sort of snapping noise in the ear, when the hearing returned to its normal state. DRURY.

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NEURALGIA AURIS.

Chamomilla.—A case of a little girl, aged five years, with tension, tearing and jerking pain in the ear, increasing in intensity with every recurring attack, so as to cause the child to cry out suddenly, was cured perfectly in five minutes by Chamomilla.—HENRY BARHAM HARRIS.

DISEASES OF THE EYES.

Catarrhus nasi et oculorum.

Euphrasia.—Against catarrhal affections of the mucous membrane of the nose and eyes in the first stage of measles, Euphrasia was given with the most happy results.—BOYCE.

SCLEROTITIS.

Aconite.—A sclerotitis in a man, aged 40, with violent drawing, tearing pain in both eye-balls, considerable photophobia, contracted and staring pupils, with the characteristic, reddish-blue circles surrounding the cornea, was cured in a few days by Aconite 3d.—DUDGEON.

OPHTHALMIA NEONATORUM.

Argentum-nitricum.—Several cases were sucessfully treated by Argent.-nitr. 6th, internally, Argent.-nitr. gr. 1, Aqua dist. ʒj., applied to the eye twice a day.—DUDGEON.

OPHTHALMIA ARTHRITICA.

Aconitum.—In several cases where Aconite was indicated according to the complex of symptoms, but failed to cure in the ordinary doses, Aconite gutt. 10 to 30, in water, in doses of a tablespoonful, once every hour or two, was followed by excellent results.—ROTH.

OPHTHALMIA SCROFULOSA.

1) *Arsen.* 3.—One case was cured in twenty-three days and one in sixteen days with scrofulous inflammation of the left eye, two spots on the cornea, with darting pain, and lachrymation.

2) *Bellad.*—Scrofulous inflammation of the right eye and lid, with photophobia, lachrymation and spot on the cornea, Bellad. 3, cure in six days, in a case of a girl, aged 20 years.

3) *Pulsatilla.*—Scrofulous inflammation of conjunctiva of both eyes, with abcesses similar to styes on one lid of each eye, photophobia, lachrymation cured; in eight days by Pulsatilla 3.

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4) *Viola-tricol.*—Scrofulous ophthalmia with crusta-lactea, cured in three weeks, by Viola-tricol. 6.—DUDGEON.

Scrofulous Ulcers on the Cornea, Iritis, Merc., Hepar-sulph.

Photophobia, Bellad., Con., also Aconit., Viola-tric., Ignatia. Corroding secretion, soreness and eruption on the cheeks, Rhus-tox.

Staphyloma, was improved by Merc. and Silic.

Spots on the Cornea cured only in case of recent date, by Con., Calc. Merc.; *chronic fistula lachrymalis* could not be cured; only one acute case was cured, by Silic., after an inflammation of the inner canthi.—MÜLLER.

CORNEITIS.

Bellad., Arsenic and Hepar-sulph.—Chronic inflammation of the cornea and conjunctiva, in a case of a man, aged 34 years, with feeling as if sand in the eyes, great pain in the forehead and temples, photophobia, much muco-purulent discharge, was cured in one month by Bellad. 3, Arsen. 3, and Hepar-sulph. 5. DUDGEON.

VULNUS CORNEÆ.

Arnica.—After a wound of the cornea, in a boy, aged 8. Some humor of the eye had escaped through the wound; the iris had fallen forward and part of the same was pinched between the lips of the wound; dilating the pupil with Extr., Bellad. caused the iris to retract to its former place; Arnica 3, cured the wound of the cornea, and Con. 6, the photophobia which had long resisted other remedies.—DUDGEON.

AMAUROSIS.

Belladonna.—A servant-girl, aged 23, ten weeks after having taken a severe cold became almost blind, first in one eye, and very soon after, vision in the other eye also became nearly extinct, attended with considerable dizziness of the head, pressing pain and a feeling of fullness in the eye-balls, black spots before the eye, increased pain by candle-light, vessels very much congested. Bellad. 200, glob. 3, every third day, later Bell. 30, after the fourth week perfect restoration of vision in the right eye.—LORBACHER.

Electro-magnetism.—Gradual impairment of sight within the last two years in a case of a man, aged 45 years, everything ap-

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pears as if looking through a dense fog,—reading impossible, pupil dilated. After two months occasional use of electro-magnetism, patient was able to read small print, treatment interrupted.—HILBERGER.

Strychnine.—In amaurosis it is singular what a small amount of Strychnine sometimes produces wonderful effects; one-twelfth of a grain every night; in a week the patient was greatly improved, and in two months vision was completely restored. (11.)

DISEASES OF THE FACE.

Polypus nasi.

Calcar.-carb. 3. and 6. cured a case of polypus-nasi in two weeks, in a lady, aged 46, of normal menstruation, though at times suffering from prosopalgia.—GOULLON.

Carcinoma-nasi.

Arsenic.—A man, aged 66, with a carcinomatous growth of one inch in length and a half inch in width at the right wing of the nose, covered with thick, black scabs, at times scaling off, humid exudation and burning stinging pain in the same. After the continued use of Ars. 30, the cure was affected.—HUMPHREYS.

Tumor labii.

Arsenic.—A tumor labii on the lower lip of three years' duration, in a man, aged 55, of the size of a bean, cured by Ars. 30, five doses, one dose every week.—HUMPHREYS.

Stomacace.

Kali-bichrom. 3, affected a cure in two weeks, in a girl, 25 years old, one dose every four hours.—POPE.

Kali-chloricum 1. A case of stomacace in a boy, whose cheek had already been perforated by the sore in the mouth, cure in a short time by Kali-chlor. 1, gr. 1, three times a day.—LAURIE.

NECK.

Angina tonsillaris.

Baryta-carb. 12, was used with success, sometimes in alternation with Aconit. in diverse cases of angina tonsillaris.—RANSFORD.

Spasmus œsophagi et maxillæ.

Hyosciam. et Bellad. effected a cure in a few days, after the failure of allopathic treatment.—LEMBKE.

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CHEST.

DISEASES OF THE ORGANS OF RESPIRATION.

Tussis spasmodica.

Verbascum 2. A spasmodic, rough, deep-sounding night-cough was speedily cured by Verb. 2.—Hirsch.

Catarrhus acutus.

Aconit., *Bellad.*, *Bryonia*, *&c.*—*Aconit.* when there is but little irritation of the mucous membrane of the larynx, trachea, &c., but the fever more active.—*Bellad.* when there is fever, with congestion to the head, tickling in the throat, and dry cough, causing the head-ache to increase.—*Bryonia*, when accompanied with sticking pain in the epigastrium, neck, back, and abdomen, but absence of hoarseness. If continuing too long, with dry and raw throat, dry cough, fluent coryza, tongue coated white, taste flat and slimy, give *Merc.* or *Spongia* and *Iodine*, the last two remedies especially, when there is a feeling of constriction and swelling of the mucous membrane of the larynx, trachea, &c. with roughness and hoarseness. If there is afterwards expectoration of yellow sputa, *Hepar-sulph.* and *Calc.*, and when the expectoration is white and frothy from the bronchial tubes, *Stibium* and *Spongia* will cure without the assistance of Aconite.—Trinks.

Catarrhus chronicus.

Aconite, Belladonna, Bryonia, Mercur., Nux-vom., Pulsatilla. Müller.

Also, Seneg., Stannum, if there is no emphysema; if there is, then Ars. (Carb.- veg.), also Ammon.-carb.

In persons of more advanced age, when taken with inflammation of the lungs, already affected with chronic bronchitis, Phosphor. and Stibium in large repeated doses, will speedily subdue the inflammation.—Trinks.

Hep.-sulph., Iodine, Mang, Merc., Tart.-stib., especially, where dyspnœa with rattling in the air passages, is relieved by expectoration; Stannum, when there is much expectoration of greenish bad tasting matter, (Cough mostly in the *evening* and *nights*, dry and with difficult expectoration,) a feeling of exhaustion, and swelling of the feet. Phosph. in dry violent cough, also slimy expectoration, or streaked with blood. When paroxysms of asthma occur. Bellad., or Ipec., or Verat.—Müller.

Calc.-carb. in a case of a widow affected as follows: emaciation,

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deathly paleness, anxious look, dry cracked lips, painful weakness of the eyes, difficulty of hearing, also fleeting pains in the ears, dryness, and scabs in the nose, mouth and throat somewhat inflamed, violent dry cough, at times dyspnœa, gnawing pain in the precordial region, palpitation of the heart, dulness of percussion on the right side. Profuse night-sweats. Calc.-carb. 3, effected a cure in two weeks. Percussion remained dull however.—GUY.

TUSSIS CONVULSIVA.

Cuprum and Ferrum.—When the paroxysms were generally preceded for five to ten minutes by mucous rattle in the throat, Cuprum usually affected a cure in four weeks. Ferrum was useful when vomiting after meals set in.—MÜLLER.

ANGINA MEMBRANACEA.

Bromine.—A severe case of membranous croup, cured by Aconite, Bromine 2, and 200. In the height of the disease warm water applications were also resorted to with much benefit to the little patient. Phosph. was ordered lastly for the yet swollen tonsils, shrill cough, and *burning and dryness in the throat.*—B.

Hepar.-sulph. and Spongia.—A case of a boy, aged 3 years, difficult, loud breathing, face swollen, red and distorted, dry, barking croupy cough. Aconite and Spongia 30, application of warm water to the throat. After midnight worse, danger of suffocation. Ars. 30, improved the labored respiration, and the cough became more moist. Hepar.-sulph. and Spongia completed the cure, false membrane having been coughed up.—DRURY.

Spongia.—Affected a cure in two other cases of croup, reported by Dr. BOLLE.

Aconite and Antimony are reliable remedies in all ordinary cases of catarrhal, spasmodic, and inflammatory croup, and Bromine, Iod., Merc., and Pot.-Bichrom. in true membranous croup.

PLEURITIS.

Bryonia, alone was found sufficient in cases of pleurisy with little or no febrile excitement.—MÜLLER.

PNEUMONIA.

Aconite, Bryonia, Tart.-stib. and Phosph.

Aconite is most useful in the first stages, but useless after infiltration had taken place.

Bryonia, when the serous and mucous membranes were affect-

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ed with lancinating pain, irritation of the membranes of the brain, and nervous excitation. For hepatization, Tart.-stib. Phosph. is very useful in nervous pneumonia. In pleurisy, Aconite and Bryonia were sufficient.—Trinks.

Aconite and Arnica.—A watchman suffering from fractures of the clavicle, fourth and fifth ribs, also fracture of the scapula, with discharge of blood from the mouth, considerable dyspnœa, sharp pain during the act of inspiration and speaking, short painful cough with expectoration of bright foaming blood, pulse 100. Aconite 2d, every third hour, and warm applications of diluted Arnica to the injured parts, on the second day, in place of Arnica, poultices were substituted; on the fifth day, Arnica was resumed, and instead of Aconite, Bryonia was given for fleeting stitches in the chest, by which a cure was very speedily effected.—Lindner.

HÆMOPTYSIS.

Arnica 12, one dose effected a cure of hæmoptysis, without cough, but loss of much arterial blood, with a feeling as if something was boiling in the chest, with trembling and coldness of the body.—Henry Barham Harris.

China 2., one dose cured a lady, forty-five years old, of hæmoptysis; the sputæ consisted of almost coagulated and dark, but bright, streaked arterial blood, after the failure of two weeks' allopathic treatment.—Harris.

TUBERCULOSIS PULMONUM.

Iodine, Merc., Ferrum, &c.

Iodine 3.—In long-continued pressure, burning in the throat, trachea, upper part of the chest, feeling of soreness, causing dry, hacking cough day and night, or with some tough, thick, at times blood-streaked sputa, at times spasmodic cough, aphonia with hoarseness, short breath, irritability, flying heat, palpitation of the heart, heat and dryness of the skin in the afternoon, night-sweats, skin of a dirty color, want of appetite, pressure in the pit of the stomach, bowels sluggish, sometimes canine hunger, and emaciation. *Merc.* continued for some time is the best remedy for night-sweats, sometimes in alternation with Iodine, when otherwise indicated. *Ferrum* in chlorotic patients with hectic fever. These three remedies, with the occasional use of Cod-liver oil, were found the most useful; for diarrhœa, Phosph., and Bryonia in dry hacking cough with inclination to vomit.—Müller.

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ABDOMEN.

DISEASES OF THE STOMACH.

Hæmatemesis.

Arnica.—A servant girl, who had been injured by brutal treatment, complained of pains in and soreness of her whole body, constant inclination to vomit, with great pain in the stomach; food was almost instantly thrown up, with a quantity of blood. *Arnica* 6th, effected a cure in four days, after a failure of five weeks' allopathic treatment.—HENRY BARHAM HARRIS.

Ipecacuanha 1.—A girl, aged 23, otherwise healthy, in consequence of grief was attacked as follows: pressure in the precordial region, want of appetite, nausea; one week later, after a fit of anger, vomiting of two pounds of liquid blood, deathly paleness of the face, no pulse, almost fainting; again vomiting of a half pound of dark blood. Ipecac. 1., in Aq. ʒj. a teaspoonful was given every half-hour; after the second dose again vomiting of blood, which eased the patient's condition; one hour later vomiting of bloody; slime two hours later, vomiting without blood; next day better. China 1., for anæmia. Patient recovered in a few days.

2. A similar case to the one above, in a girl aged 25, was cured by Ipecac., but the remaining pain in the stomach required Kali-carb.

Other, similar cases were treated successfully by Ipecac.—GOULLON.

MISERERE.

Plumbum.—A poor woman, aged 26, of delicate frame, after some heavy work and a fit of anger, was taken with the following symptoms: violent pain in the umbilical region, soon followed by vomiting of fæces, as if there was an obstruction in the intestines; Drastic cathartics were used, but no relief was derived therefrom; Dr. Lorbacher, who was now called in, found her with a small frequent pulse, color of the face livid, cold extremities, with tearing, compressing pain, hard lumps could be felt in the umbilical region as large as a fist, abdomen tender to pressure, violent thirst, extreme anxiety, with constant vomiting of fæces. Hernia was not present. Plumbum 5th dilut., three drops in Aq. ʒj. one teaspoonful every two hours; after the fourth dose

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the patient had a very dark stool, without any apparent relief. As the pain and tenderness of the abdomen, was still increasing. Bellad. 30., Glob. 5., one every hour, followed by an amelioration of the pain. Plumbum 30, one dose every third hour. Nine hours later a copious stool, followed by cessation of vomiting, sleep and recovery.—B.

VOMITUS ACIDUS.

(*Affectio lienis? pancreatis?*)

Acid.-sulph. and Calc.-carb.— A minister, aged 49, formerly suffering from frequent colic; since then, for a year or more, every afternoon rising of very disagreeable tasting ingesta; with shivering along the back, and cold extremities, finally vomiting of slime and a grey, greenish, corroding acid liquid, nose-bleeding; fulness and cramplike pain of the abdomen in the morning, secretion of urine.

Acid.-sulph. 2. Nux.-vom. 3. China 3., and twelve doses of Calc.-carb. 3., perfect cure.—MÜLLER.

CATARRHUS VENTRICULI ACUTUS.

Sepia.—Dr. Hirsch, of Prague, employed Sepia with success in acute catarrh of the stomach, especially in young people, with the following symptoms: pain in the forehead, violent fever heat, inclination to sleep, with restless tossing about, complete anorexia, tongue with a white or yellow fur, without lustre (considers this as a characteristic sign), small blisters on the edges, sometimes red spots on the surface.

CARDIALGIA.

Cuprum-metal.—Dr. Lembke, in Riga, reports a case cured by Cupr.-met. 1., with the following symptoms: nausea pressure, in the stomach, distress in the chest, trembling of the heart, arms and legs, with feeling of prostration.

DISEASES OF THE LIVER.

ICTERUS.

Chelidonium.—Liedbeck used with success Tinct.-chelid. in acute jaundice, chronic pain in the liver, yellow color of the face and enlargement of the liver.

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MOLIMINA BILIOSA.

Lachesis.—A lady since the cessation of her menses, suffered at times from biliary derangement, with coldness of the body, fainting, pale, dirty yellowish complexion, tongue covered by a thick yellow coat, bitter taste, anorexia, nausea, diarrhœa, violent thirst, great prostration, a dose of Lachesis 6. effected a permanent cure.—Luther.

HYPERTROPHIA HEPATIS ET LIENIS.

(*Affectio pancreatis?*)

Lycopodium.—A sickly lady, aged 50, had been treated allopathically by frequent venesections, tonics, &c., but constantly grew worse. Her present condition was as follows: silent, melancholic, at times irritable, ashy color and œdema of the face, anorexia, much thirst, feeling of fulness, heaviness, and distention in the region of the stomach and abdomen; after eating, constant inclination to vomit, accumulation of saliva in the mouth, nausea, occasional vomiting, abdomen tympanitic, not painful on pressure, but hard, distention in the region of spleen, painful and emaciated upper extremities, lower extremities œdematous, dispnœa, stool hard, sleep restless, skin inactive. Lycopod. x. two doses effected a cure in two weeks.—Gauwerky.

PLETHORA EX AFFECTIONA HEPATIS.

Nux-vomica.—A gentleman whose occupation confined him much to his room, had been suffering for years with sour tasting eructations especially after meals, incarceration of flatulence, feeling of tightness about the head, nausea, vomiting, constipation, trembling and neuralgia of the hands. Nux.-vom. 30. one dose, two evenings in a week, restored the patient's health in a short time completely.—Wood.

PLETHORA VENOSA

Tinct.-Fungi-cynosbati.—Against hæmorrhoidal affections with weakness of the back, constipation and dryness of the rectum, *Tinct.-Fungi-cynosbati* has been employed with success.

Weber.

DISEASES OF THE INTESTINES.

CATARRHUS INTESTINORUM.

Acid.-nitri.—In a chronic intestinal catarrh of one year's duration, with frequent brown-slimy stools, with violent griping

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and cutting pains in the abdomen, Acid.-nitr. 3, soon put an end to the disease.

INFLAMMATIO TRACTUS GASTRO-INTESTINALIS.

Phosphor.—A case of gastro-intestinal inflammation was cured by Phosphor 2, in three days.—W. SCHARP.

TYPHILITIS CHRONICA.

Ginseng.—Dr. Liedbeck of Stockholm cured a case of typhilitis chronica by Ginseng 3d Trit.—X.

TUMOR CŒCI.

Plumbum.—Dr. Marcy's case of a lady, aged 36 years, of sanguine nervous temperament, with distention and hardness of the cœcum, and ascending colon, the whole region swollen, painful to the touch, on motion, &c. Tongue dry, brown in the centre, skin hot and dry, much thirst, nervousness, headache, general depression, expression anxious, feeling of lameness in the lower extremities, sour eructation, nausea, inclination to vomit, umbilicus retracted. Plumbum-met. two grs., one every two hours, improved the condition in a few hours very much, and in a few days more entirely cured, save a few remaining symptoms, which disappeared after Sulph., Nux, and Merc.-sol.

COLICA.

Veratrum.—Lembke reports a case of a lady, cured in two days by Veratrum, with the following symptoms. Periodically returning pains in the abdomen, which becomes bloated at such times, spreading over the region of the stomach, under the ribs to the back and superior part of the thigh, attended with rumbling in the abdomen, relieved by gulping up of wind. Anorexia, thirst, tongue coated, at times vomiting, disturbed sleep, and great uneasiness.

DIARRHŒA.

Pulsatilla.—A girl, aged 16, after having taken cold in her feet, with a painful diarrhœa, which for several months returned at intervals, and lasting sometimes for a week, especially at night, with nausea, vomiting and fainting. A few doses Puls. 3, effected a cure.—METCALF.

OBSTRUCTIO ALVI.

Electro-magnetism.—Marcy recommends Electro-magnetism in obstinate, habitual constipation. The negative pole to be ap-

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plied to the sacrum, and the positive upon the abdomen, both at the same time being gently drawn downwards. Still more efficacious is the application of one pole to the tongue, and the other to the anus.

HYDROPS ASCITES.

China.—A lady, shortly after confinement, was attacked with abdominal dropsy, accompanied by depression of spirits, wretched look, burning thirst, alternate chills, with burning heat; thick turbid urine. Arsenic 3, 6, and 20, was administered for four weeks without benefit, followed by China 30, and China 100, daily two doses, which effected a cure in two weeks.—LAURIE.

ATROPHIA INFANTUM.

Calc.-ac. or Phosphorus, and China, in some cases, will be found most useful, in general atrophy and diarrhœa of children badly fed.—MÜLLER.

PELVIS.

DISEASES OF THE BLADDER.

Ischuria.

Arsenicum.—A farmer, aged 56, (inclined to hæmorrhoids,) after an exposure to cold, was taken with retention of urine, painful pressure in the bladder and rectum, violent deep-seated pain in the abdomen, and great uneasiness. After five weeks unsuccessful allopathic treatment, I ordered a dose of Ars. 30, with an almost instantaneous aggravation, followed by half an hour's rest, and after the expiration of an hour and a half, patient could pass his urine freely and without any pain.—GAUWERKY.

STRANGURY.

Lycopodium.—A lady in the fifth month of gestation, complained of violent cramp-like pain in the bladder, inclination to pass water, but unable to do so, also distention of the abdomen from carcerated flatus.—Lycopod. 30, effected a cure in two days. GOULLON.

DISEASES OF THE GENITAL ORGANS.

Gonorrhœa.

Sulphur.—A clap of eleven months' duration, treated allopathically, was cured in four days by Sulph. 30.—H. BARHAM HARRIS.

[*To be continued.*

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Article XXI.—*On Paralysis in Young Children.* By Dr. John C. Peters.

Paralysis is occasionally congenital, but real congenital paralysis, according to West, is a much less frequent accident than the occurrence of partial or complete loss of power over certain limbs or muscles at a subsequent period.

West thinks that in many instances its commencement can be traced to some attack, though often a very brief one, of disturbance of the brain, which showed itself perhaps by nothing more than a single convulsive seizure, or by an unusual heaviness of the head, that lasted for a day or two, and then subsided of its own accord. In the majority of cases, however, he admits that the disturbance of the brain, that precedes the paralysis of childhood, is neither severe or long-continued, and that only two instances have come under his notice, in which there seemed to be reason for supposing that it was associated with abiding mischief in the brain.

In a very large majority of cases there is no disturbance of the brain, and even when headache, fever or even convulsions do occur, they are not caused by any primary brain-trouble, or even by disorder of the spinal-marrow.

West is also inclined to place far too much stress upon the irritation of dentition, long-continued constipation and general debility; none of these are competent to produce it unless aided by some other more efficient cause.

He comes much nearer the truth, when he asserts, that the local application of cold sometimes produces paralysis, and alludes to short feverish colds, which come on suddenly at night in consequence of throwing off the bed-clothes, and leaves the child with one limb paralyzed in the morning; and to instances in which after sitting for some time on a stone step, a child has lost the power over one leg; while he admits paralysis of one side of the face may be brought on by exposure to a draught of cold air on the affected side.

Bouchut takes a much more correct view of the disease, which he terms *myogenic paralysis;* he confines this term to certain cases of partial muscular paralysis, independent of any appreciable disease of the nervous system. He regards the disease as a local affection of certain muscles; it attacks boys and girls

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indiscriminately; the strength or weakness of the constitution and of the health do not appear to have any influence upon its development; the subjects of the disorder may be strong and vigorous, in perfect health and well developed for their age.

Bouchut regards the most important cause of all, and the one which plays a principal part in the production of myogenic paralysis, to be rapid cooling of the limbs, from whatever circumstance it may originate; thus, amongst older children we may enumerate the action of cold from a prolonged rest upon a cold or stone seat; in very young children the cold which chills the nearly uncovered limbs in those who wear clothes very low in the neck, and very short in the arms and legs, or who are put to bed without warm and long night-dresses, and who throw off the bed-clothes at night. He regards the disease as entirely *rheumatic* in its nature, and is only surprized, that the disease is not met with more frequently, considering the absurd manner in which children are often clothed, it being frequently the case, that their limbs are very cold and much chilled and benumbed, in consequence of the half-naked fashion in which they are dressed. The paralysis may be confined to one arm or leg, or to one side of the face, or body, or both legs may be involved. It may come on gradually, or suddenly; it may be complete or incomplete; painful or torpid.

The palsy sometimes appears suddenly, without precursory symptoms, as when in consequence of exposure to cold during the night, the child is found in the morning with one or several limbs incapable of motion; it is then a *primary rheumatic paralysis.* In other cases pains have preceded the paralysis; the limb is then painful, and pressure and motion are followed by considerable suffering; it is then a secondary rheumatic paralysis.

It is sometimes preceded by a general rheumatic fever, with such irritation of the nerves and muscles as to be attended with convulsions, more or less congestion of the brain, drowsiness, squinting, headache, and fever. These attacks must not be mistaken for those arising from irritation of the gums or bowels, or suppression of urine and other causes, which may excite irritation of the brain and of the motor nerves, followed by convul-

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sions, congestion and effusion in or upon the brain, causing paralysis.

In another class of cases, from pure muscular or nervous debility, the paralysis manifests itself slowly, in a progressive manner, and its real existence in infants is only perceived after it has lasted some time. This mode of development is not an uncommon one.

Myogenic paralysis is often only observed in one muscle; thus, one sterno-mastoid may be palsied, and the head lean towards the affected side; the extensor muscles of the fingers may be involved, and then the fingers without being contracted, cannot be closed; one arm only may be paralyzed, and then it will remain immoveable by the side of the body, or one foot, or one leg may be paralyzed; or one arm and one leg; or both legs. Still in all these cases the paralysis is very often *incomplete*, and the muscular movements, although weakened, in the various parts just enumerated, are yet possible. The entire, complete and absolute loss of motion is much more rare, and would lead us to infer, when present, that the case is not simply a local muscular affection, as it generally is, but one attended with appreciable pathological alteration in the large nerves or nervous centres.

Diagnosis.—The principal and in fact the only difficulty is to distinguish these cases from those which arise from disorder of the large nerves, spinal marrow or brain; in *myogenic paralysis* it is assumed that the paralysis is entirely muscular and independent of the central nervous system; it is only necessary to call attention to this point, as the distinction is easy.

Prognosis.—It sometimes disappears rather rapidly; thus it may last for several weeks and then vanish without leaving any traces of its existence. But in the greater number of cases unless proper treatment is instituted, it remains a longer time and gets worse; it becomes every day more evident, interferes with the nourishment and growth of the affected parts so as to lead to atrophy and deformity of the limbs, and degeneration of the tissues of which they are composed; paralysis of the leg may be followed by consecutive club-foot, atrophy of the foot and contraction of the leg; when the arm is paralyzed, unless it be well supported, the weight of the limb will drag upon the ligaments, cause relaxation and lengthening of them, so that dislocation of

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the shoulder may follow; the muscular tissue is apt to be altered by the addition of newly formed fibrous and adipose tissue; the muscular sarcolema is thickened and filled with more numerous molecular granulations; the striated fasciculi of the muscles are swollen and infiltrated with molecular granulations, which remain for a variable period, and are sometimes replaced by adipose vesicles; this peculiar alteration of the muscular tissue only comes on after the disease has lasted a considerable time and when the external atrophy is well characterized. The blood-vessels lessen in size. Of course the incomplete form is more easily cured than entire and complete palsy; slow and progressive paralysis is also more difficult of cure than suddenly developed cases.

Treatment.—Early treatment is very important; West mentions eight cases in which no treatment was adopted, or not till the lapse of a period of six months, when no improvement could be effected. Six cases were cured, and in four of these treatment was commenced within two or three days after the occurrence of the paralysis, and continued uninterruptedly until the patient's recovery. West truly says, that it would be difficult to find an argument to enforce the necessity of the early adoption of appropriate treatment more cogent than is furnished by these facts.

In the cases produced by exposure to cold, *Mercurius corrosivus* is the most homœopathic remedy. There is even allopathic experience in favor of it. Stanley (see on Diseases of Bones, &c., p. 225, &c.) says, there is a remedial agent applicable to certain paraplegic and paralytic affections, such as seem to have had their origin in exposure to sudden and extreme variations of heat, cold and moisture. Such a remedy in certain cases, is the Bi-chloride of Mercury; in adults it may be given in doses of $\frac{1}{8}$th or $\frac{1}{4}$th of a grain twice a day, but continued for a long period, even for many months. Sir Benj. Brodie has long been in the habit of employing this remedy in such cases, but the attention of Stanley was directed to it by Dr. Latham, who stated as the results of his experience of its use in all degrees and modifications of impaired nervous power to complete paraplegia, that, in many cases which had occurred under his observation, there was every reason for believing, that the Bi-chloride of Mercury, given in combination with the tincture of Bark, had been the means of

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effecting the complete restoration of the use of the limbs; in other words of curing the paraplegia. According to the circumstances of the case, Dr. Latham had been accustomed to give the 16th or 20th of a grain of the Bi-chloride, with a drachm of the tinct. Bark, twice or thrice daily; in this way Stanley also administered it and certainly with benefit.

CASE.—A man, aged 20, had suffered with paraplegia *for eight months*, which upon investigation could be ascribed to no other cause than the exposure to alternations of heat and cold in his occupation as a blacksmith; Zinc and Cantharides were used for six weeks without benefit; he then took $\frac{1}{16}$th of a grain of the Bi-chloride with a drachm of the Tinct. Bark, three times a day; he had taken these remedies but a week when he became sensible of improvement in the condition of his limbs; this improvement was steadily progressive; in about six weeks he could walk with ease and firmness; before he commenced the use of the medicine, he could neither stand securely, nor raise his legs from the ground.

Rhus-toxicodendron is another remedy homœopathic to affections produced by exposure to cold and wet, and also to paralysis. Dr. Fresnoi, Dr. Alderson, of Hull, and Dr. Duncan, have all used it successfully. It proved successful in four cases in which it was employed by Dr. Alderson; in each, a peculiar feeling of pricking or twitching preceded permanent benefit. If the doses are too large, this sensation may be so unpleasant, that the remedy will have to be omitted for a time; it is also apt to act as a gentle laxative, notwithstanding the torpid state of the bowels of paralytic patients. It has even cured cases attended with more or less general marasmus; and with more or less paralysis of the bladder; even when both legs have been paralyzed, the patient has been enabled in a few weeks to walk about without assistance. In a case of general paralysis in the course of twenty-five days the patient was able to move his arms and could stand upon his feet. In another case of hemiplegia, in a female, aged 21, the patient could scarcely walk, could not write a single letter, and could only speak with great difficulty, at the end of six weeks use of Rhus, she could walk alone and could write a long letter, and finally recovered.

Arsenicum is very homœopathic to paralysis. Christison says,

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it is homœopathic to partial palsy, and to incomplete paralysis of one or more limbs resembling the lead-palsy. De Haen relates a distinct example, marked by cramps, tenderness and weakness of the feet, legs and arms, increasing gradually until all the limbs became at length almost completely palsied; the power of motion returned first in the hands, then in the arms, and finally the patient recovered the use of his legs again. Dr. Murray, of Alford, gives a complete set of similar cases, four in all; in all the muscular debility was very great; in two it amounted to to true partial palsy; one had lost altogether the use of his left arm. Professor Berndt gives a well marked case, in which the paralytic affection consisted of the loss of sensation and power of motion in the hands, loss of motion in the feet, with contraction of the knee-joints. Dr. Falconer observed one case, in which the hands only were affected; in two others the palsy had spread gradually from the fingers upwards until the whole of the arms were involved.

Hartmann has cured several cases of paralysis of the lower extremities with *Cocculus*, proceeding from the small of the back and arising from cold; it also corresponds to paralysis of the side, with a sensation of coldness in the affected parts. Dr. Hallock has cured a case of paralysis of the left side, in a young child, with Cocculus 3.

Oleander, according to Hartmann, has cured several cases of painless paralysis of the upper and lower extremities, when preceded by frequent attacks of violent vertigo.

Dulcamara, in alternation with Sulphur, is said to be an excellent remedy for paralysis arising from cold.

Guaco proved useful in two cases of paralysis of the lower extremities from cold.

Colchicum is very homœopathic to rheumatic paralysis from exposure to wet, or sudden suppression of perspiration, especially when there are severe rheumatic pains in single muscles and in the periosteum.

Plumbum is the most homœopathic remedy to a large majority of cases of nervous paralysis; it needs only to be mentioned to call that attention to it, which it deserves.

Sulphur is also useful in rheumatic paralysis; it will frequently reproduce old pains, which the patient had forgotten.

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If these remedies fail, antipathic remedies, such as Nux-vomica, Strychnine, Ignatia, Angustura, Cicuta, Secale, Cuprum, and Zincum will have to be tried.

Of all these Nux-vomica and Strychnine have proved most useful; they are most useful in these forms of paralysis, not dependent upon disease of the nervous centres, as for instance, in lead-, or mercurial-, or arsenical-paralysis, and *in that resulting from rheumatism;* after continuing the medicine for a few days or a week, slight convulsive twitchings or a creeping sensation will be experienced in the paralytic limb; the remedy should then be discontinued for two or three days, and returned as before; the reason why the paralytic limb should be the first to feel the influence of the remedy has not yet been satisfactorily explained, although many ingenious suggestions have been offered.

CASE 1.—A man, aged 54, was attacked with total paralysis of the upper and lower extremities in consequence of taking cold; other remedies were used for sixteen days without benefit; then Strychnine $\frac{1}{6}$th grain, twice a day, was given and gradually increased to $\frac{1}{6}$th grain three times daily; the usual tetanic contraction and electric shocks sat in, always followed by profuse perspiration. A cure was effected by $3\frac{1}{2}$ grains in all.

CASE 2.—A boy, aged eight years, could neither stand nor walk; he was cured in eleven weeks, with $\frac{1}{10}$th grain doses, night and morning,

CASE 3.—A youth, aged 20, had paralysis of both legs, diarrhœa and diabetes insipidus; he was cured with eight grains, in $\frac{1}{8}$th grain doses, four times a day.

CASE 4.—A man, aged 38, was attacked with rheumatic paralysis of the legs after an attack of influenza, attended with violent rending and drawing pains in the sacrum; all motion was lost. Strychnine was given at first in $\frac{1}{6}$th grain doses, then $\frac{1}{5}$th, $\frac{1}{4}$th, and finally $\frac{1}{3}$d grain doses, two or three times a day; he was entirely cured in six weeks.

It is unnecessary to cite other cases; they could be accumulated by hundreds; in many cases in which the internal use was insufficient, the external use has effected cures.

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ARTICLE XXII.—*Prenanthus Serpens,—a Proving of the 1st and 3d dilutions under inspection of* Dr. M. E. LAZARUS.

THE prover is a married woman, aged 19; habitual average health, fair; actual state of health, good; frame rather slight and delicate. Constitutional predispositions: the general developments, rather retarded; the child life prolonged; calorific functions, rather feeble; muscular system, rather feeble, with frequent torpor of the large intestines; catamenia, often retarded from three to seven days; skin fair; hair and eyes, chesnut; a slight chronic eruption of pustulous pimples covers the forehead and descends upon the face. She had during three years before her sixteenth year an irritation of the palpebral conjunctiva, with weak eyes. Character: dreamy, intuitive, impassioned and gentle. Circumstances comfortable. Began the proving with Prenanthus, 3d decimal dilution, five drops at each dose, during four days, at two hours intervals.

March 7th, 1855.

SENSORIUM COMMUNE.

a. *Psychical Group.*

1. Depression of spirits, not deep, but quite remarkable during both provings; in the evenings; giving place to a prompt decided reaction into increased cheerfulness and buoyancy during the interval between the two provings; *not* so as yet after the second proving, with the first dilution, when melancholy and the cutaneous itching with palpebral and gutteral irritation have continued for a fortnight after discontinuing the drug.

2. Vague and sinister presentiments, in the mornings.

3. Irritability of temper, complained of in the evenings.

b. Aromal Group.

1. Tipsiness, sensation of, comes and goes often during the first day of either proving.

2. *Somnolence*; characteristic of both provings, chiefly in the afternoon and early evening, with sleep sound yet unrefreshing; sometimes feels tired on waking.

Night sleep prolonged, afterwards lighter and more broken.

3. Susceptibility to magnetic contact excited, unpleasantly so, to the personal aura of her friends. (slight.)

4. Temperature: calorific functions depressed, chilliness,

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which the heat of the fire did not remove, not intense; observed during third and fourth days of first proving, and several times during the second; not followed by any febrile reaction, unless we may so consider hot flushes over the head and face after going to bed on the third night, and a few times since.

5. Heaviness, sensation of, as if the blood-vessels were filled with lead, the body feels heavy, she leans about.

e. Neuro-cephalic Group.

1. Frontal pains, deep-seated, behind the right eye-ball and over the eye, for about five minutes, on the second evening, in either proving, sharp, called neuralgic.

2. Headache, in frontal and vertical regions, with irritability, and in connexion with persisting irritations of the throat, eye-lids, and skin, and with constipation;—on the eleventh day, a week after discontinuing the drug the second time.

3. Occiptal pains, probably muscular, with pain and feeling of stiffness in the nucha and in the trapezoid region of both sides, increased by turning the head; most severe on the second evening of the second proving, and continuing slightly for a week, worse in the evening.

SPECIAL SENSES.

a. Taste and smell slightly impaired during the latter part of the second proving.

b. Weakness of sight, she cannot use the eyes to sew or read without pain, this may be simply a consequence of the palpebral irritation.

SKIN AND MUCOUS MEMBRANES.

1. Sub-cutaneous glands irritated and swollen; most observable before and behind the root of the right ear and in the neck.

2. The margins of the palpebral conjunctiva are very troublesome, and rather get worse than better hitherto, for a week since discontinuing the drug; they sting and smart and are slightly swollen and dry.

3. The nose (right nostril) is sore, without catarrh, a swelled sore point is complained of.

4. The throat is sore, without catarrhal angina, swallowing is not difficult, but troublesome; much tickling and scraping is felt; only on the left side, worse when she lies down and

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swallows the saliva, then both eyes, especially the left, tingle painfully and fill with tears, (probably from irritation of the sub-mucous glands) eleventh day.

5. The pimples on the face itch about the nose, upper lip and cheeks.

6. Pricking sensation over the body, especially over the loins and lower limbs, as from suppressed perspiration; on the fourth evening of the first proving and the eleventh of the second, these itchings are most troublesome; but they last throughout both provings, and continue to develop themselves after discontinuing the drug; this whole series has been thoroughly marked, and an old chronic disease of the eye-lids is reproduced.

ASSIMMILATIVE SPHERE.

a. Appetite diminished, she neglects her meals, yet food causes no inconvenience.

b. Thirst diminished, she merely wets her mouth, prefers acids, lemon.

c. Gastric secretions perverted, she has acid burning eructations in the forenoons, during the first four days of the second proving.

d. Mucous secretions of the intestinal tube diminished.

Constipation, only three stools in twelve days, hard and painful, followed by languor and even by prostration.

e. Renal secretion diminished, very little urine passed, and no prompting to urinate. Sharp pain in the right kidney for about five minutes on the fourth day of first proving and the eleventh day of the second.

UTERINE SPHERE.

a. Sharp throbbing pains attributed to the uterus, in the third day of the first proving, with discharge of a white jelly-like matter from the vagina, accompanied with weakness. The catamenia, usually tardy, are more so than usual after the proving, delaying nine days.

TRUNK.

a. Dorsal pains like those of torticollis, with like pains in the nucha and occiput.

b. Joints affected with dull pain and numbness on awakening. (fourth day of first proving.)

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Article XXIII.—*Croton-Oil in Diarrhœa.* By J. Loyd Martin, M. D., Baltimore.

During the past summer, for the prevalent diarrhœa, I gave "Croton-tiglium," as a specific remedy whether occurring in the male or female sex, in childhood or adult age, and without regard to apparent inducing causes, or to particularities usually observed in selecting remedies. The preparation used was the second trituration dissolved (about fifteen grains bulk) in a wine-glassful of water, and a teaspoonful given after each evacuation, and rarely was it necessary to repeat the dose oftener than three or four times before entire recovery was the result. One or two cases will suffice to show its efficacy, and the different cases, (and which were widely different,) in which the remedy was serviceable.

Case 1.—*Adult Female.*—Extreme coldness, amounting to chilliness along the spinal column downwards and through the entire abdomen, with nausea and vomiting, subsequently flushed feeling in the head and face, accompanied by writhing pain, commencing in the region of the transverse colon, and gradually extending downwards through the whole intestinal canal; then came on very copious pap-like and watery thin discharges, generally of a light clay-color, but varying, slight tenesmus, anxious countenance, and depression of spirits, with great restlessness.

The paroxysms came at variable intervals, sometimes every half hour, and again not for three hours or longer. The second dose arrested the symptoms, and only great prostration remained, for which other remedies were prescribed.

Case 2.—Also an adult female, was first attacked with diarrhœa during the night, evacuations very copious, fæcal, every fifteen to twenty minutes; after the first two or three they gradually lost their natural color and consistence, and became very thin, of a light clay color, or drab, and very copious and frequent, fifteen to twenty evacuations during the night, and about every fifteen minutes during the forenoon, accompanied by great fermentation, and swashing feeling, and sound in the abdomen. There were no pains, accompanying or any other symptoms excepting great apprehension of a serious termination, and towards the last, that is, on giving the *Croton*, fever was manifesting

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itself. She did not even feel debilitated at the time, nor until some time after the discharges had ceased. She took but two, or possibly three doses, prepared and given as specified in the preceding case, and recovery was the result.

I gave it in many cases during four or five months, and in no two of them do I remember having observed close similarity of conditions and symptoms, saving the peculiar frequently manifested copious, watery-thin, light-colored discharges, and yet in some cases these symptoms were not present. The symptom which first induced me to give it, was the temporary and sudden paralytic condition of the colon.

Article XXIV.—*On Fatty Diseases of the Heart.* By John C. Peters, M. D.

This disease has excited much attention in England, but scarcely as much as it deserves in this country.

Pathologically, there are two forms of this disease, which cannot as yet be distinguished from each other symptomatically:

1) In one form the fat grows on and among the muscular fibres of the heart, but the fibres themselves, though covered and concealed by fat, are unaltered;

2) In the other form, the muscular fibres themselves undergo a true fatty degeneration; and in such cases there is not of necessity any growth of fat about the heart.

The class of persons, in whom I have most frequently witnessed the disease, has been that, in which the abdominal organs have been excessively developed at the expense of the rest of the body; in those in whom the arms and legs are small and thin, compared with the girth around the waist.

In the earlier stages of the disease the symptoms are few and simple, viz.: a weakened impulse of the heart, fluttering and irregular beating of the heart; also a slow, weak, small and occasionally irregular pulse; shortness of breath is also a prominent symptom, easily excited by any unusual exertion especially on going up-stairs. There may be more or less of general debility, particularly in the limbs, although the patient may look stout and even florid; and sometimes a tendency to fainting. In

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short, the symptoms are those of a weak heart and circulation. On physical examination the heart will frequently be found enlarged, viz., in about thirty-nine or forty cases, out of sixty-eight or seventy; still, it is frequently difficult to measure the amount of enlargement, as the external surface of the chest is so frequently covered with fat, that percussion is often unsatisfactory. However, if the patient be inclined to corpulence; if his arms and legs be flabby and thin as compared with his waist and abdomen; if the pulse be slow or feeble; if there be shortness of breath, and tendency to stoppage of the heart, and circulation; if there be a premature *arcus senilis* around the cornea, which is also a fatty degeneration, and frequently associated with fatty disease of the heart; then the diagnosis will be fairly made out.

As the disease progresses other symptoms are apt to be added; especially those of angina-pectoris, when there is obstruction of the coronary arteries from ætheromatous deposits, which are also forms of fatty degeneration. Then there are apt to be a feeling of fatigue from slight causes, particularly from ascending heights; breathlessness, progressive, from being so slight as scarcely to attract notice, up to the most extreme suffering on exertion. A semi-paralytic state of the heart is apt to occur from time to time; the heart often contracts too feebly to expel all the blood, hence its cavities become over-crowded and distended, attended with pain, sense of fulness, and a stoppage or struggling of this organ. If the powers of the right side of the heart become very much weakened, its cavities will become filled, the circulation obstructed, and apoplexy of the lungs or brain may occur; or great difficulty of breathing from passive congestion of the lungs, or coma from passive congestion of the brain. If the powers of the left side of the heart become much impaired, we may have faintness or syncope; this syncope may amount to a mere feeling of faintness, or may go on to such a complete arrest of the vital powers as to cause sudden death.

In fifteen cases of *extreme accumulation of fat about the heart*, five had suffered from giddiness and coma, eight from syncope, and nine from short breath; of these fifteen cases, fourteen died suddenly, viz., ten from syncope or some similar condition, three from rupture of the heart, and one from coma.

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"When the substance of the heart is not only loaded with, *but converted into fat*, it is liable to some of the most fatal lesions to which the organ is liable; rupture of the heart took place in twenty-five cases, out of sixty-eight; and sudden death in fifty-four cases out of sixty-eight, in twenty-one of which it was from syncope or paralysis of the heart.

Later stages of the disease are apt to be attended with dropsy.

Simple obesity is very apt to be attended with disease of the heart; thus in fifty cases out of fifty-seven of corpulent people, the heart was diseased; five were hypertrophied and not dilated; eight, hypertrophied and dilated; twenty-six, dilated only; and eleven were atrophied. Hence it is evident, that a portion of the treatment of obesity must often be directed against a weakened, dilated and atrophied heart.

Treatment.—This disease is peculiarly interesting to the practical physician, as it is one of the few diseases of the heart, which admits not only of alleviation of the sufferings of the patient, but which is susceptible of an absolute cure.

Diet.—The first thing indicated in all cases is to cut off, as far as possible, the supply of fatty materials; fat, oil, and butter should be rigorously interdicted in the diet list; also all substances capable of a ready conversion into fat. It is desirable also that the food should lie in the stomach as short a time as possible, in order that a fatty fermentation may not be set up in it. Very light meals should be taken at the times most favorable to rapid digestion. Breakfast should consist of dry toast, sea-biscuit, tea, with little or no milk or sugar, and lean meat, Dinner should be taken before three o'clock, and consist of meat with all the fat cut off, of stale bread or biscuit, plain boiled maccaroni or biscuit-pudding. All wines and liquors should be forbidden. Condiments, such as pepper, mustard, salt, and Worcester sauce, may be taken to aid digestion. Liquids should *not* be taken at all at dinner, but only a half or one hour afterwards. Tea may consist of a bit of lean cold meat, biscuit and a glass of water.—Chambers.

Next the action of the heart must be invigorated; Nux-vomica is the all-important remedy here, it must be used freely and regularly.

To promote the absorption of fat from the heart and body in

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general, Iodide of Iron, Iodide of Potash, Iodine, or Liquor-potassa may be relied upon. Liquor-potassa, in drachm doses, three times a day, will remove the fat at the rate of from seven to ten pounds per week.

When an ætheromatous state of the coronary arteries is present, the solvents of ætheroma should be used, viz., Soap, Naphtha, Ether and Turpentine.

As the pancreatic juice has much to do with the solution and absorption of fat, remedies which limit the secretion of this fluid may be used, such as Tannic-acid, &c.

ARTICLE XXV.—*Allopathic and Homœopathic Medication contrasted.* By E. E. MARCY, M.D.

In order to form an accurate judgment respecting the comparative merits of different modes of medication, it is necessary, in making up the account, to take into consideration the remote as well as immediate effects of medicines upon the constitution. The old axiom *tuto, cito, et jucunde*, has been most aptly applied to the cure of diseases so far as mere theory is concerned; but we regret to observe that neither the *tuto*, nor the *cito*, nor the *jucunde*, have as a general rule, received due practical appreciation from the mass of the profession. In the present paper it will be our object to adduce from standard authorities of both schools a sufficient number of facts bearing upon our subject, to enable any impartial reader to form an intelligent opinion respecting the comparative efficiency and safety of the two methods.

We are induced to write a few paragraphs upon this subject in consequence of a great change in the tactics of our opponents within the past few years. Formerly the doctrines of our school were answered by sneers and ridicule, our doses were pronounced impotent, and our treatment abortive, and this course was continued for many years, but without staying for a single instant the onward progress of our school. Many volumes have been written upon the supposed absurdity of small doses, extensive mathematical calculations have been entered into with a view of computing the weight of imponderable atoms, and a vast amount

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of satire has been expended, in attempting to crush these little atoms out of existence, but all has been in vain! The little doses still continue to give evidence of their power, and the public instead of heeding the sneers and ridicule of our amiable opponents, fly to homœopathy as their only safeguard in illness. For more than forty years after the discoveries of Hahnemann, the entire allopathic profession resorted to ridicule as their chief weapon of opposition. Professing to despise the whole system, they have been asserting in a positive manner for fifty years past, that it was rapidly dying out, and in almost numberless instances laymen have been gravely referred to distant countries in illustration of their assertions. During this long period no efforts have been omitted to arrest the progress of our doctrines, and to persecute their advocates. The most infamous slanders, the grossest misrepresentations, personal abuse, and even legislative enactments have repeatedly been resorted to by our opponents to effect their unhallowed purposes.

And what has been the result? Has the steady progress of our school from its origin down to the present moment ever once been interrupted? Even in those despotic countries where, through the machinations of selfish and malignant professional adversaries, penal laws have been enacted against our practitioners, has not its advancement ever been the same—steady, certain, and durable? Have not the blows of her assailants always recoiled against themselves with pernicious effect? Have not their weapons been of clay, and their point of attack a rock of truth?

Let our hospitals and dispensaries in every portion of the civilized world answer. Let the two excellent homœopathic colleges in Philadelphia and Cleveland—the increasing army of intelligent homœopathic physicians throughout the world—the millions of laymen who rely exclusively upon our system for the cure of disease, and the thousands of splendid intellects which have openly acknowledged the truth and beauty of our doctrines re-echo the response. Finally, let us appeal to the glowing and happy faces, the robust bodies, and the vigorous constitutions of the rising generation of homœopathists in proof of our position.

We have already observed that the doctrines of our school, have, until quite recently, been met by our opponents with

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sneers and ridicule. Our doses have been scoffed at, and each allopathic physician, or some infantine member of his family has eaten with impunity (if we may believe what is constantly asserted) the contents of some stray homœopathic medicine box! Almost every old school physician has a very funny story of this kind to relate as a conclusive argument against homœopathy.

We congratulate the homœopathic pharmacies throughout the world, for the immense profits they must realize from this enormous sale of medicines!

But unfortunately for the interests of our amiable brethren of the ancient school, these sneers, these affections of contempt, and these stale calumnies have not had the slightest influence in retarding the progress and prosperity of our school. Their interested motives have been so apparent, and the *animus* which always governs them is so perfectly manifest, that the public receive all communications from such sources with entire distrust.

In view of these facts, a total change of tactics has recently been resorted to. Now, instead of ridiculing our doses, and consuming at a single sitting, the contents of innumerable homœopathic medicine boxes, our remedies are accused of being immensely active, and our doses, enormous. Instead of being the powerless atoms which have called forth the witticisms of the allopathic fraternity for the last eighty years, they are now represented to be agents of destruction! Instead of acting only upon the excitable imaginations of patients, they are now declared by disinterested allopathy, to be deadly poisons, and that most of the ailments which have afflicted humanity for the past half century, have their origin in these terrible drugs! Now, whenever a case of consumption, apoplexy, paralysis, rheumatism, neuralgia, or other malady occurs in a homœopathic family, the cause is at once ascribed to the insidious influence of homœopathic infinitesimals! With a mendacity which would not do discredit to the father of lies, these absurdities are continually uttered by our adversaries with the hope of alarming timid females and of inflicting injury upon our cause! It is a common trick with these unprincipled men to seek out those who have recently lost friends under homœopathic treatment, and by such false allusions as we have noticed, to endeavor to shake their belief in the safety of homœopathic medication.

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When we take into consideration the fact that it is a fundamental principle of allopathic medication, to induce as speedily as possible, the *poisonous effects of drugs* upon patients, these accusations will appear still more surprising. When we may witness at almost every step—daily and hourly some wretched victim of this monstrous drugging, and reflect that it is in accordance with the teachings of their standard writers, it may well excite our astonishment that such an unfortunate mode of attack should have been adopted against a rival school. But to the facts.

Allopathic employment of Mercury.

We presume it will be conceded that in nine-tenths of all diseases treated allopathically, *Mercury* in some form, is the remedy employed. A reference to any standard work on Theory and Practice, will demonstrate the truth of this assertion. It is proper therefore to notice, in detail the results intended to be produced by this powerful mineral when thus employed.

"The following," writes Pereira in his *Elements of Materia Medica and Therapeutics*, vol. 1, p. 594, "are the ill effects which have been ascribed to Mercury, and which Dieterich regards as so many forms of mercurial disease:"—

"1. *Mercurial Fever.* (*Febris-mercurialis.*)—Under this name, Dieterich has included two febrile states. One of these (*febris-erethica; f.-salivosa*) comes on a few days after the use of large doses of Mercury, and is characterized by great restlessness, dryness of the mouth, head-ache, loss of appetite, nausea, hot and dry skin, quick pulse, red gums, swollen tongue, &c.; it usually terminates in a critical discharge, (as profuse salivation, purging, or sweating), or an eruption makes its appearance. The affection which Mr. Pearson denominated *mercurial erethism*, is regarded by Dieterich as an adynamic mercurial fever. It is characterized by great depression of strength, a sense of anxiety about the præcordia, frequent sighing, trembling, partial, or universal, a small, quick pulse, sometimes vomiting, a pale contracted countenance, a sense of coldness; but the tongue is seldom furred, nor are the vital or natural functions much disordered. When these symptoms are present, a sudden and violent exertion of the animal power will occasionally prove fatal."

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"2. *Excessive salivation.*—I have already noticed mercurial salivation, as far as it is ever purposely induced for the cure of diseases. But it sometimes happens, either from the inordinate employment of Mercury, or from some peculiarity in the constitution of the patient, that the mouth becomes violently affected:—the gums are tumified and ulcerated; the tongue is swollen to such an extent, that it hangs out of the mouth, incapacitating the patient from either eating or speaking; the salivary glands are enlarged, most painful, and inflamed (*parotitis mercurialis,*) and the saliva flows most copiously from the mouth. In one instance sixteen pounds are said to have been evacuated in twenty-four hours. In some cases the gums slough, the teeth loosen and drop out, and occasionally necrosis of the alveolar process takes place. During this time the system becomes extremely debilitated and emaciated; and, if no intermission be given to the use of mercury, involuntary actions of the muscular system come on, and the patient ultimately dies of exhaustion. I have repeatedly seen inflammation and ulceration of the mouth, and profuse salivation, induced by a few grains of Calomel or some other mercurial." Other effects of Mercury noticed by Pereira are:—

"3. Violent purging, attended with griping pains, and sometimes bloody evacuations."

"4. Excessive secretion of urine."

"5. Profuse sweating."

"6. Several forms of skin diseases, both acute and chronic."

"7. Inflammation or congestion of the eye, fauces, and periosteum."

"8. Enlargement of the inguinal, axillary, and mesenteric glands; the parotid glands, the pancreas, the liver, and the testicles."

"9. Ulceration and sloughing of the mouth and throat."

"10. Various symptoms, indicating a disordered condition of the nervous systems, are met with in persons who have been exposed to the baneful influence of mercury: such as wandering pains, a tremulous condition of the muscular system, sometimes accompanied with stammering, and occasionally terminating in paralysis, epilepsy, or apoplexy. To these Dieterich adds asthma, amaurosis, and hypochondriasis.

Of these, the best known is the shaking palsy."

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"11. *Cachexia.*—This condition is characterized by disorder of the digestive organs, loss of appetite, wasting, incapability of much exertion, with increased secretion from all the organs, especially from the salivary glands."

Mr. Francis says mercurial cachexia is characterized "by irritable circulation, extreme pallor and emaciation, an acute and rapid hectic, and an almost invariable termination in phthisis."

The above are only a few of the poisonous effects of mercury. In order that these effects may be produced, it is necessary that it should be given in *allopathic doses;* for it is contrary to all reason and to known facts, that the minute doses of homœopathy possess the physical power of producing upon the solids of the body these violent influences. This is demonstated by the experiments of Christison and Buchner, who have repeatedly detected Mercury in the blood, the bones, the brain, the synovial capsules, the pleura, the humors of the eye, the cellular tissue, the lungs, the liver, the perspiration, the saliva, the bile, the urine, &c.

Pereira in his Materia Medica, vol. 1, page 601, observes that "the great value of mercurials is experienced when they are given as *sialogogues.*"

"Though no surgeon ascribes the curative action of mercury to the salivation, yet, without this effect, *the curative influence is not usually observed.* So that when we fail to induce some affections of the mouth, we do not observe the beneficial effects of Mercury."

In other words the system must be *poisoned by the mineral,* according to this standard allopathic author, in order that "any beneficial effect can be produced by it."

When we consider that Mercury in some form is the chief remedy of our opponents in nine-tenths of all the diseases they treat, and that it is their direct object to produce its poisonous effects upon the mouth, salivary glands, liver, &c., &c., in these cases, it may well excite both surprise and indignation when they attempt to injure homœopathy by attributing toxical effects to the attenuations she employs!

Were we to quote the opinions of every reputable writer of the other school respecting the use of this or any other drug, it would demonstrate the following important fact, viz.: *that*

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medicines must be pushed until their poisonous effects are manifested before a curative action can be expected.

If any one doubts this fact, let him visit his sick friends, or the wards of a hospital, and behold the wretchedness purposely caused by mercury and other drugs. And yet these deliberate poisoners have the presumption to accuse and blame their rivals for producing toxical effects upon their patients! Let the reader carefully peruse the above legitimate symptoms arising from the allopathic employment of mercury, which their best writer on materia medica has given us, and, in connection with them, bear in mind the important fact announced by Pereira and every other reputable authority of the old school, that "*the great value of mercurials is experienced when they are given as sialogogues*" *to salivate*; and that "*without this effect, the curative influence is not usually observed.*" Let him again review these symptoms, in connection with the maladies of his friends who have been subjected to allopathic treatment, and then decide for himself which mode of medication is most injurious to the human system, which most predisposes to palsy, apoplexy, phthisis, and other diseases, the *allopathic* or the *homœopathic*. In the one case, it is the deliberate *intention* to poison the organism with the drug for the sake of its *revulsive* influence, in order that the forces of the economy may be diverted from the original seat of the disease, to the violent medicinal irritations which have been induced.

In the other instance, no revulsive effects are required, since the *imponderable* vital forces which are deranged, and thus constitute the essence of maladies, are acted on by *imponderable* medicinal agents to effect cures. In the first instance, the process of medication is *material, violent, and poisonous*, and these effects are in entire accordance with their law of cure, *contraria contrariis opponenda;* while in the second instance the process of medication is *vital* and *dynamic*, and therefore incapable of leaving behind *toxical* or *poisonous* influences.

We have seen among the poisonous physiological effects of mercury as described above, palsy and apoplexy. Is it not reasonable to conclude that many cases of this description are superinduced by its constant and injudicious employment in the hands of the Hippocratics?

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In order that the toxical action of mercury may become manifest as speedily as possible, old school physicians are in the constant habit of combining it with Opium, so that it shall be retained in the system until absorption takes place. This confirms the remark already advanced, respecting the production of poisonous symptoms when allopathically employed.

Arsenic.

According to Wood and Bache's U. S. Dispensatory, page 19, "Arsenic has been exhibited in a great variety of diseases, the principal of which are scirrhus and cancer; anomalous ulcers; intermittent fever; chronic rheumatism; diseases of the bones; frontal neuralgia; and different painful affections of the head, known under the names of hemicrania and periodical headache."

"In various *chronic affections of the skin,*" says Pereira; Mat. Med. and Ther., vol. 1, page 547, "Arsenic is one of our most valuable agents."

The same writer also commends it highly in "*various chronic affections of the nervous system,* like neuralgia, epilepsy, chorea, angina pectoris, &c."

From the preceding quotations it will be observed that Arsenic is a medicine in common use by the old school. In its administration for the cure of these common maladies, the usual allopathic rule holds good, *of pushing it until its specific or poisonous effects are produced.* The following quotations will substantiate our assertion.

"When commencing their exhibition, (*the preparations of Arsenic*) the dose should be small, and afterwards gradually increased, its operation being carefully watched. *When the specific effects of the medicine are produced,* it must be immediately laid aside. These are, a general disposition to *œdema* (*dropsical swellings*) especially of the face and eye-lids, a feeling of stiffness in these parts, itching of the skin, tenderness of the mouth, loss of appetite, and uneasiness of the stomach. The peculiar swelling produced is called *œdema arsenicalis.*"*

"Its effects are to be carefully watched, and whenever any un-

* Wood and Bache, U. S. Dispensatory, p. 18.

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pleasant symptoms (as vomiting, griping, purging, swelling or redness of the eye-lids, dryness of throat, ptyalism, headache, or tremors) make their appearance, it will of course be advisable to diminish the dose, or suspend for a few days the use of the remedy. Indeed, when none of these symptoms occur, it is not proper to continue its use more than two weeks without intermitting its employment for a day or two, in order to guard against the occasional ill consequences resulting from the accumulation of the poison in the system."*

Dr. Hunt† regards Arsenic as the most important remedy in most forms of cutaneous disease. One of the seven rules which he lays down to be observed during its administration is the following:

"The minimum dose (i. e. a dose which, if given continuously, affects the conjunctiva in the slightest possible degree) should be persevered in with unremitting regularity for *as many months after the disappearance of the disease as it had previously existed years.* This is necessary to prevent a relapse."

We might readily fill a volume with quotations from reputable physicians of the other school to prove that Arsenic is not only a common allopathic remedy, but that it is almost invariably prescribed with the *intention of producing its poisonous effects.*

A glance at the last quotation shows us that it is often employed by our opponents not for days, or weeks, but for *many months;* and if during this course, the patient becomes somewhat poisoned by the mineral, as may be known by the symptoms indicated above, it is gravely advised that the remedy be discontinued for a few days, in order to prevent fatal consequences.

In consideration of such facts, we beg to ask, who are the *poisoners* of poor humanity, allopathists or homœopathists? Which mode of medication is most likely to give rise to palsies, dropsies, epilepsies, necroses, &c., that of the former or of the latter?

It is a very rare thing for a practitioner of the new school to give Arsenic stronger than the third decimal attenuation, for the simple reason that with larger doses he is much less success-

* Pereira's Mat. Med. and Ther., vol. 1, p. 549.

† London Lancet, Jan. 17, 1846.

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ful in effecting cures. From the nature of his therapeutic law, large doses cannot be employed without serious consequences. It is evident therefore, if a patient were medicated daily for months with the mineral under consideration, that he would not receive into his system an *ordinary allopathic dose.*

Quinine.

Another very common remedy of the ancient school is quinine. In the treatment of intermittent fevers, this may be considered as the almost universal medicine. It is likewise very often employed during the debile stage of most acute diseases, and as a general tonic in all kinds of debility. When it is administered in intermittent fevers, it is deemed essential to push the doses until poisonous effects are produced, in the form of ringing in the ears, dilated pupils, impaired vision, deafness, and more or less congestion of the brain. Without these powerful effects, there is not sufficient *revulsive* influence upon the brain, nervous system, and other important organs to overwhelm *temporarily* the morbid influence, and thus suspend for a few days or weeks the natural manifestation of the malady,—chills, fever, sweat, &c.

Dr. Corbyn states, "that in the fever which prevailed in Calcutta, in 1833, he employed quinine in doses of gr. vii.—viii., every four hours, and that *out of several hundred patients thus treated, not one escaped deafness, noises in the ears, tightness across the forehead, &c.; in fact, all the premonitory symptoms of poisoning by quinine.*" *

Another of the deleterious consequences of the allopathic employment of this drug, is enlargement and congestion of the liver, and congestion of the portal vessels. Examples of this kind are of very frequent occurrence in all fever and ague districts.

But in our estimation, the most mischievous influence of all consists in a permanent depression of the vital powers of the organism which results in a majority of cases from the full action of quinine. Among these permanently injurious impressions may be cited, weakness of the generative sphere, impaired sight and hearing, paralytic affections, neuralgia, hypochondria, and diminished powers of rationation.

* Waring's Ther. page 428.

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It may be urged that homœopathists also make use of Quinine in intermittent fevers. In cases where it is homœopathically indicated this is quite true; but when thus employed in accordance with our therapeutic law, it is never necessary to prescribe it in such quantities as to induce toxical effects, in order to ensure cures. In such cases the specific affinity between the disordered tissues and the drug is so strongly pronounced that very minute doses produce curative responses.

Will the reader mark the contrast between the empyrical employment of this substance in *all cases* of intermittent fevers by one school, and its occasional use by the other school for definite and specific groups of symptoms? By so doing, some idea may be formed of the comparative scientific bases upon which each mode of medication is founded.

Opium.

It has been well remarked, that if our adversaries were deprived of opium and calomel, their "occupation would be gone." If their standard works on Theory and Practice be consulted, it will be found that in nineteen out of every twenty maladies treated by these gentlemen, one of these medicines is deemed indispensible.

With regard to opium, it may justly be ranked among the most pernicious and insidious of poisons. Exhilarating, soothing, and eminently pleasurable in its primary effects, it speedily attracts its victims with visions of celestial beauty, and with thoughts and ideas such as angels might envy, towards an abyss of unspeakable wretchedness and despair. Day by day the habitual opium-eater is obliged to augment his dose, until the quantity amounts to two or three drachms in twenty-four hours. The energies of the system are thus gradually impaired, until the opium-fiend rules triumphant, and the functions of life can only be accomplished under his influence.

That the constant, and indiscriminate use of this drug by the old school, very frequently leads to its habitual indulgence, does not admit of doubt. Every day does the medical man come in contact with instances of this kind, and in every street may be seen *secret* indulgers, withered and sallow opium-eaters. The

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responsibility in these cases rests, for the most part, with our opponents.

The following is an excellent description of the habitual opium-eater by Dr. OPPENHEIM:*

"The habitual opium-eater is instantly recognized by his appearance. A total attenuation of body, a withered, yellow countenance, a lame gait, a bending of the spine, frequently to such a degree as to assume a circular form, and glossy, deep sunken eyes, betray him at the first glance. The digestive organs are in the highest degree disturbed, the sufferer eats scarcely any thing, and has hardly one evacuation in a week; his mental and bodily powers are destroyed, he is impotent. By degrees, as the habit becomes more confirmed, his strength continues decreasing, the craving for the stimulus becomes even greater, and to produce the desired effect, the dose must constantly be augmented."

"When the dose of two or three drachms a day no larger produces the beatific intoxication so eagerly sought by the opiophagi, they mix the opium with *corrosive sublimate*, increasing the quantity till it reaches to ten grains a day; it then acts as a stimulant."

"After long indulgence the opium-eater becomes subject to nervous or neuralgic pains, to which opium itself brings no relief. These people seldom attain the age of forty, if they have begun to use opium at an early age. The fasts in the months of Ramasan are for them fraught with the most dreadful tortures, as during the whole of that month they are not allowed to take any thing during the day. It is said that, to assuage their sufferings, they swallow before the morning prayer, besides the usual dose, a certain number of other doses, each wrapped up in its particular paper, having previously calculated the time when each envelop shall be unfolded, and allow the pill to produce the effects of their usual allowance. When this baneful habit has become confirmed, it is almost impossible to break it off; the torments of the opium-eater, when deprived of this stimulant, are as dreadful as his bliss is complete when he has taken it; to him night brings the torments of hell, day the bliss of paradise."

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* Brit. and For. Med. Rev. Vol. iv. pag. 394.

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Cases similar to these are by no means uncommon after courses of allopathic medication, where the stimulant has been continued for weeks and months to relieve pain or procure sleep. When administered in this manner, temporary relief is usually experienced from its primary action; while its secondary and permanent operation is constantly adding to the force and permanency of the disease. But who ever heard of an opium-eater, a dinner-pill man, or a toper, in consequence of homœopathic medication? Who ever heard of permanent deafness and ringing in the ears after the homœopathic employment of Quinine? or of ulcerations, bone diseases, palsies, mercurial cachexias, &c., as a result of the homœopathic administration of mercury? or of heart-disease and dropsy from the homœopathic use of Colchicum? Who ever heard of a confirmed dyspeptic from the use of cathartics in the hands of the homœopathist? or of a blue man or blue woman from the homœopathic employment of nitrate of silver? or of absorption of the breasts or testicles from the homœopathic use of iodine? or of hæmorrhoidal affections from abuse of aloes? or of any other of the numerous allopathic drug diseases, as a consequence of homœopathic medication?

Nearly all writers upon the other side, entertain the opinion that most drugs produce their legitimate effects after having been absorbed into the blood. With regard to very many substances, this doctrine of absorption has been demonstrated to be true by actual experiments. This fact taken in connection with the allopathic mode of medication, is pregnant with interest. *Contraria contrariis* being the rule of action, *healthy* structures must be impressed in such a manner as to produce a *revulsion* from the *diseased* part. In other words, the afflux of blood upon the inflamed organ which is determined by the recuperative energies of the system, is diverted to a greater or less extent, to medicinal inflammations which the physician induces in normal structures. In order that these artificial inflammations shall be effectual, it is necessary that they should be so violent as to force the action of the *vis medicatrix naturæ* from the *natural* to the *medicinal* disease. This is what is termed *revulsion.* This diversion of the recuperative forces from a natural to an artificial disease, is the improvement which ancient and modern allopathy have made upon the good old ways of dame nature.

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Nature strives to throw off morbid actions in her own primitive manner, by directing the vital energies of the organism to the affected point, and inducing those changes which free the system from the offending cause. Allopathy steps in and takes the matter into her own hands and forces nature to concentrate her efforts upon other points. It matters not how many complications may arise from these active drug actions in a body already weighed down by some natural malady, the empyric routine of the school must be carried out, and if the patient dies, he falls *secundem artem*; or if he recovers, he does so "in spite of both the disease and the doctor."

From the few examples we have adverted to, the reader will be able to appreciate one of the fundamental facts connected with allopathic medication, viz., *the necessity of saturating the entire organisms of patients with the selected drugs in order to produce the requisite amount of revulsion.* It matters not how many foreign and deleterious substances shall be introduced into the vital current, or whether such agents shall be eliminated or remain in the system to impair the integrity of some organ or tissue, revulsion must be induced at whatever sacrifice to healthy parts. In those cases where the drug might be rejected by the stomach or bowels before absorption could occur, it is the universal custom to combine it with opium. By this means the most poisonous article can be retained in the alimentary canal sufficiently long for the absorbents to take it into the blood.

If space permitted we should take up all of the more common remedies of our opponents in detail, and demonstrate from their own authorities the abominations of this mode of medication. Such an *expose* would satisfy any enlightened mind that a vast amount of the illness and suffering which are witnessed on every side are due to the poisonings of this school. Is it reasonable to suppose that the body can be saturated with powerful minerals, narcotics, alkaloids, &c., without entailing upon it permanent drug maladies? Can any sensible person calculate the actual *quantity* of medicines administered by the Hippocratics during an ordinary attack of fever, rheumatism, or other malady, without shuddering at the result, and experiencing a sense of relief if the poor patient survives?

So well recognized and common are these drug diseases, that

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allopathy has long since found it necessary to classify and arrange them in their books, and designate modes of treatment. Among these diseases may be cited mercurial cachexia, sulphur cachexia, arsenic cachexia, iodine cachexia, lead cachexia, mercurial rheumatism, nodes, palsy, &c., lead palsy, &c., &c. These acknowledged drug maladies constitute only a small amount of the actual disease and suffering which are superinduced by this mode of treatment; for we may justly attribute to this source, the numerous cases of impaired constitutions, and the endless train of anomalous symptoms which are constantly met with in those families who have long employed old school physicians.

Let us suppose an instance of allopathic treatment. The patient has a bilious fever, and an active mercurial purgative is prescribed to evacuate the *prima viæ*. But the fever continues to progress, and tenderness of the abdomen is superadded since the operation of the cathartic. Small doses of Calomel and Dover's powder are now prescribed for the purpose of inducing the alterative (poisonous) action of the Mercury, and these doses are repeated at short intervals until irritation of the salivary glands, the liver, the mucous membrane of the stomach and bowels, ulceration of the mouth, throat, and gums, and a general derangement of the nervous system indicate that the body has been effectually poisoned by the drug. Still the fever pursues its course unchecked, with many serious drug-symptoms superadded. Tortured and prostrated more by the doctor than by the natural disease, the unhappy invalid loses both his strength, his patience, and his courage, and feebly begs for relief to his sufferings. Now comes the grand placebo *Opium*, which benumbs the patient, and covers up temporarily his pains and his complaints under an artificial stupor. Still the malady is not arrested, but pursues its destructive course throughout every nerve and fibre of the torpid organism, aided in its deadly work by the impaired condition of the entire system, which has been caused by the narcotic. A few days pass by and the poisonous effects of the Opium are manifested in the form of congestion of the brain, delirium, prostration of the nervous system, and a general suspension of the functions of nearly every organ of the body. A new and serious condition of things

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now exists, and the friends of the unfortunate victim of empyricism are cooly assured, that the *disease* has assumed a *typhoid* type! The dreadful drugging which has been employed—sufficient to reduce a healthy Hercules to the brink of the grave, is entirely overlooked, and all untoward symptoms are attributed to the natural malady! But the patient is fast sinking. His muttering delirium, his trembling nerves, his wan and sunken face, his fœtid breath, his tympanitic abdomen, his rapid and feeble pulse, and other indications of extreme illness, require prompt attention, and he is put under full doses of Quinine every hour or two, as a tonic. The patient sinks hour by hour, while the poisonous effects of the Quinine become developed in the form of deafness, ringing in the ears, and an aggravation of all the typhoid symptoms. As the victim sinks, the poisoner plies his trade, as his fancy, or the fashionable doctrine of the day may influence him; and the father, the wife, or the child expires, his body loaded with deadly poisons—a victim to an empyrical mode of medication, which originated in the dark ages, and which is at present sustained by medical bigots similar in mental constitution to those who scoffed and rejected the discoveries of Harvey and Jenner.

If the homœopathic practitioner be followed to the sick-bed, no violont drug-symptoms which impair the entire energies of the system, complicate the original disorder, and thus prevent the successful operation of the recuperative forces, are ever observed. The symptoms almost uniformly subside under the mild influence of his remedy, and the invalid is speedily restored to health with an unimpaired constitution, and with no fear of any future manifestation of a drug-disease.

We have detailed a few of the actual differences between the two modes of medication; but sufficient has been written to enable the reader to extend the comparison fairly, and to draw those conclusions which the merits of the question require.

Article XXVI.—*Further Observations upon Yellow Fever and its Treatment.* By William H. Holcombe, M.D.

Profiting by the sad experience of 1853, the citizens of Natchez very early in the ensuing year instituted a rigid

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quarantine. The fever appeared at New-Orleans and gradually advanced up the river, invading several places above Natchez—Vicksburg particularly—but our little city was spared an epidemic visitation. This exemption was attributed by the contagionists to the efficient administration of the quarantine restrictions by the health-officer, Dr. L. P. Blackburn, who received and deserved some very flattering testimonials of public gratitude. Nevertheless, a few cases of yellow fever *did* occur in Natchez in 1854, if the experience of several old and able physicians is truthworthy in the diagnosis of a disease, with which they have had many melancholy opportunities of growing familiar. One of these cases was my own; and as the case itself and the attending circumstances possess a certain medical interest, I shall be excused for dwelling briefly upon the subject. Whether the other cases, reported by Drs. Stone and Lyle, originated in Natchez or elsewhere, whether they were pure yellow fever or not, I cannot pretend to determine: I have nothing to give my reader but the positive, although perhaps partial and meagre, results of my own observation and experience.

Natchez was remarkably healthy during the summer and fall. Fevers, remittent and intermittent, were rare, and all that occurred, were of the mildest character. In September, I was called to a plantation on the Louisiana side, six miles below Natchez, where, the overseer stated, a peculiar fever and entirely new to him was prevailing amongst the negroes. He thought it was eminently contagious: none of the negroes had left the plantation within the knowledge of the overseer, so that either the disease had a local origin on the place, or had been contracted from some steamboat, flatboat or raft, which they might have visited secretly for trading or other purposes. Bedding, on which yellow fever patients have died, their clothing, &c., are frequently thrown overboard, and some of these articles may have been picked up and used by the first invalid, but no absolute *fact* was elicited to account for the sudden appearance of the disease. It spread rapidly amongst the people, so that in the course of a month there were between 110 and 120 cases. One white person, residing on the place (there were but two who remained), had yellow fever, fully and clearly developed, hæmorrhage from

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the gums, brown-vomit, jaundice, sleeplessness, jactitation and all the usual symptoms. The negro cases were almost all mild. The fever lasted from forty-eight to seventy-two hours, and convalescence proceeded promptly. In eight or ten of them, however, the disappearance of fever was followed by gastric irritability, hæmorrhages, and all the asthenic signs of the second stage of yellow fever. There was no death, but two cases of a similar disease occurring later on an adjoining estate and treated allopathically, both died, one of them with unequivocal black vomit. Drs. Davis and Foster visited the plantation with me, and we all three concurred in pronouncing the disease a mild yellow fever.

Allopathic incredulity ran high at the report of so many yellow fever cases, and mortality reduced to zero. It was in vain, that I cited the literature of many very mild epidemics of the disease in question. Lefoulon, who in a West-Indian epidemic lost but 4 in 400. Dr. Hastings (U. S. Navy), who treated 300 cases, on the coast of Mexico, without one death. Mr. Nagle, of the Royal Navy, who treated 120 cases with but two deaths. Mr. Wilson, of the same, who did not lose one in 83 attacked. Prof. Potter, of Baltimore, who had 400 cases and five deaths. Dr. Walkly, of Mobile, who reported ten deaths out of 336, and many other instances. It was in vain, that I reminded the cavillers that the African race very readily resists the febrile diseases, and that the worst epidemics have often made very little havoc amongst negroes. All evidence was scouted, and the more illiberal of our opponents believed, or affected to believe, that the yellow fever *christening* of the disease was gotten up by Dr. Davis and myself for the benefit of Homœopathy in general, and of ourselves in particular. The speedy occurrence of my own violent attack at length staggered the obstinacy of those who were still pervious to rational impressions. My case was no doubt rendered so much more severe than the others by my having slept in the low or swamp lands several nights, whilst the disease was in its stage of incubation. In ordinary times I might have contracted bilious remittent, but as it was unequivocal yellow fever, it was additional and confirmatory evidence of the correctness of our diagnosis of the epidemic prevailing on the plantation.

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I was attacked by chilly sensations, spinal rigors and headache, almost instantaneously at eleven o'clock at night, whilst reading, having experienced for several hours before an unusual exhilaration of spirits, wakefulness and inclination to study, although laboring under muscular fatigue from the arduous duties of the day. Next morning I was in high fever, burning hot, with red eyes, and cerebral pain and oppression amounting almost to stupor. The pain in the back was almost insupportable and there was great restlessness. This state continued for forty-eight hours or more without any amelioration. I slept only by snatches and would occasionally start up from a doze to a sitting position in the bed. My mental faculties were sluggish but unimpaired, and I was perfectly aware all through it of the precise *status* of my disease. The pulse averged 120 all the time, perspiration was partial and brought no relief, bowels constipated, urine very profusely secreted, indicating as it usually does a morbid impression upon the nervous system. On the third evening the febrile symptoms disappeared, pulse sank to 80, soft and compressible, skin perspiring moderately, no pain, no uneasiness, but very wakeful. On the fourth morning I hawked up bloody mucus and there was slight hæmorrhage from the gums for several days afterwards. Four stools now occurred, without pain, consisting of dark venous blood, amounting in all to about a quart. I got up to the vessel each time, although it produced temporary vertigo and blindness. This was very imprudent, and I would never have permitted it in a patient. At near night-fall I vomited, suddenly, with scarcely any previous nausea, watery mucus containing some ominous streaks of brownish blood.

The urine now became scanty and black as porter, and was voided with great pain and difficulty. This symptom annoyed me more than any other in the whole course of the disease. On the fifth morning I felt perfectly well, but weak; and was congratulating myself on my favorable sensations, when deadly nausea seized me and in almost a second, I ejected quite forcibly a considerable quantity of brown-vomit. A portion of it was taken by a friend to Dr. Stone, who tested it and pronounced it to be the peculiar matter thrown from the stomach in severe cases of yellow fever. At this time one unacquainted with yel-

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low fever would have found it difficult to have comprehended the grounds of the unfavorable prognosis which a connoisseur like Dr. Davis would make. A patient lying perfectly free of pain, with abundant perspiration, moist tongue, entirely natural pulse and even some appetite, to be perhaps within a few hours of death, appears almost incredible! but many thousands of cases just like that I have described, have glided off rapidly into delirium, coma, black vomit, convulsions and dissolution. Fortunately, my downward momentum was checked, no more vomiting occurred, I slept tolerably that night, and was pronounced out of danger next morning. My mouth was in a horribly dry, bleeding, fetid condition and my great emaciation and exhaustion just began to be perceived and felt during convalescence. The bowels were not moved for eight or ten days, but then they seemed in a perfectly healthy state. My improvement seemed to me exceedingly tardy, and severe pains in the joints followed me for a month or two. Instead of the slow pulse I have frequently met with after this disease (even down to 40,) my heart became very irritable and the pulsations ranged from 100 to 120 for six weeks or two months. I made, however, a perfect recovery, and the disease left me with no functional derangement or organic lesion.

The diagnosis of yellow fever is occasionally difficult, when it assumes a remittent or more rarely, an intermittent type, or when, as sometimes occurs, there is no febrile paroxysm in its first stage, and no hæmorrhagic tendency in the second. But whenever a febrile paroxysm is followed by a perfect lull of the symptoms and by the subsequent appearance of jaundice, hæmorrhages, gastric irritability, suppression of urine, or at least dysuria, and a general asthenic condition, the existence of yellow fever becomes an unquestionable fact. Such was my case; and it was reported to the health-officer in legal form as a case of yellow fever. That gentleman, instead of visiting me and satisfying his medical senses of my true condition, inserted a card in the public papers, denying that a single case of yellow fever existed in Natchez, and backed his assertion that mine was not yellow fever, by the potent argument, that the hundred or more negroes, from whom I contracted my disease, had all recovered on "homœopathic nothings;" statistics totally incre-

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dible on the supposition that the disease was really yellow fever! Three allopathic physicians visited me, and two of them, Drs. Stone and Lyle, published a card confirming and re-iterating the true diagnosis of the case. Those gentleman believe, that yellow fever originates spontaneously in Natchez every year, and probably viewed my case as a proof of it, but the contagionists, by far the stronger party, will concede, that I contracted it on the plantation, and that the 110 or 120 cases there treated, were bona-fide yellow fever.

In this case it is an interesting question whether the discharge of a pint or more of venous blood on the fourth day was or was not a critical evacuation which promoted the subsequent recovery. It had not been preceded by any marked symptoms of abdominal congestion and was not followed by any special improvement, as brown-vomit occurred twelve or sixteen hours after the hæmorrhage had ceased. Authors generally have regarded intestinal hæmorrhages as rather dangerous than salutary. We may safely say, however, that if they ever are critical, it is when they occur in the middle of the disease, and cannot be referred to the mere arterial excitement of the first stage, nor to the collapse and capillary paralysis of the last. It is certain that hæmorrhages from the uterus, whether in the shape of abortions or metrorrhagia are exceedingly ominous of a fatal event; although the appearance of the proper menstrual discharge in usual quantity and character may be hailed as the harbinger of approaching convalescence, unless other and very unfavorable symptoms are present.

There are three or four different states of the urinary organs, all of which I have met with, having different pathological relationships and to be carefully discriminated. 1st. Total suppression of the secretion from nervous atony of the kidneys, a symptom common to Asiatic cholera and the oriental plague in their collapsed stage, and which if it persists more than twelve or eighteen hours in yellow fever, is almost invariably indicative of a fatal issue. 2d. An inflammatory condition of the renal parenchyma, in which we may have albuminous urine, bloody urine, discharges of pure blood, or a retention of urine in the cortical portion, the tubuli uriniferi being blocked up by exudation-matter, preventing its passage into the bladder. 3d. A retention of

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urine in the bladder from morbid condition of the sphincter and urethra, indicated by urging to urinate without success, or with only the dribbling of a few drops and accompanied by pain about the pubes and along the canal. 4th. Paralytic retention, the organs being all structurally healthy, but the sentient nerves about the sphincter not responding to the usual stimulus. 5th. An immense secretion and discharge of deep yellow, brown or quite black urine, mixed or not with bloody specks and epithelial matter, and clearly eliminative in its character. I have adduced these phenomena not only as forming part of the natural history of yellow fever, but also to illustrate the absolute necessity of thorough pathological knowledge to the Homœopathic practitioner. In the first class here mentioned he would use such remedies as Arsenic and Carbo, in the second he would select Belladonna and Cantharides or Cannabis, in the third he would rely upon Nux-vomica and Pulsatilla or Mercurius, in the fourth he would draw off the liquid by the catheter, and in the fifth he would leave nature to rid the blood of bile, urea, yellow fever-virus and all, by the great emunctory for poisonous substances. When such is our true and just appreciation of pathological knowledge, it is galling to intelligent and honorable men, that the allopathic farrago of guess-work should pass current as *medical science*, whilst the only rational application of Pathology to Therapeutics is denounced as puerile and visionary.

Quarantine was again established at Natchez early in 1855, but it is generally conceded that its execution was not as rigid as it had been the year before. The enforcement indeed was attended with great difficulty. Persons would land below or above the city and find their way into it. When the roads were vigilantly watched, they passed through the woods and across the plantations. In August it was rumored that yellow fever was in the city, but our practice presented nothing approximating to it, but cases of mild bilious remittent. In the first two weeks of September we had ten or a dozen cases of yellow fever, all traceable to infection from one gentleman who had remained forty-eight hours on the quarantine boat and then came into town. After that the disease became fairly epidemic, and it was impossible to trace the origin of any given case. Such was my limited observation as to its appearance this year, and I

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neither saw nor heard any thing of trustworthy nature to militate against the theory of direct importation.

In No. XII. of the North American Journal of Homœopathy I presented a monograph upon yellow fever, containing a somewhat detailed account if its symptomatology and therapeutics, as it was seen and treated by Dr. Davis and myself in 1853 at Natchez. It is not my purpose in this place to go over the same ground, but rather to give some supplementary experiences derived from the observation and practice of last year and the present. Preferring the latitude of a clinical lecture to the studied form of an essay, I shall narrate two or three cases of considerable, interest and make such comments as will elucidate important features of the pathology and treatment.

Case 1st.—Mr. R. W., aged 38, stout, of bilious temperament, was attacked Monday morning, Sept. 3, with a severe chill. Nevertheless he walked half a mile to assist some sick friends and I was not called until late in the afternoon. He had been in Baton Rouge, where there was some fever, six weeks before, but the friends he had been nursing had the disease derived from the source above indicated. I found him with intense fever, burning hot skin, pulse 130; face very red, eyes deeply suffused, pain in the head and back very great, scarcely any in the limbs, occasional nausea, urgent thirst, and that kind of bronzed, stolid, dejected aspect so ominous in severe tropical fevers, and also in cerebral typhus. I ordered a mustard foot-bath, copious draughts of ice water, and gave *Aconite* and *Belladonna* alternately every hour.

Sept. 4th.—Patient had spent a restless, sleepless, miserable night although he had perspired freely almost all the time. Fever was reduced, pulse 90, soft and compressible, head and back still aching badly. The tongue was furred white with red edges and a brown dry streak in the centre. The eyes were very much bloodshot, and there was some photophobia. There was slight epigastric tenderness and constant thirst. Put him on *Belladonna* and *Arsenic* hourly.

Evening of the same day. Pulse had risen to 120, but was not so full and hard as before. The other symptoms were about the same, but he complained bitterly of a pain in the left side

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just below the heart, not aggravated by respiration. Ordered *Arsenic* and *Bryonia* alternately every hour.

Sept. 5th.—Morning. Found a decided remission. The patient had slept nearly all night. The skin was soft and moist. Pulse 80. Headache continued, but was less; pain in the back and limbs entirely gone; injected, muddled state of the eyes unchanged; slight nausea. A cold water injection brought away a copious and natural discharge of fæces. The urine had been all along scanty and high colored. *Med. cont.*

Evening. Fever rose, pulse 100, thirst very great, little pain but quite restless. He was making occasional efforts to vomit and seemed nervous and agitated. I permitted a mustard plaster to the epigastrium and gave *Belladonna* and *Arsenic* hourly.

Sept. 6th.—Morning. He slept quite well last night. Pulse 84. No nausea or thirst. Mental faculties sluggish; face and eyes still injected. Dark sordes about the teeth; offensive breath; abominal tenderness more marked. I put him on *Rhus* and *Bryonia* every two hours to meet the supposed typhoid tendencies. Having no reason to suppose that yellow fever was in town, feeling well assured of the security afforded by quarantine and deceived by the occurrence of distinct remissions and the absence of jaundice, hæmorrhages, urinary disturbance and any unusual degree of jactitation and pervigilium, I had mistaken this case for one of severe bilious remittent. But I was called to him about noon because he had twice vomited some glairy matter considerably specked with blood. The gums were bleeding a little. He had also hawked up some mouthfuls, of pure blood, as if from some small vessel ruptured in the pharynx or fauces. He expressed himself as feeling perfectly well, but complained of eructations, which were intensely acid; I detected yellow fever at once and put him upon *Arsenic* and *Lachesis*, every half hour. Before bed-time he passed a small black stool without effort or pain. I left *Hyosciamus* to be given intercurrently, if he was restless.

Sept. 7th, morning. Patient much worse. Skin perspiring freely, with a clammy, sodden feel. No more vomiting or stool, respiration regular and easy, pulse 80 and of good calibre, tongue moist and almost clean. He had rolled from one side of

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the bed to the other every twenty minutes or half hour during the night, uncomplaining, but muttering a little in his sleep. He still had an acid stomach; he hiccoughed every few minutes. On asking him if this symptom was painful; he answered, "yes, when it runs on from nine to thirty-five days," with a sardonic smile, the first his face had assumed since his illness. This little evidence of mental incapacity I looked upon as of very bad augury; *Arsenic* and *Lachesis* continued.

Noon. Hiccough had ceased, but he was quite restless. His face was brighter and he was more disposed to talk, expressed himself as perfectly easy and confident of recovery. His intellectual faculties were however slightly aberrant. He was constantly swallowing or clearing his throat and said that phlegm collected in it. A little molasses-like blood exuded from the corners of his mouth. The renal secretion was not interrupted, but it remained almost natural, there being no elimination of morbid matter by that channel. He had passed by stool a tablespoonful of very black blood, which became red on exposure out of doors. There was a gurgling sound occasionally proceeding from the abdomen. His fingers and toes were cold. I considered the case as hopeless, but put him on the *Nitrate of Silver*, in very appreciable doses every half hour.

About two o'clock, a lady present asked him if he felt any nausea. He replied "none at all," and the next moment ejected a large quantity of black vomit, with a hiccoughing motion, over the bed-clothes. After that he tried persistently to keep it down, by swallowing it, and the attendants had to wipe it constantly away from his mouth and chin. I saw him at four, when he was pulseless and comatose, nearly cold, and tinged deeply yellow. He died at eight o'clock, P. M., in convulsions. An obligatory summons into the country frustrated my intention of making a careful post-mortem.

The reader will notice the distinct morning remission of the arterial excitement which occurred in this case. Now was this case originally bilious remittent which became converted into yellow fever, yielding to the epidemic constituton of the atmosphere, was it yellow fever itself of a remittent type, or was there a coincident action of the two diseases upon the same system? Those who consider yellow fever as a modified bilious

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remittent, endemic to this latitude and longitude, will adopt the theory of mutual convertibility, whilst those who regard it as a specific disease, imported from abroad, but engrafted here, with many peculiarities of our own antumnal fevers, would pronounce the case yellow fever of remittent type. I cannot undertake to decide between the very high authorities who advocate these respective opinions. I can only say that the result of my own study and observation leads me to coincide with the last named party. I have met several cases like the above, and even with cases of yellow fever presenting strong resemblance to severe intermittent, and yielding readily to Quinine, whilst their entire history and course did not leave a doubt on my mind of their specific yellow fever character.

This death occurred on the evening of the fifth day, a very fatal period in the history of yellow fever. The same day was fatal to the late Dr. James D. Bratt, of Waterproof, La., whose post of professional labor I have taken. Unfamiliar with the disease, he mistook the deceptive lull on the third day for beginning convalescence and not only quit taking medicine, but very imprudently moved about his room. That night his friends noticed some little mental aberration and summoned me from Natchez. He passed the fourth day comfortably, but complained towards night of acid stomach and passed one or two loose, inky stools. On the fifth morning he vomited a good deal of claret-colored water, and died comatose before night. He experienced no pain or uneasiness after I saw him, but the black stools, the jaundice deepening in large patches, the sluggish, apathetic expression, the acid stomach, the flatulence and borborygmi, the increasing restlessness, with the occasional desire to get up and go out of doors, all made a picture of frightful omen to the experienced eye. And here I feel impelled to pause and pay a brief tribute of respect to his private virtues and his professional worth. Thoroughly trained in his profession and faithful in the discharge of its duties, affectionate and sincere in his character, quiet and unobtrusive in his manners, he had won the respect and cordial support of a generous and intelligent community. In the bloom of youth, in the high road to success and happiness, he was cut down by the angel of death, whilst standing boldly and faithfully at a responsible and dangerous

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post. He is numbered with that band of zealous homœopathic pioneers who have advocated the cause of truth against the mighty current of false popular opinion, and have died, in great part misrepresented and misunderstood, leaving their memorial to the tardy justice and applause of better and wiser times.

Two other deaths by yellow fever occurred in my practice this year, and about both of them there was something anomalous. An old German who had just lost his wife by yellow fever, was attacked with great severity. If the disease had not been epidemic I would never have suspected him of having it. The case was more like that of a young Swiss I once saw, just landed from the old country, who was attacked with *nostalgia*, a dreadful home-sickness paralyzing the vital powers, and died in few days of cerebral typhus. The old man had a burning fever and great restlessless, but there was no other pathological element apparent in the case. He was constantly wringing his hands, calling on his deceased wife, muttering prayers, or talking about his country. When asked the seat of his pain he would say that he was "*heart-sick*," "sick all over." He had no jaundice, no hæmorrhages, no yellow fever aspect, smell, or urinary difficulties. The fever left him suddenly about the middle of the third night and he died before morning with black vomit. The other case was that of a bright, beautiful little boy, aged three years. I saw him on the second morning of the disease. He had manifested so little sickness that no alarm whatever was felt about him. He was lying quiet, rational, pulse soft and rapid, skin moist and pleasant. In the afternoon he was nauseated, and I noticed that his pupil was dilated. He vomited a brownish matter and afterwards appeared sleepy and stupid. He died suddenly just about night-fall, having ejected black vomit. This was the most rapid and violent case I ever witnessed. We stand in impotent silence, when asked why a disease which was prevailing around the spot in its mildest form should burst with such concentrated fury upon a bright little creature remarkable for physical and mental development and surrounded by all the comforts and conveniences of life.

CASE 2.—Miss E. S., a young lady, aged 15, of fine physical constitution and resident in the country. Her case was the third in the house. The first person attacked had visited an

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infected house in town, but the case was so mild and so much like common remittent, that yellow fever was not suspected. The second case was severer, but still supposed to be remittent, complicated with a customary violent neuralgic headache. The first case detailed above had just assumed unmistakeable yellow fever symptoms, and I suspected this to be one, when first summoned. She had a slight feeling of coldness in the morning of *Sept. 6th*, accompanied by considerable pain in the shoulders. Towards noon fever arose. I saw her in the afternoon. The skin was very hot, pulse 120, full and tense, headache and backache very severe, tongue furred white, with the characteristic red edges and apex. Her eyes were reddened and watery, indeed streaming with tears when exposed to the light. She was very sensitive to sound, restless and sleepless. Prescribed *Aconite* and *Belladonna* alternately every hour.

Sept. 7th, at noon. She had passed a miserable night. Headache and backache undiminished. Skin was moist and pleasant; pulse about 100 to the minute. The yellow fever smell strongly marked. Eyes still very red and sensitive. Ordered *Belladonna* and *Arsenic.*

I was called to her during the night. All pain had left her, but she complained of deadly nausea. She had vomited some specks of blood in a watery mucus and was very restless. The kidneys and skin were acting well. I put her on *Arsenic* and *Nitrate of Silver* alternately every hour. Towards morning she vomited about a pint of dirty-colored water, abundantly flecked with little brown flocculi, floating about like bees' wings, broken up, or dark cob-webs. When the water was drained off, these flocculi would trail as it were against the sides of the basin spread out, and present an exceedingly fine granular appearance and a black color. The patient complained before ejecting it of a raw, burning sensation down the œsophagus and of a lump in her throat. This last sensation is a very frequent one in severe cases of yellow fever. You are sometimes told that the lump has moved down about the middle of the sternum, and sometimes into the stomach. It reminds you of the *globus hystericus*, but there is nothing hysterical about it here. Indeed, when a yellow fever patient complains bitterly of acid stomach, of phlegm collecting in the throat, of a sensation of a

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ball or lump in it, of a burning sensation down the œsophagus, and of "queer" or "funny" feelings in the abdomen, from which occasional gurgling sounds proceed, however natural the pulse, tongue, skin and all the secretory functions, you may apprehend the speedy appearance of brown or black vomit.

Sept. 8th.—She passed a comfortable day; no thirst, no pain, only one or two transient spells of deadly nausea. She was put on *Arsenic* and *Lachesis* all day. At night she became very restless, complained of a terrible burning pain in the middle of the abdomen. She vomited the muddy looking water, full of chocolate or brownish flocculi, three or four times during the night. The nausea was of the most deadly kind, comparable only to that produced in a novitiate chewer of tobacco. I tried both *Lobelia* and *Tabacum*, but they did no good. I kept her then on *Tartar-emetic* and *Arsenic* half-hourly. The acidity of the stomach was a prominent symptom during the night. Several times in the night the skin became cool and the pulse rapid, from 130 to 140. Towards morning she complained of severe back-ache.

Sept. 9th.—The back-ache disappeared this morning, having been relieved by a profuse menstrual discharge. Her catamenia were commonly irregular and scanty. I hailed its appearance as salutary, especially as coincidently, the pulse came down to 80, the kidneys acted freely, the mind became active and cheerful, and some appetite returned. At night the paroxysms of deadly nausea re-appeared. I tried an ice-water injection, which is very frequently productive of relief, but it excited severe rigors and subsequent, but transitory fever. It was followed by one more, but a smaller ejection of the brown matter. *Tartar-emetic* relieved her promptly, and after a dose or two of *Ignatia* she passed pretty comfortably the latter part of the night, sleeping most of the time.

Sept. 10th.—Doing well, as regards the yellow fever symptoms, but the uterine flux was very profuse, and there was some little menstrual colic, nausea, and nervous restlessness, all relieved by a few doses of *Chamomilla.* At night the restlessness returned, but yielded to Belladonna 200, after which she slept five or six hours. She convalesced slowly but thoroughly from that time. The jaundice in this case was very slight.

This case presented the very dangerous symptom, which for

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the sake of accuracy and to distinguish it from a subsequent and more fatal degree of the same sign, I have called the *brown-vomit*. Our allopathic neighbors are very skeptical as to the recovery of any really severe case of yellow fever under homœopathic treatment. Nature, by some cruel distribution of her favors, assigns a vast proportion of the mildest cases to the homœopathic physician! Our fatal cases even might have been saved by a dose of Calomel, a little Quinine, a bowl of infallible orange-leaf tea, or the "judicious" application of a blister; and all the other cases under our charge were merely ephemeral! Such are the fancies or bare-faced assertions, which allopathic physicians endeavor to impose upon the public mind. Accordingly when I assert, that one case of *black-* and three cases of *brown-vomit* had recovered this year under my practice, they either dispute the facts, or gravely deny the existence of any such thing as brown-vomit and insinuate that through ignorance, inexperience, or perchance design, I have characterized the harmless effusion of blood or bile as a symptom of dreadful import. To refute such as know better, and to inform such as do not, I will quote a few paragraphs from La Roche, the latest and best allopathic authority upon the disease in question.

"The black vomit, notwithstanding its name, is rarely of a black color. As seen in this city, it is more frequently of a dark-brown, bistre, chocolate, or umber-hue. In some instances the color approaches to a dark slate or to a muddy claret. It is of two kinds. The one consists of a number of dark, flaky particles, which have been not unaptly compared to butterfly or bees' wings, and which gradually assume the appearance, with more or less distinctness, of the grounds of coffee, of soot, or of finely powdered charcoal, floating in a quantity more or less considerable of thin, glairy fluid, bearing a slight resemblance to a weak infusion of flax-seed or green tea. The flakes are at first, or throughout the milder forms of the disease, limited in number and of a light or greyish, slate or chocolate tinge. But as the disease advances, and especially in the more malignant cases, they increase in number, and become darker and darker until the whole appears uniformly blackish or even black. The fluid, though homogeneous in appearance when first discharged, soon separates on standing into two parts; the one consisting of

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the flaky or coffee-ground matter already mentioned and the other of the fluid in which it was held in suspension."

"The other form of the black vomit is more homogeneous in character and presents the appearance of dark colored or inspissated mucus, or thin tar, or of a thick mixture of molasses and water." (Vol. 1, p. 289.)

Sir William Pym describes it under two forms, one as a brownish fluid resembling dirty water, mixed with a dark colored, flaky matter, which floats on the surface, and the other as a thicker, more homogeneous material, resembling coffee-grounds or thin pitch. It is needless to quote the crowd of authorities cited by Dr. La Roche, which prove that there is a flaky brown vomit generally preceding the inspissated black vomit. As long as the matter ejected has distinct flakes or flocculi floating in a whey-colored, claret-colored or porter-like liquid, the solid and fluid portion being separable, I call it *brown-vomit* and consider the patient by no means in a hopeless condition. It is generally attended with considerable nausea, retching and indescribable malaise. But when a homogeneously turbid, black fluid is gulped, pumped or even squirted up, with no nausea or bad feeling, it is *black-vomit*, and scarcely one in a hundred such cases recover. I draw the distinction for the sake of scientific precision, in order not to claim more for our treatment than the exact truth would warrant, but if the allopathic fraternity will ignore the line of demarcation drawn in the spirit of candor, and call every dark substance ejected in yellow fever, not evidently blood or bile, black vomit, so be it! then have four out of eight cases presenting that dreaded symptom recovered this year under my homœopathic treatment.

The above cases are fairly typical of yellow fever and are quite sufficient for the purpose of the present essay. There was one case of relapse, which for its peculiar interest I am almost tempted to detail, but it would involve considerable repetition of the ground already gone over and its peculiarities may be told in a few words. The gentleman had been up and about for nearly a month, but he was very imprudent both as to diet and exposure. His relapse resembled his first attack, violent chill, followed by fever, of several days' duration, &c., but accompanied by severe pain in the stomach, excited no doubt by a

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quantity of peccan-nuts he had eaten a few hours before the chill. I saw him on the evening of the fourth day. He had intense burning pain from the epigastrium to the fauces. That night he had brown-vomit which continued occasionally during the next day. On the sixth day he had black vomit, and towards night became delirious. In the night he became comatose, hiccoughed every minute or two, his hands and feet became cold, face and forehead bathed in cold, clammy perspiration, pulse weak and rapid, breathing exceedingly slow and rather stertorous. An injection procured a small stool black as ink; and the urine, which had been profuse, of a porter-color, and slightly bloody, become suppressed. The case was looked upon as entirely hopeless, and a metallic coffin was ordered from Natchez. It arrived, but he was not destined to occupy it. I left off the *Arsenic* and *Nitrate of Silver* and put him upon *Sulphuric-acid*, diluted to about the strength of good lemonade, and given every fifteen minutes. This was done at the suggestion of my friend and colleague, Dr. J. C. Peters, of New-York, who, in a letter, had called my attention to the homœopathic appropriateness of Sulphuric-acid to hæmorrhagic gastritis, particularly when large, blackened shreds of mucous membrane had been ejected, as had happened in the present case. Simultaneously, however, I had him rubbed with oil, hot as could be borne by the hand. The physicians of Santa Cruz, Carthagena, Havana, Vera Cruz and Cadiz have reported many cases of black vomit recovering after repeated frictions with hot oil, and I thought it at least worth the trial. The patient fluctuated between life and death, for thirty-six or forty-eight hours, but finally his consciousness returned, an immense secretion of black turbid urine occurred, and gradual improvement went on. He was in a deplorable typhoid condition for some days, but under the use of *Rhus*, *Bryonia*, *China*, &c., and cautious stimulation, he made a perfect recovery. The quantity of black vomit ejected was immense, and altogether disproportioned to the moderate measure of liquid taken.

I can confirm and reiterate, from subsequent experience, the curative value of *Aconite* and *Belladonna* in the first, and of *Arsenic* and *Lachesis* in the second stage of yellow fever, as reported in my account of the epidemic of 1853 at Natchez. I

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do not now wait for dark matter to be ejected before giving the *Nitrate of Silver*, but use it when there is burning sensation, flatulence, acid stomach, and the "white," "acid," or "precursory vomit. I am almost inclined to rank the *Tartar-emetic* with the Arsenic, their pathogenesis and curative action being quite similar. But I would especially call attention to the importance of some *adjuvantia* to our treatment, viz., the strict maintenance of the horizontal position, the free use of ice or ice-water, the application of cold water bandages to the abdomen, continued even for days, the propriety of nutriment and stimulation in the second stage by pure cream or by beef-tea injection, and after the ejection of brown matter by iced champagne, the necessity of free ventilation and of close watching, particularly between midnight and daybreak, ice-water injections for deadly nausea, mesmeric passes for nervous irritability and restlessness, and lastly the energetic use of frictions with hot oil in apparently desperate cases.

It is worth recollecting that *Nitrate of Silver* changes the black vomit to a cream-white color, and that if used in large doses, one might be led to believe, that the hæmorrhage had been checked, when there was only a chemical decolorization. Black matter is very frequently found in the gastric and intestinal glandulæ, in the air-cells, &c. as a pigmentory deposit, produced, Dr. Handfield Jones supposes, by the exudation of a fluid containing hæmatine. The exudation-matter is really blood, and the hæmatine or hæmatoïdin, as Virchow calls its crystalline forms, is blackened by the action of the acids, with which it meets, sometimes the carbonic, but mainly in yellow fever, the hydrochloric, or as my worthy old preceptor, Prof. Hare, used to insist upon calling it, the chlorohydric. It is not probable, that Nitrate of Silver in the $\frac{1}{1000}$th of a grain will produce such chemical decomposition in sufficient quantity as to decolorize the black vomit. Certain it is, however, that it sometimes seem to arrest it, and from its pathogenesis I cannot but believe its action to be dynamic and homœopathic. It has been used occasionally by Allopathic physicians. One declares, that it arrests the hæmorrhage, another thinks it checks the vomiting, a third pronounces it good for hiccough, &c., but they have all used it in too large doses or combined with other, and

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very objectionable remedies, so that their evidence is worth very little, is unsatisfactory, sometimes contradictory, and the profession at large has not been induced to try it. There are many other remedies, which promise to prove homœopathic and curative to the second stage of yellow fever, amongst which I may suggest Phosphorus, Sulphuric-Acid, Hydrocianic-Acid, Oxalic-Acid, Croton-Oil, Creosote, Turpentine, Nitrate of Potash, Hamamelis and Carbo-vegetabilis. When the diagnostic differences between these and other similar drugs are thoroughly and delicately appreciated, I cannot doubt that our treatment of yellow fever will be made much more scientific and successful than it is at present.

A voluminous treatise in two very large octavo volumes, containing more than 1400 pages, has recently issued from the press, entitled, "Yellow Fever, considered in its Historical, Pathological, Etiological and Therapeutical relations: by R. La Roche. M.D." It is what the lawyers would call a "digest" of the whole subject. So extensive is the bibliography of yellow fever, that it requires forty-five pages of the work to catalogue the sources, whence Dr. La Roche has derived his information. In display of erudition, lucidity of statement and fidelity of execution it compares favorably with Dr. Drake's immortal work on the Diseases of the Great Valley of North-America. It is probably the most extensive and valuable monograph which has yet been added to medical literature. It should grace the library of every physician resident in latitudes where yellow fever is likely to prevail. I commend it especially to the Allopathic physicians of my own vicinity, who have endeavored to impress sundry fallacies upon the public mind, for example, that yellow fever never presents the remittent or intermittent types, that the tongue and pulse afford reliable indications of the true state of the patient, that scarcely any recoveries after black vomit have been recorded, and that the mortality under Allopathic treatment is not so great as is commonly supposed. They will find much in these pages, if they are candid and teachable, to enlighten their understandings, diminish their arrogance, soften their self-conceit and infuse a wholesome doubt as to the real efficacy of any one allopathic measure yet proposed in the treatment of this formidable disease.

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Whilst the homœopathicity of certain articles to yellow fever is still on our minds, we will quote a single suggestive paragraph from this immense store-house of facts. "Black vomit has not unfrequently resulted from the action of various poisons. That such is the case in regard to Arsenic, we have the testimony of Sauvages, of Dr. Edward Miller, Dr. Waring and Dr. Shecut. Poisoning by corrosive sublimate and verdigris has been known to result in the ejection of a similar matter from the stomach. Dr. Monges mentions an interesting case in which similar effects followed the ingestion of a large dose of Carbonate of Potash. I have known a very analogous effect produced by a quantity of borate of soda, swallowed by mistake, the patient becoming jaundiced and throwing up more than a pint of black matter bearing a close resemblance to that ejected in the last stage of yellow fever, to say nothing of pain, fever, precordial distress, &c. Vegetable poisons of various kinds are reported by good authorities to have occasioned like effect. We know also, from olden times, that animal poisons, those of the viper, scorpion, &c. (such as Lachesis), produce occasionally effects of the kind noted above. It was long ago found, and has recently been insisted upon by Dr. Mitchell of this city, that fungi of various kinds possess the power of producing phenomena somewhat akin to those of malarial fevers generally, but more particularly to those of the yellow fever, and among them figures the black vomit. The ejection of a similar fluid from the stomach or bowels is often found to follow the introduction of putrid substances into the circulation." (Vol. 1st, page 266.)

Dr. La Roche has been indefatigable in collecting opinions and facts bearing upon the pathology of yellow fever, but his mind lacks the analytic, generalizing and constructive power, which is necessary for true philosophic induction. He adduces arguments for each, and all of the various theories: for that of gastritis, for that of hepatitis with fatty degeneration, for that of general inflammatory action of the vascular system, for that of cerebro-spinal meningitis, for that of progressive blood-poisoning, and for that of primary nervous adynamia, &c. He then parades forth all that can be said on the contrary and settles down into a kind of negative, conservative, indefinite amalgam of opinion. All that he cites or says, only confirms

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me in the belief of the neural pathology of yellow fever propounded in my former essay. I need not repeat here what I there adduced in detail. The yellow fever-virus, or -effluvium is most probably a subtile material substance, as attenuated in all likelihood, as our 3d dilution. It is taken into the lungs in respiration, and thence gets into the blood. Like our medicines in attenuation, this poison, whether animalcular or fungoid, takes some time of silent modification before its effects appear; the stage of incubation varying according to individual idiosyncrasy, from one day to six weeks. Like our attenuated medicines also, its first effects are functional disturbances, the organic lesions coming on afterwards as secondary symptoms. The molecules of the virus act on the nerve-centres, when circulating in the current of blood, just as atoms of *Aconite* or *Arsenic* operate on those centres. The blood poisoning is probably the first effect. The blood stands in as much need of what we call *innervation*, as the lungs or heart or muscles do. Hydrocyanic-acid and sunstroke poison, defibrinize and dissolve the blood by a morbid impression on the cerebro-spinal and the ganglionic centres; so does the yellow fever virus. The abdominal blood now reacts on the nerve-centres, and nutrition and innervation being both wofully impaired, we soon get the organic lesions, from which yet another train of reactions may arise. The universal influence of the nervous system in the animal economy, either causing or promoting and directing every motion and every secretion in the body, is alone sufficient ground for fixing our eyes upon that system as the *fons et origi mali* in almost all diseases. I confess I do not understand Dr. La Roche's physiology, when he speaks of "ascending *higher* in the scale of morbid action than the nervous system. You had as well tell me to ascend higher than the sun for the cause of those physical, chemical and elemental changes occurring upon the planets.

In the chapter on Diagnosis, Dr. La Roche curiously enough omits a comparison of yellow fever with dengue. If any one will read Dr. Dickson's account of dengue, contained in his Practice, vol. 2d, pages 605—624, he will be struck, notwithstanding the Dr's. assertions to the contrary, with the remarkable similarity of this tropical disease to the yellow fever which has prevailed of late along the banks of the Mississippi. It has a first or inflammatory stage characterized by intense muscular

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and articular pains, suffused eyes, headache, high fevers, and great restlessness. After two or three days of violent suffering, a complete lull, or deceptive interval occurs. The patient is in free perspiration and thinks himself well. But in twelve or twenty-four hours gastric irritability appears, with jactitation, sleeplessness and sense of insufferable oppression. These diminish in a day or two on the appearance of a cutaneous rash, somewhat resembling scarlatina. The disease leaves the patient greatly debililated, with weak stomach, and long-continuing pains in the joints. It was, according to Dr. Dickson, eminently contagious, it spread with the rapidity of influenza, attacked adults and children, natives and strangers, whites and negroes. It recognized no difference between high and low, wet and dry, healthy and unhealthy localities, and spread, though to a limited extent, into the country. Moreover there was occasional hæmorrhage from the gums and fauces, and pregnant women were very liable to abortion. Surely here are strong features of family likeness. The points of diagnosis are these: the predominance of arthritic pains in the first stage of dengue; the uniformity of a cutaneous eruption in the second, accompanied by a second paroxysm of fever, the paucity of symptoms of any blood-deterioration, its earlier appearance, its more rapid diffusion, its low rate of fatality and the non-exemption from second attacks. Dr. Dickson writes of the disease as if its outbreak in 1827—28, was its first and last appearance and its history belonged to the past alone, but the disease has repeatedly occured in the south-west during the last ten years. An epidemic of dengue prevailed at Natchez in 1848, which some physicians confounded with mild yellow fever. These facts and the very great diversity of yellow fever symptoms at different times and in different places, make the correct diagnosis a point of some interest.

Dr. La Roche devotes 200 pages of his second volume to an elaborate consideration of the etiology of yellow fever. He is a little pedantic in his division of proximate causes into percepta, ingesta, applicata, gesta, excreta and circumfata, but he treats us to an immense variety of facts and opinions. One is struck immediately with the contradictory and uncertain character of most of the reports. Electrical changes produce the epidemic at one place and time, but are totally inert again and elsewhere.

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Heavy rains are adduced as causative by one writer, and as wholly inert or actually dispersive by others. High winds have a great deal to do with its appearance according to some and nothing at all to do with it according to others. Any and every thing is seized upon as catuative, according to the imagination, fancy, or preconceived opinion of the observer, from fear, anger, intemperance, and sleep, down to wet feet, gambling, sprains, and the eating of three oysters! There is nothing positive and definite in all this pile of literary lumber; not one proposition which others have not scouted, not one affirmation which many others have not denied. It is not surprizing that Dr. Alison of Edinburg in a recent interesting essay on the exciting causes of epidemics, should have come to the conclusion that we know little on nothing about them, and that there must be influences at work both in man and nature, which have never been recognized, nor even "dreamed of in our philosophy." When we deal in physical or chemical matters, our observations are not discordant but corroborative, and the results of experiment are nearly or quite identical. Astronomy, mechanics, optics and chemistry have fixed, beautiful and immutable laws. It is only when we enter the mystic area of *vitality* that every thing becomes doubtful, indefinite and unsatisfactory. Nor is it difficult for those who have looked deeper than the phenomenal surface to detect the true reason, in the material and naturalistic opinions and tendencies of the age, which supposes that in the molecular changes of matter lies the all of human knowledge, ignoring the very existence of those subtile, invisible, all-pervading and spiritual essences and powers which constitute the life of the universe and are the primary causes of all its phenomena.

Dr. La Roche gives 400 pages of his work to the consideration of the great question of contagion. He is a thorough non-contagionist and appears to uphold his opinions with great learning and plausibility. We confess we have not yet read this part of the book attentively and consecutively. We have no taste for medical polemics and argumentations. We have glanced over it enough to perceive that his strongest points are negative in their character, and that he is strongly biased not to do exact justice to his opponents. For ourselves, we have seen enough

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this year alone, to say nothing of the two years previous, to convince us immovably that the yellow fever we have to deal with here on the banks of the Mississippi is a palpably contagious disease, communicable by contact of persons, clothing, &c. This little village of Waterproof, La., never presented a case of it until this year. It has raged above and below us, but never appeared amongst our population. The autumnal remittents and malignant intermittents, when prevailing here, were never known to turn into yellow fever or be mistaken for it. A stranger from New-Orleans, sick of the disease, is landed from a boat. He convalesces and leaves, but in the course of a week others are taken, and very soon the constantly increasing virus infects the whole atmosphere and we have more than a hundred cases in the course of a month. A gentleman residing several miles out of Natchez rides into town to see his brother's family, sick of yellow fever, assured by the physician of its perfectly non-contagious nature. In a few days he sickens, next his wife, then the chambermaid, then a daughter who nursed them, then a woman brought in from the field to supply the place of the chambermaid, then, other children, and so on, until twelve or thirteen cases occur; all the persons on the place being exempted, except those who came near the sick persons or the sick rooms. A negro accompanying his young master to college is taken sick one night at a gentleman's country-seat—remote from all towns and public roads where every body is and has been for weeks in perfect health. He gets well and goes away, but several of the family who were with him sicken, and three die of black vomit. It is now found that the same disease has also broken out at the place the negro started from, he having had the germs of the complaint in his system in a state of incubation. We need not adduce more examples. We have seen and heard of so many similar cases that we feel impelled to recommend all unprotected, unacclimatized persons to get out of its way, and to lend our cordial support to all sanitary, hygienic and quarantine regulations which may promise deliverance from its visitations.

Dr. La Roche gives a hundred pages to the treatment, beginning and ending in Egyptian darkness, and presenting a most humiliating picture to the sincere student of medical science.

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I will let him describe allopathic practice, that coat of many colors, for us. "One advocates active depletion by the lancet, and measures the blood abstracted, not by ounces but by pounds, looking with contempt on all who prefer a less energetic method. Another dreams of nothing but Mercury, and would salivate all cases. A different writer preaches the necessity of free and profuse purging, and attributes the large mortality of the disease to the neglect of that indispensible means. Another again holds that neither bleeding, purging, or Mercury has ever done, or ever can do good, and strongly insists on the propriety, in all cases and under all circumstances, of administering the Peruvian-bark in large doses. Some insist on the necessity and possibility of cutting short the fever by means of Sulphate of Quinine, and accuse those who call for proof of the success of the *abortive* method with being behind the times. Some discard every method heretofore suggested, and aver that the true plan of treating the yellow fever is to oxygenate the blood by means of neutral salts. These various plans and others equally exclusive, on the saying of their promulgators and advocates, are applicable to the disease at all times and in all climes—they seldom fail." (Vol. 2, p. 629.)

What does Dr. La Roche, a fine specimen of conservative type, propose to supply the place of these and many other inefficient modes of practice? Nothing new in principle, nothing original, nothing philosophical. He merely strikes a balance between the different claimants and thinks the "moderate and judicious" employment of each and every remedy ever recommended, in its proper time, place, and circumstances is likely to be useful. He belongs to that very large class, constituting probably three-fourths of the medical profession, who shun all extremes of opinion and practice, and who contribute much to perpetuate the stagnant condition of modern therapeutics. It is not surprising that such men, when honest, are obliged to make Dr. La Roche's confessions. "Notwithstanding all that has been written on the subject, and the ample opportunities for observation afforded by innumerable epidemics, our progress within the last three-quarters of a century towards anything like a satisfactory treatment of the disease in its various formidable shapes, has been far from gratifying. The fever, when severe,

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continues to produce its usual havoc: and on comparing the remedial plans in vogue now-a-days with those suggested by our forefathers, we do not find them to differ materially, or if they do, to be attended with much better success." New remedies in abundance, new light respecting the history and pathology of the disease pouring in from all quarters, and yet no improvement in practice! What is the cause of this? Simply the *theoretic* doctrines of Allopathy on which its practice is founded—simply the old "*contraria contrariis curantur*," that *ignis fatuus*, which led the whole medical world into the swamp of empiricism, until Hahnemann revealed its true nature and pointed hopefully to the homœopathic law.

Allopathic physicians generally regard homœopathic practice as equivalent to the *vis-medicatrix*—a mere leaving of the patient to the unaided powers of nature. Some of them have professed to look with curiosity for its results, as likely to give much valuable information respecting the *natural history* of disease. We have indeed some valuable lessons to give our medical opponents and would beg not only Dr. La Roche but all of his confrères to listen to our teachings. A distinguished allopathic physician of Vienna treats many cases of pneumonia with sweetened water, and with bêtter success than had ever been heard of before in allopathic hands. If the allopaths will not adopt *our* practice, we beseech them at least to let their patients entirely alone, and we predict a great diminution in their bills of mortality. We have one or two items of experience, which might be of great use to them, if they were frank enough to profit thereby, and which happily illustrate a great fact, that allopathic measures generally obscure or thwart the curative efforts of nature. Dr. Davis and myself have treated during the last three years more than a thousand cases of yellow fever without blood-letting, calomel, quinine, purgatives or blisters, and with an average mortality of not more than six per-cent. We are entitled to some regard and audience when the natural course of the disease is the matter in question. We can avow, that those cases which are ushered in with very great severity, with violent head-ache and other pains, burning hot skin, full hard, strong pulse, and all the tokens of very great arterial excitement, which call, in allopathic practice, for bloodletting,

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leeches, cupping, and active depletion, are the very cases likeliest to pass off in two or three days without any trouble whatever. Such cases almost uniformly get well under our practice, and I verily believe that thousands of such cases, of what I call *beautiful reaction*, have been literally butchered by the lancet and antiphlogistics. Again, obstinate constipation has been reckoned by allopathists as an unfavorable sign. Now there cannot be a doubt but that they have *made* it a dangerous sign by the cathartic and irritative measures employed to overcome it. In our experience it was a very favorable indication, and we never disturbed the bowels by enemas unless there was great pain in the abdomen or insuperable nausea. Those cases in which the intestinal function was perfectly torpid or quiescent for some days, from five to ten, were generally the mildest, and the convalescence therefrom the most secure.

Dr. La Roche gives a gloomy chapter on the mortality of yellow fever. He has collected an immense mass of mortuary statistics and deduced averages of no very flattering showing to allopathic practice either private or public He concludes that the disease takes off 1 in every 3.5 attacked or 100 in 350. He discards all reports of a mortality of 1 in 9, 10, 11, 12 and 13 (the highest mark) as either apochryphal or based upon false diagnosis, or at least as occurring in epidemics too mild to deserve the name of yellow fever. I cannot but think he does some little injustice to his fellow-allopaths, especially those of the South-West. The average loss under the old system was about 15 in the hundred or 1 in 6.6; in the village of Waterproof, where all the facts are easily got at, and readily proven; nor do I believe the average allopathic loss in private practice has been greater. According to my observation, seventy cases out of a hundred will get well any how, if not drugged; five cases in the hundred are stricken with death at the beginning, and would die under any practice. The remaining twenty-five are legitimate subjects for fair therapeutic experiment. Of this number the allopaths lose about ten, and the homœopaths one or two, sometimes three, or even as much as five in very malignant epidemics as that at Norfolk. This is the precise numerical estimate of the value of the two systems. This year I have treated sixty-nine cases with four deaths. Dr. Davis up

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to Nov. 5, had treated two hundred and eighty cases with eighteen deaths. Our clinical experience of the mortality of yellow fever for the last three years may be thus tabulated:—

In 1853 we treated	555	cases with	33	deaths.
" 1854 "	"	112	"	"	0	"
" 1855 "	"	349	"	"	22	"
Making in all	1016	cases and	55	deaths.

This is a mortality of 5.4 per-cent., or leaving out entirely the mild epidemic of 1854, a mortality of 6.08 per-cent., a point to which we earnestly solicit the attention of candid and truth-seeking men.

We have an opportunity of comparing the relative success of Allopathy and Homœopathy in a public institution on a small scale. The Mississippi State Hospital at Natchez was assigned to Dr. Davis and myself, 1st Jan. 1854, since which period it has been under exclusive homœopathic management. During that time no bleeding, purgatives, calomel, blisters or other allopathic measures have been used within its walls. The deaths have all been from chronic diseases, or were of those brought in, as with collapsed cholera, in the last hours of life. The general showing, all things being considered, is at least a hundred per-cent., more favorable than that under allopathic administration, but we have now to do only with yellow fever statistics. In 1853, when Drs. L. P. and E. M. Blackburn were physicians, there was forty-nine patients admitted and treated allopathically (fifty were admitted, but one was treated by me, the attending physician courteously permitting him to choose his practice) and of that number, twenty-seven died, a mortality of 55 per-cent. During this year there have been thirty admissions and ten deaths, a mortality of 33 per-cent. From careful and praiseworthy notes of each case, taken by my intelligent and assiduous friend, Mr. W. Howell Sprague, a resident student in the Hospital, I learn that seven of the ten came into the wards in a hopeless or dying condition. Perhaps a similar proportion of the allopathic cases received were equally unpromising, but when it is recollected that all of these poor fellows had received, previous to their admission, some kind of coarse allopathic drugging, rendering their systems insensible

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to the action of *our* attenuated remedies, it will be clearly seen what peculiar disadvantages we encountered, and how much greater the triumph really is than it appears to be on the first inspection. We are aware that this arena is too small for trustworthy *scientific* deductions, but the result is sufficient to warrant the public authorities of New-Orleans and other cities in making a trial of Homœopathy in larger hospitals.

I cannot more appropriately close this little effort to subserve the cause of medical truth than by congratulating the friends of Homœopathy on the steady and continuous growth of our beloved system. The clouds of prejudice are gradually breaking away, and the light of a better era is beginning to dawn. The Allopathic School, always bitter, arrogant and unjust in its opposition, has failed to strangle the infant Hercules in its cradle. Our success in cholera, pneumonia, and yellow fever is fast becoming one of the *fixed facts* in the public mind, which neither allopathic statistics nor sarcasm can uproot. Where we have not inspired confidence, we have excited inquiry—and to inquire is to test, and to test is to believe. The news from all quarters of the globe is cheering. The number of practitioners and patients, of students and inquirers is constantly increasing and we need not be prophets to foresee the day, when our system, like the rod of Aaron, shall swallow up the feeble rods of the magicians. Freed forever from the shackles of theory and based upon fact and observation alone, its very constitution is progressive and eternal. Our colleges, hospitals and journals are shedding around them an ever-widening circle of light. Our young but sturdy literature is incorporating into its substance all that is good and true in the records of the past and in the discoveries of the present age. Happy shall I be, if, while casting my mite into the treasury of experience, I shall aid in awakening my co-laborers to a loftier sense of our great responsibilities and to a severer study of our noble science.

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General Record of Medical Science.

FOOD AND DIET.

DIET IN ADIPOSIS.

According to Chambers the first thing indicated in all cases is to cut off, as far as possible, the supply of fatty material. Fat, oil, butter should be rigorously interdicted in the diet list. But almost all eatables contain some portion of oleaginous matter, and especially those most convenient to advise the use of for a lengthened period. Thus, maize and wheat contain 9 per-cent.; yolk of eggs, 28 per-cent.; ordinary meat with cellular tissue, 14 per-cent.; cow's milk 3 per-cent., &c.; cocoa and chocolate contain 47 per-cent., and should be entirely avoided. Sugar may undergo a kind of fermentation which results in the formation of Butyric-acid; and both sugar and starch, and the substances related to them may, by the action of some of the secretions of the body, undergo in the intestines a fermentation or conversion into fat before they are taken up by the lacteals. It is desirable, therefore, that the mass of food should lie in the stomach as short a time as possible, in order that at least a fatty fermentation may not be set up in it. Very light meals should be taken at times most favorable to rapid digestion, and should consist of substances easy of solution and assimilation. To this end, the time of the meals should be fixed for an early hour in the day, before exertion has rendered the powers of the entrails languid and weak. Breakfast should consist of dry toast, or sea-biscuit, and perhaps a small piece of lean meat. Dinner, at one o'clock, on meat with the fat cut off, stale-bread or biscuit, and some plain boiled macaroni, or biscuit-pudding. Liquids should be taken not at the meal, but half an hour after, so as not to impede the action of the gastric juice upon the mass. There should end the solid feeding for the day; no second dinner or supper should follow, nor indeed any more meals; a piece of biscuit and a glass of water may be allowed, or a cup of gruel, or a roast apple before going to bed. Ten ounces of solid food per day, is not too little. Indulgence in sleep should be avoided. As much walking exercise as possible should be used: the greater number of hours per day, that can be devoted to this exercise, the quicker will be the diminution of bulk.

The stomach has nothing to do with the digestion of fat; the acid mucus secreted by its walls has no effect on oily substances. Hence it has been proposed to drink lemon-juice, or vinegar and water, or to take dilute acids, especially the Phosphoric-acid, shortly after each meal, in order still farther to render the stomach in capable of digesting fat. On the other hand, it is the pancreatic-juice which renders the fat of the food capable of being absorbed by the lacteals; hence it is probable that fat persons have large and active pancreas with a profusion of pancreatic-juice; therefore in the treatment of adiposis it may be necessary to give remedies which act specifically upon the

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pancreas, or at least neutralize the pancreatic-juice. Again, pancreatic-juice is capable of converting starch into dextine and sugar, and this sugar may be converted by the bile into the oily acids. Three or four hours after meals, an entirely different mode of treatment must be adopted and alkalies given, if alkalies be given soon after meals they will help the digestion and assimilation of the fat in the food; if they be given after the little fat which the acid treatment has allowed to be digested is absorbed, then they will redissolve this fat and enable it to be cast out of the system.

Iodine is supposed to act specifically upon the pancreas; Belladonna, Conium, Calcarea and Carbo are also supposed to act upon this organ; Antimoniom-crudum is supposed to be the most homœopathic remedy to adiposis.

The diet in TUBERCULOSIS should be similar to that which will produce an excess of fat in the system; all fatty articles of food should be partaken of as largely as possible; alkalies, especially the chlorides and Phosphates of Soda and Potassa should be taken just before and immediately after meals, in order to facilitate the digestion and absorption of all the fat contained in the food. Acids should be avoided as so much poison, in tuberculous diseases; for they facilitate the digestion of the albuminous particles of food, and the tuberculous dyscrasia is little more than an albuminosis, i. e. excess of albumen in the system; and they prevent the digestion of fat which is present in greatly diminished quantities.—PETERS.

We have reason to believe that sugar and water will relieve *chronic acidity* of the stomach; a tumblerful of water is to be well sweetened with the best loaf sugar and drank regularly night and morning; relief ensues in the course of a few days, and if ordinary attention is paid to diet, a cure will soon follow. (11.)

On Albumen as a Cholagogue. By Dr. R. GIESELER, of Göttingen. I am anxious to call the attention of the profession, briefly, to the employment of the albumen of hen's eggs in certain forms of jaundice.

Bernard's experiments, showing that this substance is assimilable only through the intervention of the hepatic function, immediately suggested to me the idea that in albumen we might find an adequate excitant of the liver. I inferred, first, that fatty nutriment, and in a higher degree albuminous articles of diet must be avoided in inflammation of the liver; and secondly, that in torpid conditions of that organ we might possess in albumen a remedy capable of stimulating it to increased activity. If to the liver be assigned the task of rendering albumen adapted to assimilation, this substance must be a stimulant of it, which will, *mutatis mutandis*, set its function to work, in the same manner as the administration of saline medicines does that of the kidneys. It is scarcely necessary to add, that the establishment of these results by experience must secure to albumen not merely the character of an adequate stimulant, but also preëminence over

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all so-called cholagogues, since the action of the latter is very uncertain.

I think it unnecessary to demonstrate the remarkable efficacy of albumen in this respect by the recital of cases, since it was, as I soon learned, already known to our predecessors. It, however, appears to to me not unimportant to point out the source whence it would appear the recommendation to employ albumen as a remedy in jaundice was originally derived. Charles White, in his work on *The Treatment of Pregnant and Puerperal Women*, states that he once suffered for several weeks from jaundice, and was very much reduced. Soap, aloes, iron, and rhubarb had been taken without the least benefit. A navy officer, happening to visit him, assured him he would cure him in a short time. He told him, in fact, that, while on a voyage some time before, he was attacked with the same disease, and had in vain used the remedies prescribed by the surgeon of the vessel. A Spanish physician of the island of Minorca then advised him to take every morning, while fasting, two raw eggs, both yolk and white, in a glass of water, and to repeat the dose with one egg every four hours during the day. He followed this advice, and in three days his motions were again colored with bile. White tried the plan suggested, and found the effect attributed to the albumen to be confirmed; in three days the fæces were colored, which they had not been for six weeks before. He continued the use of the eggs for some months. He subsequently recommended the remedy to several patients, and always with good effect, except in cases in which the jaundice proceeded from the presence of gall-stones. So far for the testimony of Mr. White. In the more modern treatise on therapeutics, I have not been able to find any allusion to this application of albumen; the present communication cannot, therefore, be considered superfluous. A few of the older works recommend, not white of egg, but the yolk, probably on account of its yellow color. It is, indeed, possible that the action of the liver may be excited, not by the vitellin of the yolk, but merely by the albumen of the egg, with which Bernard experimented, and which White recommended in jaundice. Should this supposition prove correct, it would explain why the remedy lapsed into oblivion, and would furnish an important proof, in our day, for the often-misunderstood truth that practical results do not become the property of science or art until they are referred to correct principles.—*Dublin Quarterly Journal of Medical Science*, Aug. 1855, from *Zeitschrift für Rationelle Medicin*, Bd. v. p. 253.

PHENOMENOLOGY.

Compiled by John C. Peters, M.D.

According to Küttner,

Atrophy, in children of healthy parents, is not unfrequently a sign that the mother first bore children late in life, or that she suffered

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with tumors or obstruction of milk in the breasts, or that injurious physical or mental influences had repeatedly affected her. *Iodine, Arsenicum, Conium, Calc., Merc.-sol., Ant.-crud.*

Axilla-pain, attended with inflammatory fever is a rather characteristic precursor of small-pox. *Baryta-c. and Mur.*

Axilla-sweat is often very much increased when the urine is suppressed or diminished; sudden cessation of axilla-sweat is at times a consequence of increased flow of urine. *Colocynth* is related to profuse sweats smelling like urine; *Dulcamara* to fetid sweats with copious urine; *Nitric-acid* to fetid sweats; *Arsenicum* to sour fetid sweats; *Cimex* to musty and offensive sweats; *Hepar-s.* to constant fetid exhalations from the body; also *Ledum, Tax.-bacc.* and *Merc.-sol.*

Axillary Glands (*Swelling of*).—In young maidens without any external injury, often attends the first rapid development of the breasts; it may also occur from the third to the fifth day after confinement, when the breasts are much enlarged; inflammation of the breasts is often attended with a very painful and hot swelling of the axillary glands; a hard, irregular, non-inflamed and at first painless swelling of the axillary glands often attends cancer of the breasts; chronic enlargement of these glands without disease of the breast, is generally scrofulous in its nature.

Swelling of the axillary glands, Sulph., Lycopod., Silex, Rhus, Bellad., Phos., Kali-carb., Nit.-ac.

Painful inflammatory swelling, Tartar-emetic, Ammon.-mur., Nitric-acid, Rhus, Bell., Phos., Kali-c.

Suppuration, Sulphur, Colocynth, Hepar-s.

Induration, Nitric-ac., Iodine. Nitric-acid is perhaps the most homœopathic remedy to true cancer.

Tartar-emetic is the most generally useful remedy against inflammatory swellings of the glands; it will often remove the attack, even when suppuration has commenced.

Anus.—Eruptions about the anus are often local crises of inflammation of the lower portions of the bowels. *Herpes* about the anus sometimes appear during acute diarrhœas, connected with inflammation of the mucous membrane of the colon, and cannot be suppressed with impunity. Obstinate anal-eruptions are common in scrofulous children. *Pustules* about the anus in children sometimes are connected with a sneaking scrofulous inflammation of the bowels. *Eczema* about the anus and genital organs attended with viscid perspirations and insupportable itching may occur in women at the change of life, or in gouty men; it is often salutary, and relieves or removes chronic vertigo, chest-affections and even repeated and obstinate attacks of gout.

Phosphorus is the most homœopathic remedy, when these eruptions follow or attend diarrhœa.

Excessive *burning and itching* require Oleander, Mezereum, Sabadilla, Thuya, Aloes, Jatropha, Arsenicum, Argent.-nit.

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Granatum, when the irritation extends to the buttocks, perinæum, scrotum and genital organs.

Sabadilla, when the itching of the anus alternates with itching of the nose and ears as in worm affections.

Zincum and *Nitric-acid*, when there is an acrid and corrosive moisture about the parts.

Nitric-acid, Mezereum, Agnus-castus and Kali-bichrom. in fissures and ulcerations of the anus.

A solution of Borax is a very good and justifiable local application.

ANAL HÆMORRHAGE.—May arise from the irritation of hard and acrid fæces; or from the excessive use of drugs which act specifically upon the rectum, such as Aloes or Colchicum. The true hæmorrhoidal flux consists of the discharge of a peculiarly offensive and somewhat acrid blood; it may occur regularly every four weeks, or only every spring and fall, or only once or twice a year; this form is almost peculiar to adult males, and when it occurs in younger persons, it points to their descent from hæmorrhoidal parents. When it occurs after the loss of a limb, such as an arm or leg, it is a healthy endeavor of nature; frequent attacks of bilious diarrhœa may occur under like circumstances. A discharge of thin, not coagulable, light red or very dark blood, very difficult to staunch, and attended with great debility, points to a scorbutic state of the blood, or to a great deficiency of fibrine in that fluid. Baglivi thinks, that death is unavoidable when there is distention, hardness and tenderness over the region of the liver, with citron-yellowness of the complexion, and a discharge of stinking, black and coagulated blood; many such cases arise from inflammation and suppuration or obstruction of the portal vein. Anal hæmorrhage in children often arises from bilious derangement and from the irritation of worms. It is very beneficial in apoplexy. In mucous and typhoid fevers it is dangerous and often fatal, as it points to great debility, congestion or ulceration of the intestinal mucous membrane. When it occurs in women at regular four-weekly periods, it often takes the place of suppressed menstruation; when it occurs simultaneously with menstruation, it is often a sign of plethora, profuse menstruation and active sexual passion.

I have cured obstinate cases of anal-hæmorrhage vicarious of, or synchronous with menstruation with Aloes and Colchicum, but in most instances there was marked bilious derangement, with sallowness of the complexion, yellowness of the eyes, soreness or tenderness over the liver, yellow-coated tongue, bitter taste in the mouth, nausea and bilious diarrhœa. (11.)

Aloes, Sabina, Stramonium and Phosphorus are the principal remedies in the true and regularly periodical hæmorrhoidal flux, and also in that which occurs vicarious of menstruation. (11.)

Colchicum and *Nux* are the most homœopathic remedies, when there is anal-hæmorrhage with deficiency of bile in the stools. *Calcarea* and *Opium*, when there is chronic torpor of the liver, with white stools, pain in the region of the liver, and despondency.

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When attended with *constipation* or hard stools: Calcarea, Phosphorus, Sabina, Cinch.-sulph., Ant.-crud., Lamium-alb.

With *diarrhœa*, or soft stools: Veratrum, Caladium-seg., Bryonia, Mercurius, Lycopodium, Ambra, Colocynth, Sabadilla.

With *mucus* and blood, showing that there is not only congestion and fulness of the blood-vessels, but also irritation and even inflammation of the mucous membrane: Nux-vomica, Colchicum, Drosera, Ferr.-acet., Merc.-corr. and sol., Carb.-v., Castoreum, Argent.-nit., Hepar-s., Ipecac., Iodine, *Capsicum*, Asarum.

Colocynth, or Colchicum is the best remedy when the hæmorrhage takes place for months together; Graphite, when for many days. I have succeeded in curing several chronic cases when the loss of blood had been very great for years, when the patients were blanched, bloodless and much debilitated, by Aloes and Ferrum in alternation. (11.)

Arsenicum and Mezereum are the best remedies, when the rectum is pressed out spasmodically and remains protruded. Sabadilla, Capsicum and Lobelia, when there is great burning in the bowels and rectum for many days.

Aloes is the principal homœopathic remedy for hæmorrhoids and infinitely more useful than Nux and Sulph., &c.

Anal-Pains.—Persistent burning pains arise from a sneaking inflammation of the rectum, or from some eruption, or may precede the occurrence of the hæmorrhoidal flux. *Arsenicum* and *Mezereum*. But when these pains occur during or after stool only, they arise from ulcerations, or fissures of the rectum or anus. *Arsen.* and *Nitric-acid*. Transient burning pains relieved by the passage of flatulence or fæces, and frequently attended with the sensation of the falling of a cold drop, point to the presence of ascarides. *Spigelia, Cina, Sabadilla*. When they occur during the operation for castration, it proves that a nerve has been tied. Itching and burning pains, especially towards evening and when stormy and rainy weather occurs after a long drought, point to ascarides. *Cina* and *Sabadilla*. Violent itching which extends over the perinæum and to the genital organs is often attended with the formation of large discolored spots, a viscid perspiration and a periodical scaly desquamation, and a herpetic eruption; it occurs in those who lead a sedentary life, in old and hæmorrhoidal subjects, and in women during the change of life; it is often salutary, and relieves many chronic ailments such as vertigo, oppression of the chest, gout, &c. *Graphite, Arsenicum, Mezereum*.

Acute pain increased to an extreme degree by the passage of flatulence or fæces, points to the presence of acute inflammation of the rectum, or to fissure or ulcerations of these parts. *Nitric-acid, Mezereum, Sabadilla*.

An uncomfortable, and gradually troublesome and annoying sensation, which extends upwards into the rectum, and is attended with a peculiar feeling of heat, prickling, burning, drawing and tearing, but only amounts to absolute pain during or after stool, points to chronic

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inflammation, ulceration or fissure of the rectum. *Staphysagria, Arsenicum, Mezereum, Sabadilla.*

Pain which can be distinctly referred to one spot in the rectum, and which at first is only felt during stool and persists for some time after, points to fissure of the anus. At first this pain may be relieved by emulcent drinks or injection, and by a bland diet, but subsequently it will obstinately withstand all ordinary remedies. The pains may become so severe and obstinate as to cause fainting fits and convulsions. *Nitric-acid* may be given internally and by injection; *Arsenicum* and *Mezereum* are very useful remedies. *Ignatia* may relieve the attending spasmodic constriction of the anus, but if it fails, *Belladonna* or *Stramonium* may be required; sometimes local anodyne applications are absolutely necessary to palliate the excessive suffering. *Phosphorus, Strontium, Sabadilla, Staphysagria, Hellebore, Hepar-s.*, and *Iodine* deserve attention.

Burning and biting pains may arise from indurations of the rectum. *Ammon.-mur., Nitric-ac., Phos., Strontium, Sabadilla, Zincum, Bryonia, Kali-nit.*, and *Iodine.*

Violent, cutting, burning, rending and lancinating pains are peculiar to cancer. *Arsenicum, Nitric-ac., Thuya, Strontium, Staphysagria, Canth.*

Piercing and tensing or stretching pain extending over the back and loins, and accompanied with the feeling as if there were a plug in the rectum, points to hæmorrhoidal congestion. *Capsicum, Sabina, Aloes, Carb.-an., Hellebore, Causticum.*

Throbbing pains point to anal-abscess, or to very considerable hæmorrhoidal congestion. *Crotalus, Berberis, Hepar.-sulph., Sulph., Causticum, Rhododendron.*

Very violent pains may arise from cold or astringent applications to hæmorrhoidal tumors. *Aconite, Op., Aurum-mur., Staphysagria, Ambra.*

Violent and stretching pains in the rectum are apt to attend hæmorrhoids of the bladder. *Terebinth, Ruta, Phos., Mang., Merc.-c., Colch., Aloes, Nitric-ac., Æthusa.*

Nocturnal pains arising some hours after exertion, are often the consequence of enlargement of the prostate. *Plumbum-acet., Conium, Zincum, Agnus-cast., Tongo, Kali-c., Ammon.-carb.*

Tearing, itching and piercing anal-pains may arise from chronic syphilis. *Merc.-c., Nitric-ac., Mezereum.*

A widely-extended anal-pain, increased by every motion, occurring especially in recently confined women, or after injuries, such as a fall, points to dislocation of the coccyx. *Arnica.*

Pain situated at the very extremity of the body and extending over the neighboring parts, rendering every movement painful, and relieved either periodically, or by warm applications, points to rheumatism of the coccyx. *Phosph., Aconite, Bryonia.*

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2. MATERIA MEDICA.

On Iodine, by J. C. Peters.—PATHOGENETIC EFFECTS.—If taken for a long time in moderate doses, it causes a very great increase of appetite; and even if this subsides after a while, still there will be intercurrent paroxysms of canine-hunger; sensitiveness of the region of the stomach, disturbed digestion; alternate attacks of diarrhœa and constipation.

Hence it would seem to be one of the most homœopathic remedies to that form of *dyspepsia*, which is so common in this country; it promises to be useful in old and chronic cases, attended with more or less thickening of the coats of the stomach, especially when there is a scrofulous or tuberculous tendency in the system. (11.)

Gradually, febrile excitement will arise, attended with a quickened, full and hard pulse, and at times with palpitations; congestions to the brain and lungs may ensue, accompanied with dizziness, bleeding from the nose, frequent dry cough, oppression of the chest, and spitting of blood. Menorrhagia may also occur.

Hence it would seem decidedly homœopathic to irritation and hectic fever, and to the first stages of consumption. (11.)

Finally there will be progressive debility and emaciation, dwindling away of the breasts and testicles, persistent sense of anxiety and despair, sleeplessness, inclination to spasms and fainting fits, trembling and numbness of the limbs; swelling of the feet and *tendency to serous effusions.*

It would seem to be the most homœopathic remedy to *irritative fever;* the cause of which may or may not be sufficient to produce inflammation. In this fever there may be simply an over-excitement of one or more of the functions, which being propagated by nervous or vascular communication to different parts of the system may throw all or many of the functions into a state of derangement, capable of sustaining itself for a longer or shorter time. Very frequently, however, irritative fever arises from sub-acute gastritis, enteritis, mesenteric adenitis, or scrofulous or some other dyscratic irritation of the blood or system. In all these states Iodine is homœopathic; but it probably is not homœopathic to true suppurative or hectic fever. (11.)

Iodide of Potash.—The most remarkable of its effects are a *rapid and very considerable increase of the urine*, and what is quite remarkable is, that gradually the Uric-acid sediments entirely disappear, while those of the Ammonio-phosphate of Magnesia decidedly increase. This effect is still more apt to occur from large doses of the Iodide of Starch and Iron.

Here we would seem to have a truly homœopathic remedy to the *Phosphatic Lithiasis.* This disease seems to depend, like Diabetes and the Uric-acid lithiasis upon a peculiar form of indigestion. According to Lehmann the *origin* of the Phosphate of Magnesia is sufficiently obvious; for this salt occurs in all parts of plants, aud parti-

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cularly in the common varieties of grain that are used for food. From the *lesser* ratio which the Phosphate of Magnesia stands to the Phosphate of Lime, in the bones and other parts of the system, we may conclude that the animal economy requires far less of this salt than of the corresponding Lime-salt; and this is especially illustrated by the fact that in different animals it is found that the intestinal canal absorbs all the Phosphate of Lime, but only very little of the Phosphate of Magnesia; for the excrements of the carnivora, as well as of the herbivora contain an excess of Phosphate of Magnesia. (11.)

From these facts, Berzelius long ago drew the conclusion that the absorbents of the intestinal canal have less tendency to take up Phosphate of Magnesia than Phosphate of Lime. In the Phosphatic Lithiasis we have only to imagine an increased affinity for, or an increased tendency to absorption of the Phosphate of Magnesia which is always present in the intestines* in order to have the system overloaded with it, and the patient is fortunate if he gets rid of it through the urine and kidneys.

But there may be another source of Phosphate of Magnesia; a little of this salt occurs in all the animal fluids and tissues, and it is decidedly increased in those tissues of a dead body in which putrefaction has already commenced; with the aid of a microscope we find that they are everywhere studded with the well known crystals of the Phosphate of Ammonia and Magnesia. It is probable that a similar increase may take place when there is a low state of vitality in the whole system. In this way we may account for the occurrence of Phosphatic deposits in the urine from the depressing influence of grief or other depressing emotions, exhausting mental application, or debilitating excesses; also for the occurrence of a large excess of phosphates in a paralyzed or chronically inflamed bladder; and for their abundant occurrence in typhous stools. Although these crystals are often enough to be found in the fæces in other diseases, yet it must be granted that they are by far more frequently noticed in abdominal typhus; indeed, LEHMANN says it is well known that the ulcerated patches of the intestine are usually thickly studded with minute crystals of this salt. (11.)

In Phosphatic lithiasis the urine is usually more copious than in health, of a pale color when passed; a white deposit, and an irridescent pellicle of the phosphates on the surface of the urine is common; the urine becomes putrescent, with exhalation of ammonia more speedily than in other diseases, and when it assumes this condition the phosphatic deposition is greatly increased. The causes of the phosphatic sediment are such as produce an excess of the salt in the system, (see above,) or an alkaline state of the urine. The phosphates being held in solution in the urine by an excess of acid, are of course

* Berzelius found 12.9 of Phosphate of Magnesia in the ash of his excrements, after the use of coarse bread and a little animal food. Fleitman found that after the use for some days of a diet consisting of more animal than vegetable food that his fæces yielded an ash containing only 10.67 of Magnesia.

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deposited when the acid is neutralized, or an alkali predominates. It has been observed that a disposition to an over-production of the phosphates is apt to accompany a nervous and irritable state of the system, marked by general debility, paleness of complexion, impaired digestion, and a frequent irritated and easily excited pulse. The dyspeptic symptoms are sometimes very prominent, with irregular bowels and deranged liver. It occurs in the poor from unwholesome food, exposure to cold and privation, and wretchedness of all kinds; also in those whose systems are worn out by profligate habits, or by over-exertion, bodily or mental; it is equally common in restless, fratchy, uneasy, and fidgetty hysterical nervous women, or in those who indulge in an excess of grief or morbid piety. In its worst forms there is often loss of appetite, a listless state both of body and mind, peevishness or acerbity of temper, general debility, emaciation and a sunken haggard appearance of the face.—Wood.

Hydriodate-Catarrh.—Again, among the first effects of this drug is an affection of the mucous membrane of the nose, throat and larynx; at times also of the conjunctiva. There may be headache, catarrh of the nose, with profuse discharge, scraping in the throat, and cough; more rarely it causes a bronchial catarrh, with expectoration and difficult breathing.

Here we have a decidedly homœopathic remedy to acute influenza, catarrh, bronchitis and humid asthma. In fact all the alkalies act upon the mucous membranes and tend to produce mucous or catarrhal discharges. But the step from an acid to an alkali is sometimes very easy, thus Nitric-acid is a compound of Nitrogen and Oxygen; while Ammonia is a compound of Nitrogen and Hydrogen. I have often found that a catarrhal affection which would resist the alkalies, would quickly yield to Nitric-acid. (11.)

Hydriodate Eruptions.—After the long-continued use of it, there generally arises a warmth of the skin, with prickling, itching, erythema, and *eruptions* of papulæ resembling acne, and occurring especially on the forehead and shoulders; at times eczematous and herpetic and other vesicular eruptions may arise.

Here we have a decidedly homœopathic remedy to many eruptive diseases; it would seem from this that many eruptions such as acne, eczema or salt-rheum, and herpes may arise from an unusually alkaline condition of the blood. (11.)

The hydriodate is also apt to cause pain in the greater cul-de-sac of the stomach, similar to that which occurs under the left breast in young females. It is apt to cause increase of menstruation; but, singularly enough, under its use the milk of nursing females is apt to disappear gradually.

It is a great peculiarity of all the preparations of Iodine, that in from a half to two hours after they are taken, almost the whole quantity will be found in the urine; subsequently the saliva will contain

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Iodine, it may be detected in pleuritic effusions, in the fluid of hydrocele and in dropsy of the joints. It has not yet been found in the blood, nor in the stools even when these are liquid; while when Iodide of Iron has been taken, almost the entire quantity of Iron will be found in the fæces.

It seems to be conceded that in large doses the Iodide of Iron does not exert a very beneficial influence upon scrofulous and chronic tuberculous affections; least of all does it act as a tonic.

In four cases of pulmonary tuberculosis it did not relieve a single symptom.

It will not remove chronic, very large and indurated swellings of the spleen. In enlargements of the spleen, œdema of the feet, anasarca and ascites, occurring after quartan or irregular intermittents, it will not lessen the size of the spleen, nor remove the fever or dropsy, unless preceded by Quinine.

Hydriodate of Potash is still less useful against scrofula; it will only remove those glandular swellings which depend upon simple hypertrophy and chronic inflammation, never those which are caused by deposits of tubercle. It is very useful however against affections of the periosteum, bones and joints. In goïtre it is only useful against simple hypertrophy of the thryroïd gland.

In *dropsies* it is said to be useful only when they arise from non-malignant affections of the liver or spleen; and in those which remain after inflammation of the serous membranes, such as dropsy of the chest, and acute hydrocephalus. But Graves in his clinical lectures, alludes to one, and a very common form of dropsy in which Hydriodate of Potash is probably homœopathic and specific. On page 731 (Dublin edition) he alludes to cases of dropsy occurring in persons who have previously enjoyed tolerably good health, and in whom there was no absolutely incurable lesion of any important viscus. But these persons are careless or intemperate in their mode of life, frequently exposed to cold and wet, get their livers enlarged from good living, and their systems, especially the heart, overloaded with fat; then they get an attack of bronchitis, accompanied by a sense of constriction about the chest, and difficulty in breathing, followed by dropsy. Graves says this is the ordinary history of dropsy in Ireland; first intemperate habits, or excesses in eating and drinking, next exposure to cold, followed by bronchitis or pneumonia, and then dropsy. These patients complain of coughs, difficulty of breathing, constriction of the chest, and feverishness; the cough is apt to be hard, short and incessant, preventing sleep, and increased by any effort at a full inspiration; there is general wheezing and much oppression of the chest, with scanty expectoration of the frothy mucus; the physical signs are those of bronchitis, passing into the stage of super-secretion with engorgement of the lower and posterior part of the lung. In short, these are cases of dropsy, supervening on an acute bronchitis.

If we take into consideration the specific action of Kali hydriod., on the bronchial mucous membranes, its powerful action upon the

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kidneys, and its tendency to remove enlargements of various organs, and especially depositions of fat, we will see that it is a very likely remedy to remove this form of dropsy. I have a distinct recollection of seven cases of dropsy of the chest perfectly cured by this remedy. (11.)

It is said to be useful in amenorrhœa and scanty menstruation, especially in those attended with much leucorrhœa, with chronic engorgement and enlargement of the womb, with a fibrinous state of the blood, and general plethora; Borax, Kali-carbonicum, Muriate of Ammonia, and other similar remedies, such as the Acetate of Ammonia are also useful. (11.)

Mr. Lassaigne affirms that a solution of Hydriodate of Potash, containing not more than two millionths of its weight of this salt, is rendered distinctly brown by the addition of the Chloride of Palladium.—*Am. Journ. Med. Science.* Oct., 1852, p. 556.

Poisoning by Rhus-toxicodendron.—On the third of August, I discovered upon a beach in Cohasset, some plants of the Rhus-toxicodendron, from which I was desirous of obtaining a specimen. I cut off one of the stems and carried it home between the little finger and the ring-finger of my left hand, and in so-carrying it, the cut end came in contract with my thumb, just below the joint, and the juice formed a spot there, which gradually darkened by exposure to the air. This spot was not acted on by soap, and I preferred to let it remain, in order that I might observe the effects of the poison. On the seventeenth of August, I cut off the skin and spot together. The stain seemed to have penetrated the skin for quite a noticeable depth. On the twentieth, I observed a small swelling appearing on the little finger, and on the twenty-second another was developed on the thumb. On this day I rowed a boat under a hot sun. On the twenty-third, the swelling had increased, covering the greater part of the lower joints of both thumb and finger. I now applied a linen compress, soaked with coffee, and this I kept on for two days, eating as usual, and taking long walks. The swelling had disappeared on the twenty-sixth, giving place to a sort of callus, which has since fallen off in the form of a scab. A new skin has now covered both scars.

August 31, 1855. T. W. Clarke.

Bost. Med. and Surg. Journal.

Phellandrium-aquaticum.—Is said to be an exceedingly useful remedy in chronic bronchial catarrhs, with more or less profuse expectoration; also in asthma of like character, especially when these always return or increase during the cold season of the year, and only abate on the return of warm weather. It is useful both in aged persons and lymahatic youths. The former recommendation of Lange of this plant against pulmonary tubercles is fully corroborated by Sandras, who beieves that he has cured consumption with it in the early stages, and found it an admirable palliative in the latter stages;

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he says he has even seen recoveries take place when there were unmistakable evidences of the presence of caverus. It is also useful against obstinate nervous irritative coughs. As Ernstling rated it as a better fever-and-ague remedy than China, it may also prove useful against hectic fever.

The seeds have been used most frequently; their odor is peculiar, strong and disagreeable; their taste acrid and aromatic; are supposed to unite mild narcotic properties with the stimulant powers which are common to most of the aromatics.

The dose of the seeds is five or six grains repeated so as to amount to a drachm in twenty-four hours.—PETERS.

PATHOLOGY AND THERAPEUTICS

REPORT ON INFLAMMATIONS OF THE THROAT.

In the Leopoldstadt Homœopathic Hospital 173 cases were treated;

	of these	153	"	" acute;
	" "	20	"	" chronic;
Viz., *Acute* catarrhal cases,		18.		
" sub-mucous "		15.		
" diphtheritic "		2.		
" aphthous "		8.		
" Tonsillitis, (parenchymatous)		67.		
" " (follicular)		43.		
Chronic catarrhal		7.		
" ulcerous		4.		
" Tonsillitis, (follicular)		5.		
" " (aphthous)		4.		
		173.		

A. *Acute Catarrhal Pharyngitis.*

This form of disease is not frequently met with in hospitals; under homœopathic treatment rarely lasts more than five days, while under the expectant and usual treatment it often persists from eight to twelve days.

Hepar-sulph., *Calcarea* and *Belladonna* were the principal remedies used.

When there was dryness of the throat with slight redness and swelling, *Hepar-sulph.* was always useful.

When there was great redness, swelling and sensitiveness of the throat, *Belladonna* was used.

After violent attacks of inflammation of the throat, there often remains a state similar to that in which we have above recommended *Hepar-sulph.*; Wurmb says that manifold experience has also convinced him of the efficacy of Hepar-sulph. in this chronic stage.

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Nux-vomica and *Ignatia*, were rarely or ever useful; he only succeeded in one instance in relieving with Nux-vomica a peculiar irritability of the throat and sense of swelling remaining after an acute attack.

Acute Sub-mucous Pharyngitis.

This may be distinguished from the catarrhal variety by the greater redness and swelling of the mucous membrane, by the great pain and difficulty in swallowing, the greater amount of fever and the tendency to suppuration. *Mercurius* and *Belladonna* were the most useful remedies.

WURMB says that in appropriate cases *Belladonna* generally effected a cure in three or four days; while the symptoms were often much relieved in a few hours. When suppuration threatened or had already sat in, he preferred *Mercurius*. In such cases I have always given the preference to *Tart.-emetic* and *Opium* in alternation.—PETERS.

Tonsillitis.

This occurs in two very different forms, viz., the parenchymatous and follicular.

Parenchymatous tonsillitis rarely occurs uncomplicated with submucous inflammation of the neighboring tissues of the throat. When there is no epidemic or personal tendency to suppuration a cure can generally be effected in from four to five days; when there is, Belladonna will frequently prevent it. When suppuration has actually set in, Wurmb prefers Mercurius. I have been in the habit of using *Rhus* with great success in the first, or inflammato-œdematous stage, and *Tartar-emetic* in the second, or suppurative stage. Few who have not actually tried it can imagine the immense relief afforded by the occasional use of a few drops of *Morphine* in the most severe and painful of these cases. I have often found it not only to palliate the sufferings of the patient when Belladonna and Mercurius had failed, but also to prevent suppuration and render the attacks less frequent in those predisposed to them. I believe that it is as useful and curative in quinsy sore-throat as it is well known to be in peritonitis.—PETERS.

Follicular Tonsillitis.

Wurmb says that this form generally is more tedious, as more than one focus or centre in various stages of inflammatory action are present; he also thinks that it often assumes the chronic form, and is apt to be attended with frequent relapses. In recent cases he prefers *Merc.-sol.;* in tedious attacks he gives Hepar-sulph., and occasionally Iodine.

I have found this variety much more amenable to treatment than the parenchymatous form. I usually give one or two full doses of *Mercurius-dulc.* $\frac{1}{10}$th, once or twice a day; and *Tincture of the Root of Aconite* in repeated doses. When I see the tonsils studded over with white elevations from the filling-up of several or many of the mucous follicles with a cheesy substance, I am usually in the habit of predicting confidently that suppuration will not take place; and

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that the attack will be short, and easily managed. I only recollect one instance in which this prognosis failed to prove true.—PETERS.

Diphtheritic pharyngitis.

Wurmb prefers *Spongia*, but Kali-bichrom., Ammon.-carb., Bromine, Muriatic-acid, or Iod.-hydrarg., will often have to be used in order to prevent membranous croup.—PETERS.

Wurmb has never found *Lachesis* useful in any of the varieties of sore-throat.

Chronic Sore-Throat.

In the catarrhal varieties, Wurmb always gave the preference to Hepar-sulph.; in the other forms he depended upon Iodine.

In chronic catarrho-rheumatic affections of the throat and tonsils, Kali-hydriod., and Colchicum deserve attention.

In chronic syphilitic affections of the throat and mouth, Nitric-acid, and Iod.-hydrarg., are generally useful.

In obstinate scrofulous disorder of the tonsils and pharyngeal mucous membrane, Baryta-muriatica is the most reliable remedy.

REPORT ON INFLAMMATION OF THE LUNGS.

Wurmb says, that he is able to affirm that homœopathic treatment is most useful in pneumonia. In the Leopoldstadt Hospital 119 cases have been treated, of these 110 were cured, eight died, and one remaining under treatment. Hence the absolute mortality was 6.7 per-cent. Of the eight fatal cases, two were brought in dying, and one subsequently succumbed with cholera, hence we are entitled to reduce the mortality under homœopathic treatment to 4.3 per-cent.

In 1850, 19 cases were treated, with no death;
1851, 35 " " " " " "
1852, 31 " " " " 3 "
1853, 15 " " " " 2 "
1854, 19 " " " " 3 "

Hence, eighty-five cases were treated with the 30th dilution, with but three deaths; while thirty-four cases were managed with the 6th dilution, with as many as five deaths. Therefore it would seen that the higher dilutions were more useful than the lower. But Wurmb himself is inclined to ascribe the difference in the mortality to a greater or less severity of epidemic influence.

He relied upon comparatively few remedies, viz., *Sulphur*, *Phosphor*, *Aconite*, *Bryonia*, *Tartar-emetic* and *Belladonna*.

Of all these remedies, WURMB used *Sulphur* most frequently, especially when the inflammatory symptoms did not run very high, and hepatization was fully formed.

Phosphorus was relied upon when there was a suspicion of tuberculous disease, or when a high degree of erethism was present, or a proclivity to dissolution of the blood.

Aconite was always useful in the commencement of the attack, when the fever ran high; but he doubts whether it exerts any influence over hepatization.

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Bryonia was only useful when the pleura was severely attacked, and violent piercing pains, with considerable difficulty of breathing was present.

Tartarus-stibiatus was always useful during the whole stage of inflammatory œdema, and at times it rapidly promoted the resolution of obstinate hepatization.

Belladonna was strikingly useful when the head was much oppressed, the expression wild, the face bloated, the pulse extremely hard, and the cough dry and spasmodic.

Arnica was only used once when the pneumonia arose from a mechanical injury, but Sulphur was used as soon as hepatization was fully formed.

The great success of the homœopathic treatment of pneumonia has already led to a very important modification in the allopathic treatment of this disease.

Thus, Grisolle tried the expectant treatment, viz., low diet, rest in bed, and occasional laxatives in eleven selected cases, occurring in a mild form and in persons of good constitution, in nine of which, however, the disease had progressed to the second stage, or that of *hepatization*. *They all recovered*, and the period of convalescence dated from the twelfth day of the disease.

The same observer selected thirteen similar cases, all mild in their character, and in young healthy subjects, nine of which also were in the stage of hepatization, but in which one or two bleedings had been practised, generally as early as the fourth day of the disease. These also recovered, but the period of convalescence was on the eighth day, instead of the twelfth, and the characteristic bloody sputa ceased on the sixth day, instead of the ninth.

But the most decided influence of the blood-letting treatment was upon the pleuritic pain and upon the physical signs. In the cases treated according to the expectant mode, the pain continued in some to the twentieth and twenty-fifth day, always to the seventh day; while in those who were bled the pain usually ceased about the eighth day. The physical signs in the expectant cases did not begin to disappear before the end of the second week, and in some cases continued for three or four weeks, or from twenty-one to twenty-eight days. In those cases, in which blood-letting was used, the physical signs began to diminish about the seventh day, and the hepatization was usually removed about the twelfth day.

Of Tessier's forty-one cases treated homœopathically, three died, or one in thirteen, or about seven per-cent.; but three others died of consumption and erysipelas before they left the hospital. Six of these forty-one cases had been bled before they entered the hospital, and convalescence on an average was established according to Routh and Simpson, on the tenth day after admission, and the total average residence of these patients in the hospital was seventeen days. Of the thirty-five cases treated exclusively homœopathically, convalescence on an average was not established until the fourteenth day after

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admission and the average residence of each patient in the hospital was twenty-nine days.

Simpson and Routh also insist that of those who were treated allopathically and promptly with blood-letting, and then admitted into Tessier's wards, while in the *first* stage of inflammation, convalescence was established on an average, on the ninth day, and the total average residence of each such patient was thirteen days. While of those admitted into the hospital in the first stage of inflammation and treated exclusively homœopathically (with high dilutions) convalescence on an average was not established till the twentieth day, and the total average residence of each such patient in hospital was thirty-two days.

In Grisolle's hospital cases, the mortality was as high as one in three, when the patient had been ill seven days or more before admission to the hospital:

It was	1	in	4	when	6	days	had	elapsed.
" "	1	"	6	"	5	"	"	"
" "	1	"	8	"	4	"	"	"
" "	1	"	13	"	3	"	"	"

But all this assumed benefit derived from early antiphlogistic treatment is contradicted by other allopathic observers. Dr. John J. Metcalf gives (*N.-Y. Med. Times*, May, 1855,) an abstract of twelve cases of pneumonia, which occurred during his term of service in the New York Hospital, two of which were fatal, and offers the following self-sufficient remarks on the treatment of the disease. Dr. M.'s ten cases were cured in 5, 6, 7, 10, 11, 12, 14, 16, 30 and 41 days respectively, but then he regards cupping, Spts.-mindereri, Stokes'-Expectorant, beef-tea, wine-whey, Carb.-ammonia, and Tartar-emetic as non-medicinal.

"Of the two fatal cases, one was fairly moribund when first seen. It occurred in the person of a confirmed inebriate and attacked the upper part of the lung, as is not unfrequently seen in the pneumonias of sufferers from delirium tremens. Treatment seemed to produce no good effect; nor do I think venesection or calomel would have proved useful in this case.

"The other fatal result was in the person of a man with completely developed spanæmia, the result of a malarious fever of the Isthmus, in whom the pulmonary inflammation was complicated with universal bronchitis, and whose extremely prostrated state allowed nothing more heroic than Calomel! to be used. This seemed productive of no good, and he ultimately died of the secondary bronchitis.

"In the other cases, the treatment, with the exception of that which had reference to particular symptoms, was negative, so far as it was specially addressed to the *cure* of the disease. Diet, repose, change of posture, and relief by vomiting from accumulated bronchial mucus, constituted the whole.

"It often occurs that patients enter the New-York and Bellevue Hospitals, whose histories are such as have been related in the foregoing cases. They have been taken ill with a chill, pain in the side, cough and fever, which have disabled them from work. Looking upon

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their illness as a 'bad cold,' from which a few days' rest, with a dose of oil or salts, will relieve them, they take to bed, and remain, in expectation of recovery, from four or five days to a week, when, finding no improvement in their condition, they have recourse to the hospital. The account given of themselves, taken with the results of physical exploration leaves no doubt that inflammation of the lungs is the disease in question.

"On referring to those who have written systematically on the pathology and therapeutics of this malady, and who, with students and young practitioners, constitute authority, I have been struck with the almost uniform tendency to consider pneumonia as a disease which threatens life in a most serious manner, and which requires for its successful management the energetic employment of antiphlogistic remedies. True, there are, by some, exceptions made in the cases of very old people—of those who have been attacked whilst greatly debilitated, and in epidemics of typhoid pneumonia; but there is still, no doubt, a very general recognition of the necessity for opposing what is looked upon as a formidable disease by heroic remedies. By some authors, implicit reliance is placed upon early resort to the lancet, to scarified-cups, and to the production of the constitutional effect of Mercury on the system, by inducing ptyalism. By others, the Rasorian administration of Tartar-emetic is regarded as the means most likely to insure a certain and speedy cure of the disease. It would not, perhaps, be erroneous to state that one or the other of these, or a combination of the two, constitutes the basis of English and American therapeutics.

"Observation, by comparing the progress of cases in which bleeding and mercurialization had been trusted to, with those in which rest, proper regulation of ventilation, and appropriate diet, together with such *juvantia* as might be indicated in any particular case, has seemed to convince me that in pneumonia, as we see it in New-York, entirely too much stress has been laid on the neccssity of having recourse to the former therapeutical course. Nor can I resist the conviction that, in other localities, a careful study of the natural history of the disease would tend to lower the general estimate in which bloodletting and Calomel are held as potent agents in *curing* pneumonia.

"Skoda, drawing not a drop of blood, employing solely *extractum graminis*, or a few grains of Nitre, and in a few instances corrosive sublimate, lost three only, of forty-four patients, whose average age was between twenty-five and twenty-six years.

"Varrentrapp, following the example of Wacherer and Baumgärtner, teaches us how the disease may be successfully brought to convalescence by giving no medicine internally except chloroform vapor, applied by inhalation to the mucous membrane of the lungs. His results show a mortality of one in twenty of those treated in this way, or 5 per-cent., agreeing very closely with those of Wacherer, Baumgärtner, Helbing, and Schmidt, who, in one hundred and ninety-three cases lost nine, or 4.25 per-cent., on the chloroform treatment.

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"In 1848, Dr. Dietl, of Cracow, published the result of one hundred and eighty-nine cases of pneumonia, treated by diet and rest alone. Of these he lost only 7.4 per-cent. In 1853, he published a second pamphlet, detailing the success he met with in seven hundred and fifty or sixty cases treated entirely by hygienic and dietetic means. I regret that this monograph has been mislaid. I can only state that the general result accords with that above mentioned, and served to confirm in his mind the superiority of the expectant over the methods by venesection, Calomel, or Tartar-emetic.—METCALF.

"Skoda, Varrentrapp, and Dietl, had all previously commenced their practice by treating inflammation of the lungs according to the traditional means last mentioned. None of them, although good diagnosticians and men of great intelligence, have been otherwise than satisfied with the result of their change of practice. Skoda is not more active in reality than Dietl, in his treatment; nor can it be truly said that the inhalation of chloroform does anything in the way of curing the disease. They all trust to the well-known potency of nature, when allowed to act without restraint or interference; and if they had never made any other contribution to medical science, these physicians would deserve the gratitude of the profession for the information, so little possessed before their researches and so inadequately diffused at present, that pneumonia has a natural tendency to get well when let alone, in a great majority of cases in which it attacks healthy subjects; and that more harm than good, results, as a general rule, from the employment of what are called heroic remedies in its therapeutics.

"Had Dietl, Skoda, or Varrentrapp, experimented with the infinitesimal doses of Hahnemann, instead of adopting the course actually pursued, we might easily imagine the result on their minds, if they had been as susceptibly constituted as those of many men who, having compared the results of Sangradaism with those of Hahnemannism, have joyfully embraced the latter creed, without ever entertaining a suspicion that truth was to be found neither in one extreme nor the other, but where it usually exists, in the happy medium.

"The above is the substance of some clinical remarks delivered at the New-York Hospital, when reviewing the treatment of pneumonia, during the months of January, February, and March, of the present year. I have not touched on the questions as to whether there may not be means employed which will relieve particular symptoms, such as pain, cough, and dyspnœa, from excessive secretion, and from intestinal accumulations. I am very sure that we do possess such *juvantia*, and that the result of common experience has left no doubt of their value. What I have endeavored to inculcate is the fact that, in the disease under consideration, there is no *absolute necessity* for resorting to extreme measures.—METCALF.

"In examining candidates for posts in the House Staff of Bellevue Hospital, since the year 1847, I have had graduates from nearly all sections of the United States among the applicants, and have been

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impressed with the fact that nearly all of them have been imbued with the firm conviction that inflammation of the lungs was a most dangerous affection, one which, if not promptly attacked with the lancet and Calomel, or by antimonial medicines, would be very apt to prove fatal to the patient. To such, it has given me satisfaction to show the progress of the disease in cases which have entered the service with all the signs and symptoms of pneumonia, which have had no medicine previous to admission, and for the management of which, attention to diet, ventilation, posture, and a few teaspoonfuls of mucilage of gum arabic in the day, have constituted the sole treatment. Nearly all have been persons of the laboring class, whose return to health was a matter of importance. How different their condition, after the subsidence of the disease, from that of others who had been copiously bled, or who had undergone 'a course of mercury!'

"I do not speak of the power of venesection, as an ectrotic, in the first stage of the disease. My experience has reference to it as seen in hospitals, and as it is almost always met with in private practice. It would be instructive to have a number of such cases detailed, with the evidence that the disease really was the one in question."

If such simple means will cure inflammation of the lungs, how should the world regard the so-called heroic methods which have been in such general use by the the dominant school?

The Tartar-emetic practice, Dr. Swett says (*see Diseases of the Chest*, p. 109) as modified by the best practitioners of the present day, consists in giving from four to sixteen grains of Tartar-emetic per day, the medium quantity being from eight to ten grains in the twenty-four hours, or one grain every two hours. In these doses, vomiting and purging will be produced in all but twelve cases out of 154; the vomiting usually occurs within an hour after the first dose, and this is soon followed by purging; the number of evacuations vary from six or eight to twenty, or more, in the twenty-four hours. The vomiting is said to be more or less distressing, but the purging is generally free and easy. Dr. Metcalf succeeded in some of his cases with $\frac{1}{8}$th grain doses every two or three hours, without the production of either nausea or purging. It is impossible to conceive the distress, disgust and danger excited by this so-called "best and modified Tartar-emetic treatment;" the constant risks that the poor patient must run in his frequent exposures to cold, in attending to the numerous unnecessary and disgusting evacuations. Still Swett, who had the reputation of a cool and cautious observer, and one rather sceptical of medicine in general, says, "the favorable influence of the Tartar-emetic treatment in pneumonia is one of the clearest points in therapeutics. Old age offers no exception to its use; feebleness of constitution no insurmountable objection; and even in many cases in which slight colicky pains with diarrhœa, and abdominal tenderness were previously present, the moderate! exhibition of Tartar-emetic (six to eight grains!!) rather relieved than aggravated the abdominal symptoms.—PETERS.

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REPORT ON PLEURITIC EFFUSIONS.

Dr. Wurmb treated thirty-five cases of pleurisy with very decided effusion; of these only three died, and only!! eight went out of the hospital imperfectly cured.

Of the three fatal cases, one had hæmorrhagic effusion, and two purulent exudations.

Of the eight who were not perfectly cured, one remained only eight days under treatment, and another only eleven days; while two more were so far restored that all physicians who are not in the habit of examining the chest would have pronounced them sound, as all the symptoms and inconveniences had been removed. In the other four cases there was a more or less evident tuberculous dyscrasia present.

Twenty-four cases were perfectly cured.—The time required to effect a cure varied very much; in one case it was accomplished in ten days; in another robust and healthy man, no less than fourteen weeks were required.

Those cases which sat in suddenly and violently, recovered the most quickly; while those which came on quietly and gradually, recovered slowly.

Sulphur was the remedy which Wurmb relied upon most frequently; it was given in twenty-five cases, without the use of any other remedy; in ten cases it was used either before or after other medicines. When the attack sat in without fever, *Sulphur* was given at once; if much fever or pain was present, other remedies were used previously.

Bryonia was given, when there was fever with violent piercing pains in the chest.

Aconite was used less frequently.

Arsenicum was given in delicate and cachectic patients when there was a suspicion that a deleterious alteration of the exudation would take place, and when the effusion persisted obstinately, and the patient became very weak. In some cases Wurmb says this remedy cannot be praised too highly; it saved life in one almost hopeless case, and relieved several others which seemed very severe.

Lobelia was used in two cases and Spigelia in one, but without benefit.

In pleurisy with effusion, after the severe inflammatory symptoms have been relieved, I have been in the habit of relying upon Hydriodate of Potash; it is surprising to witness the rapidity and celerity with which the most extensive effusions will be removed by it. I have a very distinct recollection of four cases thus treated in adults; and three in children.

The recoveries were generally very rapid. In obstinate cases I should resort to the Muriate of Gold.—PETERS.

REPORT ON HOOPING COUGH.

In the Leipzig Homœopathic Dispensary, in 1854, twenty-seven cases of hooping cough were treated; of these thirteen were cured; three remained away after several visits; and eleven after one visit.

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1st case, a girl aged 4, was cured in 13 days with Cuprum.
2d " " " " 8 " " " 14 " " Belladonna.
3d " " boy " 5 " " " 14 " " Bell. and Ipec.
4th " " girl " 3 " " " 17 " " Ipec. and Cupr.
5th " " boy " 3 " " " 24 " " Tartar-emetic.
6th " " girl " ¾ " " " 24 " " Bell. and Ipec.
7th " " boy " 1 " " " 25 " " Tartar-em. and Belladonna.
8th " " boy " 2 " " " 26 " " Ipec. and Bell.
9th " " " " ¾ " " " 27 " " Tartar-emetic.
10th " " girl " ¾ " " " 28 " " Cham., Ipecac. Cuprum, Verat.
11th " " " " 2½ " " " 28 " " Belladonna.
12th very scrofulous girl 1½ " " " 36 " " Ipec., Ver., Cupr.
13th " " " 8 " " " 40 " " Verat. and Bell.

Belladonna was given in 7 cases.
Ipecac. " " " 5 "
Cuprum " " " 4 "
Tart.-emet. " " " 3 "
Verat.-alb. " " " 3 "

Belladonna was given with success in 6 cases out of 7.
Cuprum " " " " " 3 " " " 4.
Ipecac. " " " " " 1 " " " 5.
Tart.-emet. " " " " " 2 " " " 3.
Veratrum " " " " " 1 " " " 3.

Belladonna alone effected a cure in 2 cases.
Cuprum " " " " 1 "
Tart.-emet. " " " " 2 "

Belladonna effected cures in 14 and 28 days.
Cuprum " " " 13 "
Tart.-emetic " " " 24 " 27 "

Hence the average length of treatment with these remedies was about twenty days.

After other remedies had been given unsuccessfully
Cuprum effected 3 cures, in 9, 11 and 13 days each.
Ipecac. " 1 " " 9 "
Bellad. " 4 " " 11, 14, 19, and 19 days each.
Tart.-emet. " 1 " " 24 days.

In the first or catarrhal stage, Dulcamara and Drosera are the best remedies.

Belladonna was most useful when there was congestion to the head and chest, severe spasmodic cough, and the expectoration took place with great difficulty and exertion.

Dose.—Five drops, night and morning, or three drops, three times a day, of the 3d and 6th decimal dilutions.

Ipecac. was most useful when the attending vomiting was excessive, and even brought up blood, while expectoration was effected with great difficulty and exertion, and the breathing was much oppressed.

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Dose.—Five drops, night and morning, or three drops every four hours, of the 2d and 3d decimal dilution.

Cuprum was given when there were attacks almost like those of spasmodic asthma, the breathing being oppressed or almost suffocative, followed by spasmodic vomiting; the cough being almost uninterrupted, taking away the little patient's breath, and often followed by bleeding of the nose; or convulsive cough, with constant inclination to vomit; rattling upon the chest; gush of bloody mucus from the mouth and nose; blueness of the face and lips.

Dose.—From three to five drops, of the 6th or 12th decimal dilution, every night and morning.

Veratrum-album was always given successfully when the little patients were very weak, dull, relaxed, let their heads droop, were pale, irritable or indifferent, did not play long at a time, had much inclination to sleep, without being refreshed by it; or had an asthenic fever, with small, frequent pulse, with cool, sticky perspirations, considerable thirst, weak digestion, inclination to diarrhœa, and incontinence of urine.

Dose.—Five drops of the 2d and 3d decimal dilution, two or three times a day.

Tartar-emetic was given when the chest was loaded with phlegm, with severe cough, headache, heat and moisture of the hands, cough after eating, and with vomiting of food.

Dose.—One grain dose of the 2d or 3d decimal trituration, two or three times a day.

Remarks.—Turnbull says the average duration of hooping cough is from six to eight weeks, if not checked; but in many instances it lasts as many months.

Wood says it will probably be no great deviation from the truth to state, that in its ordinary course the disease occupies about three months; six weeks being allowed for its formation and progress, two or three weeks for its highest elevation, and three or four for its decline.

But sometimes it disappears in a month or six weeks, while in other cases it is asserted to have run on for two years.

It is evident from the above, that hooping cough has an average duration and course; hence, those physicians are actually culpable who do not give the exact date of the commencement of the disease, when it came under their treatment. Physicians, in their statistics generally count, not from the commencement of the attack, but from the time when it came under their treatment. Hence, if the attack has already lasted three or four weeks, and subsided under their treatment in the course of two or three or four weeks, they claim to have cured the disease in that time, when in all probability nature would have donè as much without their aid. (11.)

I have been in the habit of relying upon Ipecac. and Belladonna in alternation, and generally with a satisfactory amount of success.

I have always been in the habit of giving Bellad. in small doses,

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but some allopathic physicians claim a larger share of success than I can lay claim to, by giving it in large, and almost or decidedly dangerous doses. Thus, Turnbull says, when fully satisfied that the inflammation has been subdued, indicated by a slower pulse, less heat of skin and no active congestion of the brain or lungs, I have then followed the treatment with Belladonna, and my success with this remedy has been most gratifying. Before administering it I tried, in vain, the free use of Cochineal in combination with Alkalies, Assafœtida, Opium, Alum, Hydrocyanic-acid, &c. In every instance in which the system was fully brought under the influence of the Belladonna, indicated by dilatation of the pupil with confused vision and reddened skin, I was enabled to check the annoying cough and hoop of thirteen children during the months of May and June, 1854, and seven cases since that time, making twenty cases in all, eight males and twelve females; the youngest was nine months and the eldest ten years.—TURNUBULL.

"The following was the method followed: The system being prepared by reducing the inflammation, obtain, if possible, English extract of Belladonna, fresh and good; let the extract be triturated with water or simple syrup; if it is to be kept for some time, add a small quantity of Alcohol. The dose for a child three months old is the sixteenth of a grain every three hours, to a child one year, one-eighth of a grain, and so to other ages in proportion.

"Inform the parent or nurse of the change it will produce upon the eye, also that it may redden the skin. When full dilatation of the pupil is brought about, the medicine is to be intermitted until it has gone off again; the Belladonna is to be administered in slightly increasing doses, so as to keep the child under its influence for several days or until the paroxysms are checked, which will usually occur towards the sixth or eighth day of the second stage.

"In the twenty cases cured by the use of the Belladonna the cough and whoop returned in a few cases on exposure to cold, or in disagreeable, windy weather; but by combining the extract with Syrup of Ipecacuanha a few doses soon checked the cough and whoop; in only one case out of this number was it complicated with inflammation of the lungs, and this case recovered.

"The average duration of my twenty cases was ten days after the whoop had commenced, when the case was free from complications, which shows the great advantage of this treatment. The ordinary duration of the disease, when treated in the usual manner, is from 1½ to 3½ months; even by Prussic-acid, or the application of Nitrate of silver, the average given is from two to three weeks. It is stated by Dr. Gibb that, with the use of Nitric-acid, the average duration was only six or seven days. Several physicians who have used this remedy, however, do not find such favorable results from its use.

"I have added to my communication some extracts from the experience of a few distinguished medical men on the use of this important agent, Belladonna."

This remedy was used in hooping cough about the year 1783, by

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Dr. Buckhaave, of Copenhagen, who gave the powdered root in doses of two grains, morning and evening, to a child of five or six years of age. The cure, it is stated, was generally accomplished in from seven to fourteen days. *

Dr. Miquel, (of Neuerhaus,) says the Belladonna is a remedy upon which he can always depend in this disease. In the course of many epidemics which he had observed during fifteen years, he has constantly cured the cough in eight days. †

Dr. Samuel Jackson, of this city, late of Northumberland, who although he was not the first to employ the Belladonna, yet by his valuable publication in 1834 brought its virtues prominently before the medical public, has continued its use for twenty years, and his confidence in it powers to arrest the paroxysm and cure the second stage of hooping cough in the great majority of cases is undiminished.

Dr. Hiram Corson, formerly President of the Medical Society of the State of Pennsylvania, a distinguished practitioner of Montgomery county, Pa., in a paper on the efficacy of Belladonna as a remedy in Pertussis, published in the Amer. Jour. of Med. Science, for Oct, 1852, makes the following observations: "My experience in pertussis had satisfied me that of all the remedies in common use, those recommended by writers upon diseases of children are almost useless. Children affected in the winter continued to cough and strangle and suffer for many weeks with scarcely a perceptible amendment. It was painful to visit and mortifying to prescribe for those afflicted with this malady."

He commenced the use of Belladonna in four cases, and in one week they were all well. His method of using it was to begin with the sixteenth of a grain to children under one year every two hours, and increasing a little every day until full dilatation of the pupil occurred, the skin became flushed and vision confused; this he accomplished by dissolving eight grains of the extract in an ounce of water, nine drops of which contained the eight of a grain.

In an epidemic in 1840, he used the Belladonna in hundreds of cases with great relief in nearly all. By giving it in small doses at first, the fears of the patients were allayed. In 1847-8, he also prescribed it in numerous cases with much success. He concludes his paper in these words: "During the last seventeen years, I have given the extract of Belladonna to hundreds of patients from two months to fifty years of age, and am firmly convinced that it has a greater control over hooping cough, than any other remedy in common use. That while, in a few cases, the system did not seem susceptible to its action in the doses I have prescribed, yet in nearly all the disease yielded quickly. It is a safe and efficient remedy for pertussis in children of any age.

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* Dr. Duncan's Commentaries for 1793, and Dr. Gibb on Pertussis, p. 282, 1854.

† Vol. vii. Amer. Jour. Med. Sciences, p. 524, from Archives Generales, August, 1830.

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Dr. Eberle, in his Treatise on the Diseases of Children, second edition, remarks "that the Belladonna has been highly celebrated, and is without doubt, by far, the best article of the kind we possess. My own experience leads me to testify confidently on this point. I have prescribed it within the last six years, (1834), in perhaps twenty cases, and in the majority of them with evident advantage." Professor Borda, he remarks, was the first he believed who used it as a remedy, and his belief in its efficacy to almost unlimited.

Hufeland and Alibert are almost equally decided in their praise of the virtues of this article.

The mortality from this disease in our city in 1850 was 114; 1852, 168; and for 1853, was 64. In 1853, in the district of Richmond, it occurred as an epidemic. In severe cases, Dr. Janvier used the Belladonna with the best results. "It mitigates the paroxysms better than any other sedative." *

Dr. Condie remarks in his work on diseases of children, that the narcotic from which the greatest amount of benefit is to be anticipated in this disease, is unquestionably the Belladonna; it has been very extensively employed, and the evidence in its favor is strong and conclusive, (by Kahleiss, Janin, Hufeland, Widemann, Raisin, Guibert, Alibert, Shäfer, Laënnec, Müller, Blache, Maunsell and Lombard.)

He further remarks that he had given the Belladonna a very fair trial, and has, in many cases, been pleased with the prompt and decided relief produced by it, "*while in other instances it appeared to exert no influence whatever.*"

I think that this last remark may be often accounted for by the bad character of the Belladonna, which is even found in some of the drug stores in this city, for it is an uncertain preparation unless when procured by evaporation in vacuo, for some samples from some of the Parisian shops were found by Orfila to be quite inert.

Dr. Williams, of London, has used Belladonna with great advantage in his practice. He gives it in quarter-grain doses to a child of two years, increasing the dose to double that quantity or more, where it fails to relieve. He remarks that these doses, in general, cause some dilatation of the pupil, and conceives that *the remedial agency of the drug depends on the same power to diminish irritability of the bronchial and laryngeal muscles which is here evinced with regard to the iris.* †

Dr. G. A. Rees has found Belladonna one of the most efficacious remedies in Pertussis. ‡

Dr. Waller cured two cases with the twelfth of a grain of extract, three times a day; Prussic-acid and Conium had failed in affording any permanent relief. §

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* Report Phila. County Med. Society, for 1853.
† Gibb on hooping cough, p. 284, from Medical Gazette, Feb. 1838.
‡ Diseases of Children, 2d edition, 1844.
§ Lancet, vol. 1, 1845, p. 137.

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Eberle assigns the highest place among narcotics to Belladonna in hooping cough.

Dr. Churchill says that this is perhaps the most influential narcotic and sedative we possess (in pertussis;) it has been very extensively employed, and the evidence in its favor is very strong. *

Belladonna has been eminently useful in the epidemics of hooping cough, which M. Debreyne has observed, but recourse should not be had to it until the inflammatory element has been overcome by leeches, emetics, &c.

Dr. A. T. Thompson says, I have ordered the extract of Belladonna in doses of one-eighth of a grain to a child of eight years, and gradually increased the dose to a quarter of a grain. Its power over the cough is extraordinary. †

I might bring forward the testimony of many other writers, and a mass of evidence from medical practitioners, to establish still more firmly the fact of the efficacy of Belladonna in this peculiar malady, but it will not, I trust, be necessary. (11.)—TURNBULL.

Dr. WILLIAM BANKS' *Valerianate of Zinc in Neuralgia.*—The success we have met with in the administration of the Valerianate of Zinc in neuralgic cases, induces us to call the attention of the profession to the use of that remedy in such diseases. It has certainly been far more effective in our hands than any remedy we have yet used, and we do not doubt but that others, by a similar method of administration, will obtain equally favorable results. We have thus far used low attenuations, $\frac{1}{10}$, $\frac{1}{50}$ and $\frac{1}{100}$, the speedy effect of the drug when administered at these potencies convincing us, that a farther attenuation is unnecessary. Triturated well with the saccharum lactis, in one of the proportions just mentioned, we administer it internally from one to three times per diem, and when the pain is excessive, rub the affected parts from time to time with as much of the powder as will adhere to the finger, when slightly moistened, with which the friction should be made. Here is a condensed account of a few cases treated in this manner.

Case 1.—(Dispensary). September 18th, Miss Eliza Jead. Severe facial neuralgia; has suffered with the disease for more than three years; nothing has yet given her relief. Valerianate of Zinc $\frac{1}{100}$, three times per diem. September 22d. Thinks she feels a very little better, Zinc-Val. continued. Sept. 25th. Declares herself decidedly better. Zinc-val. as before. Sept. 30th. Pain has almost ceased. Zinc-val. two times per diem. Oct. 4th. No longer suffers from the disease. Val.-Zinc. one dose per diem. To-day (December 8th) the patient calls for a gastric affection, and says she has not felt the slightest symptom of neuralgia since early in October.

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* Elements of Materia Medica.

† London Jour. of Med., April, 1850.

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Case 2.—(Private Practice.) October 1st. Mr. M——, Lawyer. Neuralgia of three months' standing. Pain excessive in the inferior maxillary and region of the left temple. Zinc-val. $_1\frac{1}{0}{}_0$, three times per diem, internally. Temple rubbed three or four times a day with same remedy. Oct. 3d. Pain disappeared as if by magic. Oct. 5th. Used tobacco, which brought on a return of the disease. The remedy applied as before with similar result. Oct. 12. Recurrence again of the disease from the use of tobacco. Zinc-val. two times per diem. Oct. 14th. Again relieved by the remedy. Mr. M—— being unable to stop the use of tobacco, has attacks of neuralgia from time to time, but he informs me, a few doses of the Val.-cinc. $\frac{1}{10}$ always moderates the intensity of the pain, if they do not cure, and in spite of the tobacco.

Case 3d.—(Private practice.) Oct. 3d. Madame D—— has suffered from neuralgia for two months. Has been under the treatment of a French physician since the début of the disease, without any result. Zinc-val. two times per diem. Oct. 5th. No improvement. Zinc-val. three times per diem. Oct. 7th. Much better. Zinc-val. two times per diem. Oct. 9th. Augmentation of pain. Severe darting pain under the left eye. Zinc-val. three times per diem, internally, and friction under the eye with the same four times per diem. Oct. 11th. Great improvement. Zinc.-val. three times per diem. Oct. 13th. Improvement continues. Zinc-val. two times per diem. Oct. 15th. Patient al most entirely relieved. Zinc.val. as before. Oct. 17th, 18th and 19th. Continues to grow better. Zinc.-val. one per diem. Oct. 21st. Entirely cured.

Case 4.—(Dispensary practice.) Nov. 30th. Stephanie. French servant in a private family. Severe neuralgic headache, of three weeks' standing. Zinc-val. $_1\frac{1}{0}{}_0$, three times per diem. December 1st. Feels better. Zinc-val. as before. December 3d. Pain ceased.

We could give many more cases of the happy results obtained by the administration of this medicine in neuralgia, but deem these few sufficient to exemplify its action. What is no little in its favor is, that its effects are as marked when administered to the poor at the Dispensary, who are of course most unfavorably placed to receive the full impression of a drug, as when it is administered to the rich. The Valerianate of Zinc can be given either in powder, and allowed to dissolve slowly in the mouth, or in solution, but we consider the first method more efficacious.

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Bibliographical Notices.

1) *A Treatise on General Pathology, by Dr. J. Henlé, Professor of Anatomy and Physiology in Heidelberg, translated from the German, by* Henry C. Preston, *A.M., M.D., of Providence, R. I.* Lindsay & Blakiston, Philadelphia. pp. 390.

We take great pleasure in calling the attention of the profession to this most learned, and beautifully translated volume. It is entirely unnecessary to expatiate upon Henlé's merits: his eminence as a distinguished medical teacher, and as one of the very best modern writers on General Pathology is too well known to need more than the announcement of his name and his work, to assure him and it a warm reception in the medical literature of any country. It only remains for us to make a few remarks upon the merits of Dr. Preston's translation: We unhesitatingly pronounce it to be one of the most successful accomplishments of a difficult task that has ever fallen under our observation. If we had not had much bitter experience to the contrary, we would assume at once, that the task was not a difficult one; the style is so easy and flowing, so perfectly clear and elegant, and the language so precise, that the inference is unavoidable that both the author and translator have been thoroughly in love with and imbued with their subject, so that the present volume seems rather the spontaneous outpouring or overflowing of richly stored and classical minds, than the transcript of the most profound and labored researches into the most hidden intracacies of healthy and diseased action.

This translation reflects credit not only upon Dr. Preston, but also upon the school which he represents. It is no small credit to Homœopathy that its followers who are so generally scouted as illiterate not only in medicine, but in general science, have been among the first to appreciate and introduce to the American Medical Public the labors of the master minds of Germany. The name of Rokitansky, the greatest living authority in Pathological Anatomy, was first made familiar to American physicians, by a homœopathist: the same holds true of Skoda, the present highest authority in Physical Diagnosis; also of Lehmann, the profoundest physiological and pathological chemist; finally, that of Schœnlein, the greatest master of general diagnosis, would have been comparatively unknown here if it were not from the warm and cordial appreciation which he received from homœopathists. Who shall henceforth dare to say that homœopathists neglect general pathology, pathological anatomy, pathological chemistry, physical and rational diagnosis?

It may not be improper to add that a work on general pathology cannot necessarily meet with the extensive sale, which would follow the publication of a domestic treatise or general practice of medicine; hence it is incumbent upon every truly scientific homœopathic physician to welcome this strictly scientific medical work. It was written for, and translated for the benefit of medical men, and not to curry favor, or to control patronage from the lay public. It will help every physician to reach a higher and more scientific basis, and its most extended circulation will not rob him of one of his clients. It appeals to the medical profession alone, and to the homœopathic physician in particular; it should not appeal in vain.

The compiler of almost every treatise on domestic medicine is guilty of the despicable meaness of stealing the best thoughts and best prescriptions

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of truly scientific physicians, and with them he makes a wide-spread reputation for himself with the lay public. Thus, the physician who may stand lowest in the estimation of his colleagues often stands highest in popular estimation.

The compiler of a domestic treatise is sure of his reward both from his publisher, and from an increase of reputation and business. The physician who labors unselfishly for the advancement of his profession, is too often not rewarded by his publisher, nor by his professional brethren. Let this not be the case in the present instance. Let it not happen in any instance.

PETERS.

2) *Clinical Remarks on the Treatment of Pneumonia, by* J. P. TESSIER, *M.D., Physician to the Hospital St.-Marguerite, Paris. Translated by* Dr. HEMPEL; published by Wm. Radde, 322 Broadway. pp. 130.

This book in its original French garb has already been noticed in the 1st vol. of this Journal, it only remains to make a few remarks about the merit of the translation. With very few exceptions this is excellent; one cannot help wondering at the general accuracy and even elegance of the majority of Hempel's translations; a few serious errors have, however, crept into this volume; thus: broncophony is often printed bronchotomy, and worst of all bronchial-respiration, or bronchial souffle, or bronchial blowing-sound is almost invariably translated "bellows' murmur." This might mislead the young student, and will provoke the sneers of the well-trained diagnosticians in the old school. It is due to Dr. Tessier to admit that the mistake is not his, but that of his translator. If Tessier could have been guilty of hearing a bellows' murmur in an inflamed lung, his testimony in favor of any mode of practice would have availed but little. None, but one entirely unpracticed in the physical examination of the chest could have committed so great and serious a blunder, as to locate a sound which is only heard in valvular disease of the heart, in an inflamed lung. Fortunately the error is so glaring that every one who has the least knowledge of diseases of the chest will correct it at once; it is only the very beginner in medicine who can be lead astray.

The paper, type, &c., are exceedingly creditable to the publisher.

PETERS.

3) *Clinical Researches on the Homœopathic Treatment of Asiatic Cholera, by* J. P. TESSIER, *M.D. Translated by* Dr. HEMPEL. pp. 110. Radde.

No possible objection can be found to this translation, nor can we do better, as far as the merits of Tessier's works are concerned, than to quote the remarks of Dr. Geary. (*See Phil. Journ. of Hom.* Nov. 1855.)

"In these two volumes we find the learning of the accomplished scholar, the skill of the experienced physician and the genius of the deep and accurate thinker. Each so fully developed that we do not know, which to admire the most or commend the highest. We are sure that all the members of our school will be willing to subscribe to more hearty and unqualified praise when they have read these volumes for themselves, for they contain the actual observations and experiments of a skilful and thoroughly qualified physician at the bed-side of his patients, grappling with disease step by step, and inch by inch—his only weapons, well-proved, well-tried and well-known homœopathic remedies. Here nothing is risked without proof,

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nothing offered is gratuitous, nothing is forced; every word is a fact, and every fact the result of a trust-worthy experiment. *Such are the books we need.* They contain teachings we can appreciate, they add to the stock of useful knowledge, they advance science, they bring honor to our school."

4) *The Homœopathic Practice of Surgery, by* B. L. HILL, M.D., *Professor of Obstetrics and Diseases of Females, and Late Professor of Surgery in the Western Homœopathic College, and* JAS. G. HUNT, M.D., *Professor of Surgery in the Western Homœopathic College.* pp. 650. Publishers, J. B. Cobb & Co., Cleveland, Ohio.

We hail the appearance of this book for several reasons: 1st, It is an evidence of the success of the Western College of Homœopathy; 2d, it is equally evident that the number of the students and practitioners of homœopathy have increased so largely, that writers can now turn their attention from the compilation of mere domestic treatises to the elaboration of strictly professional books. We trust that all the other professors of the Western College of Homœopathy will find encouragement from the success of the present work to undertake the publication of comprehensive treatises on all the branches of Practical Medicine. It is due to the student of medicine and the beginning practitioner that these works should soon be forthcoming. It would be well if the Professors of the Pennsylvania College would also issue their manuals. The manuals of these rival, but friendly colleges would not interfere with each other. We cannot have too many good books.

The above work is an exceedingly creditable production, with the exception of passages of flashy writing and criticisms which may be more or less natural to the western country and to an active and enthusiastic mind.

Additional value has been given to this work by the contributions of other physicians, among which those of Dr. Neidhard stand pre-eminent for their faithfulness, ingenuity and modesty.

We are also glad to see that the editors have not confined themselves to a monotonous repetition of what others have said and written before them, but have introduced their own experience in the use of various indigenous remedies; in short, the work is well calculated to train medical students into prompt, ingenious and thoroughly practical surgeons.

Still in a work of this size, a few errors and omissions are apt to be met with: thus, at page 208, Part 1, while the operation of Lithotomy is under consideration, we suddenly pass at p. 209 into the midst of observations on cancer—fortunately the omission, as far as the details of the operation for lithotomy is concerned, is made up on page 209, Part 2—but we look in vain for the commencement of the chapter on cancer—it seems, as if several or many pages had been omitted. It is to be hoped that this deficiency will be supplied at once. Some of the wood-cuts are quite indistinct.—PETERS.

5) *Surgery and its adaptation to Homœopathic Practice, by* WM. J. HELMUTH, M.D. pp. 650. Moss & Brother, Philad.

Quite unexpectedly, and some time after the reception of Hill & Hunt's work on Surgery, the present volume was received from the publishers—we would rather have welcomed a Treatise on diseases of the lungs, heart, kidneys, or other organs, but we are not at all disinclined on that account to deal fairly and kindly with the twin-work on Surgery.

This manual is of very convenient size, handsomely got up as regards

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paper, type and illustrations. It is carefully and well written, the style being easy and flowing, all the directions clear and distinct; it is evidently compiled from the best authorities in surgery, and the practice recommended is sound homœopathic practice. In both these manuals the great fault, if it be one, is the abundance of suggestions as regards treatment; so many remedies are suggested that it must be a constant temptation to the young beginner to change his remedy. Either book can be safely placed in the hands of the young practitioner; the strict Hahnemannian will give the preference to Helmuth's, and the more progressive may select Hill & Hunt. We wish them both success; the majority of homœopathic physicians will doubtless possess themselves of both of them. The calm, methodical and careful homœopathic physician will doubtless prefer Helmuth's work; while the ambitious and progressive young physician will be inclined to select Hill & Hunt's. The perusal of Helmuth's work is invariably followed by a sense of repose and confidence in the directions given; while the western manual tempts one to get experience of one's own, to essay new methods and to try new remedies. The one is a fitting representation of the conservative school of homœopathy; the other of the progressive.—PETERS.

6) *A complete Treatise on Diseases of the Eyes, based on Rückert's Clinical Experience*, by JOHN C. PETERS, M.D. pp. 280. Wm. Radde, 322 Broadway.

This volume simply consists of the Treatises on internal and external diseases of the eye, bound into one volume.

7) *A complete Treatise on Diseases of the Brain, based on Rückert's Clinical Experience*, by JOHN C. PETERS, M.D.

This forms a good sized book of about 625 pages; it consists, however, of the four treatises on headache, apoplexy, mental derangement, inflammatory and organic diseases of the brain, already published some time ago, bound up into one volume.

We hope that other physicians will be encouraged not only by the success of these volumes, but by the absolute necessity which exists for compendious treatises on the diseases of many other organs to turn their attention from the compilation of domestic medical books, to the elaboration of such as are useful to the profession.

8) *A Treatise on Internal Diseases of the Eye, based on Rückert's Clinical Experience*, by JOHN C. PETERS, M.D.

This second volume on Diseases of the Eye completes the diseases of this organ in a more or less perfect manner; although it had been advertised for some time as preparing for the press, the first volume, "on External Diseases of the Eye," has generally been noticed by reviewers as if it were incomplete. If the first volume has generally been found valuable and useful, it seems to us that the present one will be found still more so, treating as it does of more serious and complicated disorders. The principal aim of Dr. Peters seems to be, not so much to publish immature opinions of his own, but to append accurate descriptions and pathological views of diseases taken from the most reliable authorities, to the immense number of cases of homœopathic cures collected with so much faithfulness by Rückert. This labor is an exceedingly necessary one, as homœopathic physicians as yet have paid far more attention to the minutiæ and intricacies of drug-action, than to diagnosis and pathology.

We trust that the promised volume on Diseases of the Nose, Throat and Ears will soon be forthcoming.

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9) *An Address read before the Congress of British Homœopathic Practitioners, held at London, July 4th*, 1855, by J. J. GARTH WILKINSON, M.D.

We have just completed the perusal of the above address, and have derived pleasure from every line. The originality, the practical good sense, and the agreeable style of Dr. WILKINSON in whatever he undertakes, have long been familiar to us; and we congratulate the profession that his able pen is rendering such excellent service to the cause of homœopathy.

The following extracts from the pamphlet will give the reader an idea of its quality.—MARCY.

"The established medicine will perhaps last some time yet, unless unforeseen events hasten its ruin; for it is a vast property, or plant, representing a capital of many millions sterling: with the force of many ages in its trunk: with the fact that not long ago it was the best thing going, because it was the only thing; defended too by a disciplined and instinctive army of respectable gentlemen, in this country fifty or sixty thousand strong, with all their numerous connexions and dependents: and now, in its old age, when it has got through the stratum of living soil, rooting deeper and deeper in the tough clay of orthodoxy, apathy, respectability, general deafness, flourishing journalism, scorn, infidelity to new ideas, white chokers, hard-heartedness, and extreme propriety. A sick tree like that may, as Sir Hamilton Seymour said of Turkey, be a long time in dying. And even when it is dead, it may make a good show of everything but leaves and fruits, and in the winter, which is seven months out of the twelve, and the profitable medical time, it may stand bare among the bare, and challenge a very good comparison. Nevertheless, there is a score upon it, a deathy chalk mark, which is a providential hieroglyph of the coming axe.

Now, in this old corporation, medicine is an art and mystery: not only a separate profession, but a fenced, paled, and invisible park of society, with advertisement of man-traps and spring-guns to all intruders. The public has no business there; for it is corporate private property. Under that regime, the people has nothing to do with prescriptions, but to swallow them. 'Tis a medical despotism, with *secrecy* and *espionage* working as right and left eyes in the head of absolute power. The secrecy is humanely couched: the apparatus of medicine is concealed, lest the ignorant public, like children playing with loaded pistols, should kill themselves, and thus enter the other world without making that seemly difficult bow to this world which is implied in dying according to art. And the secrecy also incidentally brings grist to the mill, and keeps up the proper monopoly of the medical guild; whose aim is thus accomplished, of limiting domestic medicine to the smallest, and beyond that, making it impossible. The espionage lies in the jealous overseeing of all and singular patients by the doctors, to keep them pure from "homœopathy and its kindred delusions;" in the insinuation that those persons who fall into these are of unsound mind; whereby they are tabooed in their neighborhoods, medically excommunicated, and not only run risk of not dying according to art, but also of not associating with the best circles during their very improper and insulting sojourn upon earth. Such is this old corporation, which is protected by the state in a measure which the most favored Church dare not now hope to be, and which veils itself from the public sight, in order to prey the more securely *ex-privilegio* upon the public vitality."

"The history of homœopathy is a short one, and a private: it has established its superiority to other systems in the treatment of cholera; and its return, solicited by the Board of Health, and in nowise discredited by

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Sir B. Hall and Dr. Macloughlin, the Government Inspector, have been omitted from the published documents of the Board of Health. This power of benefitting mankind has been burked in the Government office, and the hand that brought it struck with a foul weapon of unfairness. The Russian massacre at Hango was villainous bad, but this is worse vile. Among barbarous tribes, doctors who can really cure, are respected: even cannibals would eat *them* last: but Sir Benjamin Hall's Office allows no truce to the unorthodox saviours of human lives. This a great fact, and in the face of fair England looking on, should give us muscle for our conflict.

And the rest of our winter's history is like unto this: we have been burked throughout: burked by *The Times* and the leading journals: burked by the war minister: burked by the health minister: burked by both Houses of Parliament: burked by old physic, with all its connexions and dependencies. But some of this is our own fault.

When our armies were festering with wounds, rotting with disease, and perishing with want, humane homœopathic gentlemen found that it was "too bad," and that homœopathy, in the hands of the government, might alleviate the evils. In what voice of thunder did their pent indignation mutter? With what efficient tools of argument did they address a power which was known to have a heart of gutta-percha, and a head of brass? Upon what great arena did they plead their cause? And what doughty leader carried their challenge to the lists?—They met in a parlor. They mentioned homœopathy in a memorial. They drove towards greatness in a brougham. They appeared in the full feather of respectability in the war minister's ante-chamber. Lord Grosvenor was their guide. Unscathed in the conflict of compliments, they were bowed out again; and duly informed that the war minister was an infidel; which they knew before. And there the matter ended.

The memorial had its lesson. It was presented by earls and lords. It was signed by one archbishop, two dukes, one marquis, and eighteen other members of the House of Lords: by forty-nine peers' sons, baronets, and members of Parliament: and by many other "great people." Time was in old England when a cause of such amazing and instant interest as this, would have had a different concoction, another battle-field, a Runnymede instead of an exquisite's boudoir, and rather more of steel and less of gold lace about the leaders. The Houses of Lords and Commons were not remote from those spurless knightly gentlemen. There were at least twenty members of each Parliament among them. One would have thought in the humblest common sense, that the floor of those houses was the pleading-place for homœopathy in an hour of national wailing and peril. Yet all the forty sat voiceless there while a hundred opportunities for striking homœopathy into debate, ran by unheaded. Nothing would have been easier than to have caused homœopathists to be examined before the Sebastopol Committee, to hear what their suggestions were; whether *they* could have done better: or could anyway repair the medical incompetency and downfall. Nothing could have been more justly glorious. A member of Parliament requires some horse to mount, to carry him to honorable distinction: and here was a brave one which would have borne him right into the thick of his country's honor. The occasion was ready: the whole subject laid down: statistics were there: the breakdown of the opposite thing was sunplain: the country was tender-hearted with calamity; the House was the sore point of the cowering and cheeping ministers; dukes, by the momentary flashes of the truths of sorrow, were seen to be flunkeys for that hour; and there was not in fact a hindrance in the whole horizon, unless it were the apparation-bugaboo of Mr. Wakley, and the looming of medical anti-

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votes at some remote election. But a parlor was snugger: a small party was stiller: a memorial was less fatiguing and more polite: it pledged to no movement, and could easily be forgotten: and so the winter was a winter indeed, and Lord Panmure, so far as homœopathy is concerned, has hybernated through it, after being comfortably tucked in by his friend, Lord Robert Grosvenor, who then retired himself, with London stones crying out at his window, into Sabbatical rest.

Yet somehow or other, the memorialists did good without intending it: they accidentally caught the tail of *The Lancet* in the shut parlor door, and made the creature squeal horribly. It squealed on the 7th day of April. Its last about homœopathy,—and the last of everything is its tail,—was, that the thing was utterly evaporated and earthless; whereas, in parading all the inverted comma "great people" who were now knocking at Lord P.'s gate to introduce homœopathy to him, this mendacious tail was most undoubtedly caught: and there is reason to believe, nipped off. Henceforth, then, at our public dinners, Wakley's brush shall hang as his sole life-trophy over the head of Lord Robert Grosvenor.

Let us peruse somewhat this *Lancet* tail-joint, or article. (I believe articulus is Latin for a joint.) The editor will not "condescend upon this occasion to enter upon any facts or argument to prove the transcendental folly of what is called the homœopathic system." He is careful to explain what is *not* going to be the staple of his remarks. I almost thought after *that*, he was going to sing a song; because, barring facts and argument, the next ready thing is certainly poetry. Yet he went on in prose. He says, he "denies *in toto* that a knowledge of theology, skill in manœuvring soldiers, the art of navigation and naval warefare, or patent faculty for legislation, carry with them the slightest competency for judging of the effects of medicinal agents upon the human frame in health and disease." He is assuredly right here. It would be a shocking look-out for all common flesh if men did not know when they are well or ill, and when treatment is making them better or worse, unless they were profound divines, generals, admirals, or peers of the realm. In that case they would be obliged to take the doctor's word for it; which is what we object to. On the contrary, that which gives them competency for this decision, is their very skins, and the consciousness of ailing, or well-being, which God has put inside them. To this must be added the solicitous faces of friends about them, who by signs that they fully understand, and which vitally concern them, "judge of the effects of medicinal agents upon the human frame in health and disease." The same law by which a patient would be precluded from judging a system of medicine, and changing it for another and a better system, would also prevent him from calling in further advice in any case: the ear of each patient would be nailed to the doctor's doorpost; and appeal to physician, or other doctor, would be impossible. The sick would find it as difficult to move from place to place, as it is difficult to get out of Russia without a permit from the Czar. We seem then to have the editor with us so far. Yet subsequently we find that a knowledge of "the science of medicine" is indispensable "for judging of the effects of medicinal agents upon the human frame in health and disease." I can't think so. If that were the case, none but the most expert physicians could ever find out whether they were ill or well. A consciously sick man would be an impossibility, except in the case of graduates, M.D.'s, M.R.C.S.E.'s, and L.A.C.'s. More impossible still would be a consciously cured man out of the sacred pale of Esculapius. No man could know whether his stomach-ache had been removed until at the end of an entire curriculum of medical studies. The old first make-talk of friends, "How

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do you do this morning," would be like asking your coachman for the quadrature of the circle, or examining clodpoles on the Eleusinian mysteries. "Pretty well, I thank you," would involve a degree of presumption, for which no prosecution could be too sharp, and no damages demanded by colleges, excessive. Nay, further, this would tell badly for the poor doctors. For as the consciousness of being in good or bad health would not exist at all among the laity, who would be more and more insensate to pain the worse their complaints were, so by a kind of process from the zoophyte to the angle, this consciousness would be developed, grade after grade, through successive stages in the medical profession, and only at the top be complete. An apothecary, small in "the science of medicine," and "in those sciences upon which medicine is built," might gropingly and remotely suspect that he had a cough, or an influenza, or a passing diarrhœa, and might even aspire on his twilight Pisgah, or Primrose Hill of physic, to cognize a clap afar off; but that would certainly snip his wings, and bound his narrow horizon. An M.R.C.S.E. might rise higher, and disport himself through the twinges of very slight inflammations. But the great honors of disease, the manglings and truncations, the leprous and encrusted crowns, are not yet for small deer like him. Revelation in this Wakley sphere is sternly gradual, like degrees themselves. The purest surgeons alone could feel the noble pangs of the stone, and wear the poisoned chemise of the syphilis. They, first of men, would know when their limbs were lopped by battle, or their bodies crushed in railway collisions. But the last revealment and supreme prize-money of pain would be for the men stupendous in diagnosis, and awful in technicality; the top and bigwig of the tree would have agonies and parasites all its own: and the court physicians would sit grand in very hells. Dire reversal of *fiat experimentum in corpore vili!* Exquisitely-consciously bursting with dropsies; ruining with diabeteses; purpling and cauliflowering with motley funguses; mouthing and snorting through dusky apoplexies; currying to their veriest grains after unsearchable itches; withering with palsies; zigzagging with choreas; fizzing in fiery fevers; and spitting with consumptions,—the Wakley magnates would eat of the tree of knowledge to ghastly purpose: and whenever nature or fortune chose, they would *be* what they *know*. How dreadful would the advances of the science of medicine, and of the other "sciences upon which it is based," become! A prudent man would not prelude with even the A B C of botany, or electricity, or chemistry, or the remotest thread-ends of walks that might conduct him, alas! too soon, into this infernal spider's web! For whose flesh would like to be the anvil on which these blood-warm sciences are smithied? Schwann and Schleiden and their malignant crew; Bowman unravelling his deep kidney; and Kiernan brooding cruel amid the mystic meshes of the liver,—would be malefactors of the deepest die! Preparitors of beds of torture to which the inquisition is a coarse joke! And the men themselves, if they had Bright's disease, or gin liver, would feel thrills of anatomic damnation such as Dante never dreamed! Imagine their nicely-dissected screams from behind the impenetrable curtain of degrees and honors that would shroud their sacred suffering persons from the apathetic populations! *1st voice*—"Oh! Kakangelist of pain! Oh! heinous Dr. Carpenter! Oh! the impish nucleoli in my abominable cell-germs!" *2d voice*—"Oh! the cursed epithelial disks in my cursed tubuli uriniferi!" *3d voice*—"Oh! the white-hot fiend's dagger sticking in the fifteenth fibre to the right round the corner, in my dreadful stylo-mastoid foramen!" *4th voice*—"Oh! crucified n. 11 in my glandulæ Peyeri sive solitariæ!" *Chorus of voices*—"Villanous colleges! ye have brought me to this! Father Esculapius undub

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me! Father Esculapius undub me! confer upon me the bliss of ignorance of the horrid 'science of medicine,' and of the other horrid 'sciences upon which it is based.'" This undoubtedly would be the tune with which the wise Wakley would wind up medical education. Of course his silly commonalty would *have* all the maladies, just as at present; but like stumps of trees they would never *know* they had them. Furthermore, as science of medicine is science of disease, the doctors would be the only people that ever knew that they were ill; they would in fact have no conciousness of any other kind; for they would be essences too professional to trench on other departments; and thus they would no longer be men, but like Shakespeare's Trinculo, sheer abstract cramps and stomach-aches. The laity on the other hand would be the only people who ever knew that they were well. And this logical consequence would come, that the laity, ignorant of the science of pain, and of "the other sciences upon which it is based," could never have the blind presumption to call the doctors in at all. And this would be the wise Wakley's wind-up of medical practice."

"Another point with *The Lancet*, is the advice it gives Lord Panmure. He is to follow the example of our allies. "No French minister," says the article, "would so far forget what was due to science and to his country, or so far lose sight of the bounds of his own understanding, as to decide upon questions of special science. The course a French minister would take, would be to consult the Academy of Medicine." Now Harvey and Jenner did take this course of consulting the Academy of Medicine; but, not liking their sentence, they had to consult somebody else after that: they went to the people of England, and to future ages of the world, and got another sentence. The railway men were bolder: they did not appeal to any solemn senate of old coaches; but went about their constructions at once: and now even Mr. Wakley rides in railway cars. Moreover, Napoleon III. did not consult the Academy when he sent out Headland's camphor bottles to the Crimea."

"Often indeed have I thought, that *old physic has in it all the marks of quackery* which it considers distinctive of that thing: only that it is quackery on the corporate scale, not on the individual. First, secrecy. The pharmacopeia is a vast repertory of patent medicines, not public medicines: the profession as one man keeps its own secret. The pharmacopeia is *ad clerum*. 2. Arbitrary or spontaneous generation: self-dubbing. For the profession never had a grandfather, nor hardly a father: it has not descended from the past, but starts up anew, with a kind of animal life born of the circumstance that there is a vacant place for making a livelihood, and somebody may fill it: in order to have a human past, you must have progressive principles, and these old physic has not: failing them, it is a vast corporate quackery. 3. Enormous drugging; and pay in proportion to enormity: the very essence of Morison's pills. 4. Pretence to Panacea; as shewn in the refusal to look further; to look at homœopathy: a prime indication of a corporate quackery. 5. Pretence to property in physic; and leaning upon the state for protection: the very opprobrium of nostrum-mongers. 6. Glaring self-advertisement, in the public lists of the colleges, and in the medical directories, which indicate for all men the real Simons Pure, with whom medical wisdom lives and dies. 7. The maintenance of journals, for the derision of all but those Simons, and for *their* puffing.—I could go on long with this: but enough has been said to draft out the features of the corporate quack complete; in all the armor of a large unrighteousness. On contemplating these things, the poor individual quacks come cooing about me like very doves: and my heart asks, Who has called them quacks, and wherefore? If it is the arch-quack of all, then I main-

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tain at once that they have the presumption of the best diploma. Welcome, after that, mesmerists, kinesipathists, herbalists, galvanists, even nostrum-mongers, there is surely some good in ye! You are at least warriors against those bad old walls!"—MARCY.

10) *Homœopathy explained, or the Old and the New Schools of Medical Practice compared, by* Dr. J. G. CRAGIN. Mobile, Alabama, pp. 28.

This is an exceedingly meritorious compilation; we trust that it will accomplish the author's object, that of aiding him in confirming the faith of his friends, and silencing some of the opposition of his enemies.—PETERS.

Miscellaneous Items.

Galvanism as an agent for introducing metalic substances into any particular organ or tissue of the body, or for extracting such substances from the body.

When alluding to this subject in the last number of the Journal, it was our intention to prepare for the present issue, a detailed account of the various processes by which the above objects could be accomplished, and brief reports of cases which have been cured by these agencies. Upon reflection, however, we are convinced that such an *exposé* would be injudicious, since it would afford an opportunity for quacks and other incompetent persons to sieze upon it for mercenary purposes, and thus convert the discovery into an engine of mischief instead of good.

It will give us great pleasure to communicate by letter with any respectable physician upon the subject, and make known the different processes which have been found successful, so that the benefits of the discovery can be introduced into all parts of the United States. The only reward we require is that records of cases be kept, and the results be communicated to the world for the benefit of mankind. Our only object in this matter has been, and will continue to be to advance the interests of homœopathic medicine, by placing our suggestions in the hands of the profession. We take the liberty of publishing the following letter from our esteemed friend, Dr. Leon, of New-Orleans, to whom we communicated a number of our processes several years ago.—MARCY.

(*Letter of Dr. Leon.*)

NEW-ORLEANS, Nov. 10, 1855.

Dear Doctor:—I received your favor of the 31st ult. to-day, and hasten to reply.

I remember distinctly the conversation we had, when first I had the pleasure of seeing you in the summer of 1851. You then stated to me the perfect feasibility of passing mineral substances through the different tissues of the body for the purpose of removing disease by means of galvanism, and of extracting minerals from the body by means of galvanic baths and other appliances. You then stated to me, you were constantly experimenting upon the subject, and expected soon to perfect all these processes. You would then make it known to the profession. You said, your sole aim and object was to benefit mankind, and as soon as you had perfected the same, you would made it public. I am positive this conversation occurred in the summer of 1851. I was much interested, at the time, in your success, and knew you had perseverance and the will to accomplish what you had undertaken.

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I recollect a case of enlarged and indurated tonsils, of a Miss S. of this city, whom you cured permanently in 1852. The remedies were introduced by means of galvanism. I was present several times at your office and witnessed the beneficial effects of this mode of treatment.

I am willing to swear to what I have written as the truth.

Many thanks for your kind wishes, I remain—Yours with regard

A. LEON, M.D.

Wurmb and Caspar's Hospital. Vienna.

In this hospital Dr. Wurmb visits every afternoon, and Dr. Caspar every morning. The beds are generally filled with acute cases; typhoid fever and pneumonia are the most numerous, although erysipelas, intermittents and rheumatism are common enough. These two physicians devote much time and care in the establishment of an exact diagnosis, and all the physical modes of exploration are in constant use by them; in short they are completely competent in all the niceties of modern diagnosis. They use the 3d and 6th decimal dilutions exclusively. Formerly they experimented with the 30th dilution exclusively, and Dr. Caspar thinks, that the later results are decidedly the most satisfactory. Wurmb is particularly satisfied with the good effects of Sulphur in hastening the resolution of hepatization in pneumonia; and with the results of Arsenicum, Rhus and Phos.-ac. in typhoid fever.—PETERS.

Report of the Leopoldstadt Homœopathic Hospital in Vienna, by Dr. WURMB.

This institution was opened in 1850; during the years 1850, 1851, and 1852, the 30th dilutions were mainly depended upon; in 1853 and 1854, the 6th dilutions were used almost exclusively.

In these five years, 3789 patients were admitted;
of these 3165 " " cured;
381 " " not cured;
211 " " died;
and 32 " " remain.

In 1850, 727 were admitted, 42 died, or 5.7 per-cent.
1851, 737 " " 35 " " 4.7 "
1852, 776 " " 40. " " 5.1 "
1853, 828 " " 48 " " 5.4 "
1854, 721 " " 46 " " 6.3 "
Hence the average proportions of deaths is 5.5 "

Besides, in 1850, 156 cholera patients were treated, with 98 recoveries, and 58 deaths.—PETERS.

Homœopathic Statistics, fully developed of Cholera.

Physicians.	*No. of cases.*	*Recoveries.*	*Deaths.*
Rummel	44.	28.	16.
Knorre	37.	21.	16.
Reil	107.	71.	36.
Schweikert	30.	20.	10.
Drysdale	175.	130.	45.
Fleischmann	732.	488.	244.
Buchner	96.	71.	25.
	1221.	829.	392.

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These cases are reported by well known and honorable homœopathic physicians, and the average loss in fully developed cholera seems to be about 31 per-cent.

Physicians.	*No. of cases.*	*Recoveries.*	*Deaths.*
Adler	255.	245.	10.
Hofrichter	97.	90.	7.
Clerc	121.	118.	3.
	473.	453.	20.

These latter cases are reported by comparatively unknown physicians and are doubtless not reliable as far as regards fully developed true asiatic cholera. Up to the present time Fleischmann has treated 1202 cholera patients, with 793 recoveries and 409 deaths, or about 33 per-cent. of mortality. He says he has tried every homœopathic remedy, again and again, and according to his experience, Veratrum remains the best remedy in general, while Secale is most useful when cramps are present, and Nux when the urine is suppressed. It is very singular that the most homœopathic remedies, such as Elaterium, Croton-oil, &c., are not more frequently used.—Peters.

Fleischmann's Hospital Experience.

During the twenty years that the Vienna homœopathic hospital has been under the charge of the veteran Fleischmann, upwards of 60,000 out-door patients have been treated.

In-door patients	17,313.
Recoveries	15,734.
Discharged uncured	447.
Deaths	1,087.

Per-centage of deaths 6 per-cent., although of the 1087 deaths no less than 466 were cases of absolutely incurable disease.

Erysipelas: 514 cases, 510 recoveries, 4 deaths; in this disease he never used any other remedies than Belladonna and Rhus.

Diarrhœas: 323 cases, 319 recoveries, 3 deaths; Ipec., Phos.-ac., Pulsat., Merc.-sol. and Veratrum were the remedies most frequently used.

Ophthalmias: 130 cases, 129 recoveries; Hepar, and Sulphur were decidedly the most useful remedies in scrofulous ophthalmia.

Arthritis: 888 cases, 877 recoveries, 7 deaths; Bryonia, Arnica, Rhus and Sulphur were the most useful remedies.

Quinsy: 920 cases, 919 recoveries, 1 death; he never required any other remedies than Bellad. and Merc.

Inflammation of the valves of the heart: 57 cases, 56 recoveries, and 1 death, Spigelia was the only remedy used.

Inflammations of the Lungs: 1,058 cases, 1,004 recoveries, 48 deaths. Phosphor was altogether the most useful remedy, in both sexes, at every age, and every stage of the disease.

Gastric fever: 1,181 cases, 1,173 recoveries, 7 deaths.

Rheumatic fever: 1,417 cases, 1,416 recoveries.

Typhus fever: 3,165 cases, 2,779 recoveries, 368 deaths. After trying many remedies he always returned again to Arsenicum as the most useful remedy; next to it is Kreosote.

Intermittent fever: 1,066 cases, 1,059 recoveries, 6 deaths; the most useful remedies were Ipecac. and Nux; next Arsenicum and Quinine in triturations; then China and Pulsatilla; in the dropsies which sometimes follow, even in the most extreme degrees, Aurum proved the most useful remedy.—Peters.

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Report of Dr. Fleischmann's Cases, treated in the Homœopathic Hospital of the Sisters of Charity in Gumpendorf, Austria, from January, 1835, to January, 1854, translated from the German, by Otto Füllgraff, M.D., New-York.

Form of Diseases.	Admitted.	Cured.	Died.	Discharged uncured.	Remaining under treatment.	Transferred to Dr. Fleischmann by his predecessor.
Abscess of the brain.	4		3	1		
Aneurism of the heart	1		1			
Asthma	2	2				
Apoplexy	15	9	3	3		
Angina	920	918	1		1	1
Age, debility of old	74		43	31		
Bronchitis	35	33	2			
Burns	64	64				
Breast, caked	3	3				
Caries	7	7				
Cancer	7		3	4		
Canker	5	5				
Cholerine, sporadic	64	56	8			
Croup	2	2				
Chorea	4	3		1		
Chilblains	15	15				
Cough, acute and chr.	593	570	17	6		
" spasmodic	50	50				
Colic, lead	68	67	1			
" of different nature	92	92				
Chlorosis	143	123		20		
Consumption	9		6	3		
Diarrhœa	323	319	3		1	
Debility nervous	4			4		
Dysentery	103	100	3			
Dropsy, anasarca	41	31	9		1	
" of the abdomen	15	9	5	2		1
" " chest	7	1	5	1		
" " ovaries	2			2		
" " brain	17		17			
" " heart	3	1	2			
" " lungs	50		45	5		
Emphys. of the lungs	5		5			
Eruptions, Small-pox	194	173	14	6	1	
" herpes	34	32		2		
" miliary	8	5	3			
" zona	1	1				
" porigo	14	14				
" measles	109	107	2			
" urticaria	12	12				
" psoric	22	20		2		
" erysipelatous	510	508	4	2		4
" scarlatina	89	84	7			2
" varicella	169	168	1			
Exudations in the cavity of the chest	63	54	5	4		
Fractures of the lower limbs	3	3				
Fever inflammatory	37	36	1			
" gastric	1179	1173	7	1		2
" catarrhal	424	419	5			
" typhus	3165	2779	368	3	15	
" rheumatic	1417	1416			1	
" intermittent	1066	1059	6		1	
Gastricism	244	244				
Gout	175	166	7	3	1	2
Hæmoptisis	124	110	11	2	1	
Hæmatemesis	3	2		1		
Hæmorrh. of the lungs	3		3			
Hæmorrhoids	24	24				
Hoarseness, chronic	23	19	1	1	2	
Heart, diseases of the (organic)	50		26	42		
Hypochondriasis and Hysteria	10	10				
Headaches	125	125				
Inflam. of the aorta	2	2				
" " Eyes	98	98			1	1
" " " scroful.	31	31				
" " peritoneum	215	204	11			
" " bladder	6	6				
" " chest (ext.)	16	16				
" " bowels	9	6	3			
" " brain	30	26	4	1		1
" articulations, joints	887	877	7		4	1
" " ovaries	3	3				
" " liver	7	7				
" valves of the heart	57	56	1			
" " lungs	1058	1004	48		6	
" " womb	2	2				
" " spleen	2	2				
" " kidneys	3	3				
" " ears	21	20		1		
" spinal marrow	2	2				
" " veins	3		3			
" " pleuræ	46	142	4			
" cellular tissue	8	8				
Jaundice	87	87		1		1
Influenza	68	67	1			
Imbecility	2			2		
Leucorrhœa	2	2				
Liver, diseases of the	3	3				
Mania acutus	15	13		2		
Menstruation anom.	45	45				
Morbus werlhofii	2	2				
Nævi materni	8		3	5		
Nose, hæmorr. of the	3	2	1			
Paralysis	17	16		1		
Pericarditis	15	15				
Phthisis pulmonalis.	366		237	127	3	1
Rheumat. of the chest	47	47	1			1
" acute and chron.	759	756	2		1	
Scurvy	5	4		1		
Strabismus	2	2				
Scrofulosis	63	46	13			
Stomach deranged	89	89				
Stomach, softening of	2		2			
" induration of the	10		1	9		
Spasm	144	144				
Sprains	3	3				
Tænia solitaria	2			2		
Talipes	8	6		2		
Tubercles of diff. org	212		82	130	1	1
Trembling in metal workers	2	2				
Ulcers of diff. descript.	482	467	8	5	2	
" of the stomach	10		1	9		
Vertigo	4	4				
Vomiting of various descriptions	63	62			1	
Wounds	135	133		1	1	
Total	17294	15734	1087	447	45	19

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Our Medical Colleges.

We have an earnest word of reproof to make against the homæopathic fraternity in all parts of the United States, for the little interest they take in the welfare of our excellent medical institutions at Cleveland and Philadelphia.

Both of these colleges are perfectly well endowed with every facility for imparting instruction in every branch pertaining to medicine and surgery, they have the same number of professorships as can be found in the most favored university of the other school, and their professors will compare favorably with those of any medical college in America.

Why then do not all homœopathic physicians exert their influence in favor of these schools? Why do they not take measures to inform themselves and their students, of the *superior* advantages which these institutions possess, in preparing students to become practitioners of homœopathy?

The able work on surgery which has recently been issued from the press by one of the professors of the college at Cleveland, shows us what kind of *materiel* may be found there. And we know from personal acquaintance with several gentlemen connected with the Philadelphia school, that the student can no where find more competent teachers.

We say then to our brethren in the West, exert yourselves earnestly in behalf of your young, vigorous, and excellent college; and to our friends in the East, patronize your own institution, instead of some patent allopathic one which is constantly misrepresenting the doctrines you advocate. Let there exist throughout the length and breadth of the land, an *esprit du corps* both with regard to our doctrines and our institutions, so that our students may receive instruction where they will no longer be subjected to the insults and sneers of bigoted professors of allopathy.—Marcy.

On the Action of Ozone on Miasmata. By M. Schönbein.—M. Schönbein's additional researches have still further developed the analogy of this substance to chlorine, and leave no doubt of the injurious effects it may exert on the respiratory organs when in excess. Mice soon perish in an atmosphere containing 1-6000. The quantity which prevails in the atmosphere is very variable, being proportionate to the amount of electricity, and therefore at its maximum in winter, and its minimum in summer. It is, however, highly probable that, when existing only in minute quantities, it exerts a purifying effect on the atmosphere by destroying various deleterious miasmata. There are

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a great number of inorganic gaseous bodies, which, when diffused in scarcely appreciable quantities, yet render the air irrespirable—such as the gaseous compound of hydrogen with Selenium, Sulphur, Phosphorus, and Arsenic, gases characterized by the facility with which they become oxidized. Ozone belongs to a class of bodies which, as agents of oxidation, rapidly destroy these hydrogenous compounds. An incessant source of miasmata exists in the variety of gaseous compounds which are incessantly liberated by the decomposition of innumerable masses of organic beings which perish on the surface of our globe. Although the composition of these is unknown, it is to be supposed that their accumulation would render the air unfit for respiration. Nature has, however, provided the means of destroying such deleterious compounds as fast as they are generated, for M. Schönbein regards ozone, which is so constantly generated under electrical influence, and is so powerful an agent of oxidation, even at ordinary temperature, as specially destined to that end. His experiments prove that air containing 1-6000 of ozone, can disinfect 540 times its volume of air produced from highly putrid meat; or that air containing 1-3,240,000 of ozone can disinfect an equal volume of air so corrupted. Such experiments show how little appreciable by weight miasmata may be, which are yet sensible to the smell, and how small is the proportion of ozone necessary for the destruction of all the miasmata produced by the putrefaction of organic matter, and diffused in the atmosphere.

We may admit that the electrical discharges which occur incessantly in different parts of the atmosphere, and determine there the the formation of ozone, purify the air by ridding it of oxidizable miasmata. At the same time that these are destroyed by ozone, the organic miasmata cause its own disappearance, and prevent dangerous accumulation of it. The opinion that storms purify the air may not be without foundation, as a large quantity of ozone is then produced. In the author's experiments he has always found a large proportion of ozone in the vicinity of the stormy clouds on the Jura; and air ozonized by phosphorus for experiment, gives forth a similar smell to that perceived amidst storms in mountainous regions. It is very probable, that in certain localities the balance between the ozone and miasmata does not prevail, and disease may be the consequence. As a general rule, however, numerous experiments have shown that the air contains free ozone, (though in very different proportions,) so that no free oxidizable miasmata can there exist. M. Schönbein recommends that the atmosphere should be tested for ozone, in localities and at periods where fevers and other forms of disease prevail, so that the results of accumulated observations may be obtained.—*Arch. des Sciences.—Medico-Chirurgical Review, July*, 1852, *p.* 254.

On Fluor Albus.—From the examination of a large number of cases at La Charité, Berlin, Dr. Beigel arrives at the following conclusions: 1. The secretion of the uterus is always slightly alkaline, that of the

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vagina and urethra acid, and that of the Duverney glands neutral. If the secretion is found sometimes acid and sometimes alkaline, this depends upon whether the uterus or the vagina furnishes the largest share. The discharge is, however, almost always sour, as the acid reaction of the vaginal secretion is too considerable to be neutralized by the uterine fluid. It is impossible to declare the infectious or innocuous character of the discharge from its acidity or alkalescence. 2. Great viscidity (*Zähigkeit*) of the secretion indicates that it is uterine. 3. Milk-white secretion, that is, not viscid or filiform, denotes simple vaginal catarrh. 4. A puriform condition results from acute or chronic gonorrhœa, but may also depend upon other conditions. In the first case, the urethra and Duverney's glands are especially affected, but not so in the others. 5. The microscope enables us to distinguish whether the discharge proceeds especially from the uterus or the vagina, and also whether it consists merely in an increased separation of epithelial cells (simple catarrh), or is accompanied by the formation of pus-cells (blenorrhœa). 6. The author has carefully sought for, without ever finding, the *trichomonas vaginalis*, which Donné states to be characteristic of infectious fluor albus; but the changed epithelial cells, enclosed in tough mucous, bear a great resemblance to the figures he has given.—*Monatsch. für Geburtsk.* Band V. 459.

There is nothing more certain in medical practice than the fact, that those who attempt to cure local symptoms on the principle of considering them as manifestations simply of local disease, are very often disappointed in their expectations of effecting a cure; and so, in leucorrhœa, the constitutional as well as the local causes must be taken into account, if we hope to be successful. Our author very properly insists upon this necessary connexion between local and general causes: amongst the latter he enumerates plethora, debility, prolonged lactation, the strumous habit, skin-diseases, influence of climate; and amongst the former, rectal irritation, vesical and urethral irritation, vaginal and uterine irritation, gestation, abortion and labor, &c. He argues strongly against the views of many, that almost all the conditions upon which leucorrhœa depends may be referred to *inflammation of the os and cervix uteri*. That such it not really the case, daily experience convinces us; and we feel sure that more careful and extended observations will satisfy those who think that almost every case they examine presents ulceration of the os and cervix uteri, that many such are of a nature entirely different from inflammation and ulceration, and are simply epithelial abrasions; and, moreover, that the remedies for inflammation are not the most suitable for their cure. We have long suspected that the frequency and importance of inflammations and ulcerations of the os and cervix have been much overrated, and that the discrepancies between different observers upon this point have had their origin in a mistaken diagnosis. We entirely agree with Dr. Tyler Smith, that "the term *epithelial abrasion* should, in the great majority of cases, take the place of *ulcera*

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tion; and that the words *irritation* or *relaxation* should generally take the place which has been assigned to *inflammation.*"

With regard to the treatment of leucorrhœa generally, it does not appear that advancement has been made at all in proportion to the increased employment of local investigations and applications. Before the minds of physicians were so much engaged about the use of the speculum, and the appearances it unfolded to their sight, they seemed to take a more general and impartial view of the disease, and treated it upon those general principles, constitutionally and locally, which in most diseases are the surest guide to recovery. And although it must in fairness be acknowledged, that by the speculum we have been enabled to discover and treat successfully many conditions which might have escaped our notice otherwise, it cannot, at the same time, be denied that the instrument has been subjected to great abuse—that it has been employed often more as a matter of course than of necessity—that it has sometimes been used for the purpose, it would almost seem, of impressing a patient with a greater notion of the capability and accuracy of the doctor, as compared with others who may have thought it unnecessary—and last, though not least, that its general application has engendered in the minds of some patients a morbid desire to know what it reveals, and had a tendency to abate that delicate sensitiveness on the part of females which ought to protect them from every unnecessary infringement of their natural modesty and strictly moral feelings. It may be thought we are straining a point in thus combating an indiscriminate use of the speculum; but we do so under a firm persuasion that it is very often used without occasion, that its abuse is gradually becoming more general and frequent, and that when so employed it has a tendency to undermine those bulwarks which are the protection of the weaker sex against improper and indecent interference with their purity of mind and body. Against the genuine and necessary employment of the speculum we should be the last to object, and, with that qualification, would rather rejoice in having been supplied with so useful a means of distinguishing and treating many conditions of disease.

With regard to the local treatment of leucorrhœa, we have found, from no little experience, that, provided suitable constitutional means have been put into operation, there are many cases in which nothing more than daily washings-out of the vagina, and the strictest attention to rest and cleanliness, will be required. Our habit is almost invariably, in the first instance, to advise the use of tepid or cold water daily; not simply by injecting into the vagina, and allowing it to come away as it may, but by thorough washing of the whole vagina and os uteri for several minutes at a time, by means of an enema syringe, fitted with a female end, so as to clear away every particle of discharge that may be lying in the vagina, or around the os and cervix uteri. This will have the effect of allowing granulations or excoriations to heal, instead of being irritated by the uterine or vaginal secretions; it will cause the relaxed vagina to contract, and afford

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better support to the uterus; and altogether contribute very much indeed to the comfort of the patient. In obstinate cases, after these washings, a syringe full of astringent lotion—Alum, Lead, Zinc, or Nitrate of Silver—is injected, and allowed to remain as long as convenient; and it is only when these simple, but generally effectual, means fail, that we resort to the speculum, and direct local applications to the os-uteri.—*Dr. Tyler Smith on Leucorrhœa.*

On Wines in Relation to the Amount of Phosphorus they contain.—Dr. Kletzinsky, as the result of an extensive comparative analysis of different wines, draws the following conclusions as to their phosphatic contents: 1. Phosphate of Magnesia is a constant constituent part of wine, independently of locality, goodness, or age. 2. The quantity of phosphoric salts undergoes considerable variations. 3. These hold a very direct and certain relation to the goodness of the wine; so that their quantitative determination is, perhaps, a better measure of this than is that of the alcohol or extractive. The therapeutical employment of wines has hitherto been guided by the amount of extractive, alcohol, and free acid, they contain: but this additional element, owing to the agency of phosphorus in the reparation of the nervous, muscular, and osseous structures, is of no less importance in the direction of our choice. Reconvalescence in typhus, or exhausting exudative processes, the so-called adynamiæ, and the crowd of chronic affections that, chemically speaking, depend upon a poverty of phosphorus, exhibiting themselves, sooner or later, in the form of rickets, scrofula, or neuralgia, indicate the employment of wines containing a large proportion of phosphorus. In vain do we endeavor to relieve diseases characterized by an excessive consumption of phosphorus, (*Phosphoro-phthisis,*) by the administration of calcined oyster-shells, bone-ash, the ostheolites, and phosphorites of the mineralogists, or any other combination of inorganic phosphorus with lime. They pass through the alimentary canal, unabsorbed and unassimilated, the possibility of assimilation depending upon organic combinations.

The author gives a tabular view of the results of his analysis of the several wines, exhibiting their per-centage of alcohol, extractive, and phosphates. As far as the last are concerned, we find that Tokay contains 5 per 1000, Menes and Malaga, 4; Madeira and Sherry, $3\frac{3}{4}$; Santorino, $3\frac{1}{3}$; Cyprus, $3\frac{1}{4}$; Cape, $2\frac{1}{6}$; Château-Lafitte, 2; Rhenish Wines, $1\frac{1}{2}$; Champagne, $1\frac{1}{4}$.

Rapid Detection of Sugar.—M. Botte has several times employed the method suggested by Liebig of quickly detecting sugar. A small quantity of ox-gall is dissolved in the suspected fluid in a test-glass, and a quantity of concentrated Sulphuric-acid equal in amount to that of the fluid in the glass is rapidly added, care being taken to pour it along the side of the glass. If sugar is present a beautiful purpurine is immediately produced.—*Rev. Médicale,* June, p. 685.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

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Original and Translated Papers.

ARTICLE XXVII.—*Nervous Sympathies pathologically considered, with some original ideas concerning the Anatomical Structure of the Nervous System, selected from the "General Pathology, by Dr. F. Henle, Professor of Anatomy and Physiology, in the University of Göttingen, translated by* HENRY C. PRESTON, A.M. M.D.

It is a fact ascertained by experiment, that the nerves communicate their conditions of excitement to each other; and it is also proved that the communication does not take place within the nervous trunks, but only in the grey substance which lies between and around the nervous filament, that is, in the ganglia; in the appropriately so-called central organs, the brain and spinal marrow and the ganglia, which structures I comprehend under the common appellation "central organs." Communication of excitement, in the central organs of the nervous system, is the cause of all the undoubted nervous sympathies. The laws according to which excitement is propagated in the central organs, are at the same time the laws of sympathy.

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It is impossible to demonstrate this propagation in any other way than by that of juxta-position. This view, forming the basis of the ancient theories of sympathy, must refer to the connexion of the nervous branches in the trunks, or to a connection of the consensually excitable parts by a peculiar nervous system, the sympathetic. Even among sensitive plants, we see the consequences of irritation spreading from the irritated point; and, for example, in the *mimosa pudica*, after touching one of the feathery leaflets, we see those of the same leaf, and then also those of the neighboring leaves, gradually curl up and close together. And even in inorganic nature, the phenomena of the conduction and communication of caloric, the induction of electricity, &c., present analogous relations. The propagation of any effect to the parts contiguous, is so consonant with the ideas which we obtain from the constant contemplation of the material world, that the transition of a morbid symptom, of a pain or an eruption, to the parts immediately surrounding it seems hardly to need explanation; and the idea of a sympathy, as a mysterious internal connection, scarcely occurs to us, unless he communication of sympathetic excitement proceeds by sudden ransitions from the centre to the periphery.

Now there may be nerves contiguous to each other, in the central-organs, which diverge towards the periphery, and thereby remote parts of the body are brought into the same sympathetic connection, as if the irritation was propagated immediately from one to the other. Suppose the origin of the filaments A and B lie near each other in the spinal marrow or brain. Of these, the one went to the right, the other to the left side; then the irritation of a limited portion of the central organ must produce sensation or motion in both sides. Now, if within the tissue of the central organ a communication of irritation takes place, then irritation of the filament A is extended to the filament B; and, for instance, even pressure alone upon A. B. determines to sympathetic motion and sensation. As sensitive nerves possess the faculty of transmitting their excitement to the central organ, the effect is the same, whether the nervous filament be excited at the peripheric or at the central extremity, and a peripheric irritation of a sensitive filament A, must, in the same manner, be communicated to the filament B, and may appear again at the

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peripheric extremity of B. If B is a motor filament, then contraction ensues in the muscles to which it is distributed; and if it is sensitive, a sensation may be perceived apparently in its peripheric extremity, as it is a well known fact that a sensation is easily transferred to the peripheric extremity, even where the irritation comes in contact with the sensitive nervous trunk at a higher point of its course. Still it is necessary to recollect, that even as the result of communicated excitement, each nerve reacts only in its specific energy. The muscular nerve, irritated by the nerves of sight, of hearing, or of feeling, can only bring about contraction; the auditory nerve, sympathetically excited by the nerves of sight, or of touch, or of any other sense can only hear, &c.

If our knowledge of the arrangement of the separate origin of the nerves in the central organs were complete, it would be only necessary to demonstrate that the nerves, which come in contact with each other, also stand, par excellence, in sympathy with each other. But we are yet far from any such insight into the structure of the nervous system. The sympathies between the peripheric parts of the body are much better known to us; and if it were only proved that consensually excitable nerves are contiguous in their course towards the central organs, we might inversely from their sympathies conclude with much more certainty upon the structure of the central organ. The proposition, that nervous sympathy may be the result of a propagation of excitement, according to the contiguity of the nervous filaments, is therefore to be considered as nothing more than a hypothesis, which is more worthy of being adopted, the more frequent, on the one hand, are the sympathies between presumably contiguous nervous filaments, and on the other, the more probable it may be made to appear that sympathically connected nerves approach each other at their central extremities.

All conjectures concerning the arrangements of the nervous filaments in the central organs, are founded partly upon anatomical and partly upon physiological investigations. The filaments of all the nerves, and of the medullary substance of the central organs, are divided, according to their effects, into three groups; motor, sensitive, and such as will excite neither motion nor sensation, but seem only to serve the functions of the soul:

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I call them psychical. The latter occur independently in the hemispheres of the cerebrum and in the corpus callosum.

The sensitive filaments are farther divided, according to the specific sensation in which they react; the motor, according to the nature of the contractile tissues whose motions they produce. If we take into consideration the anatomical structure of the latter, we must distinguish the nerves of the varicose fibres, of the smooth muscular fibres, and of the contractile cellular tissue. If we regard the physiological properties of the muscles, the division of motor nerves into voluntary and involuntary obtains. In so far as the structure of contractile fibres has a definite, though not perfectly constant relation to their physiological property, the corresponding group of nerves also coincide, although not without exception. At the same time, the voluntary nerves are the nerves of varicose, the involuntary the nerves of the smooth muscular fibres, and of the cellular tissue, although the nerves of the heart and œsophagus, which belong to varicose muscles form an exception, being not voluntarily moveable. In the former division of the nerves into *animal* and *organic* or *vegetative*, the physiological principle was chiefly considered, and hence animal and organic fibres are tolerably synonymous with voluntary and involuntary motor fibres. On account of this ambiguity, it will be prudent to suppress entirely the terms animal, organic and vegetative.

Of the organs which are not under the control of the will, some, with respect to their conduct towards irritants, approximate the voluntary muscles more closely than others; some are excited by galvanism, and do not react against cold, others are insensible to galvanism, and contract upon the application of cold. To the first kind belong the viscera (in a narrow sense so-called, the bowels and excretories) and the heart; to the second class belong the vessels and the skin. Upon these groups it will be judicious to establish also corresponding divisions among the nerves, and hence I shall distinguish *visceral* and *heart-nerves*, (*organo-motor*), vascular nerves (*vaso-motor*) and nerves of the cellular tissue, and I would have it particularly understood, that the nerves of the heart are not comprehended under the vaso-motor or vascular nerves.

Anatomy teaches that even the fibrous structures, in the widest sense of the word, that is, those formed of cellular tissue,

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not contractile membranes and ligaments, are furnished with nerves. But it is not yet definitely ascertained whether these nerves interfuse the sensibility of the parts mentioned, whether they belong to the vessels of the same, or whether they exhaust the tonicity, whose existence is demonstrated by the vacillations between atony and contraction, in the ligaments and aponeuroses, at least.

We have distinguished nervous filaments according to the tissues in which they are inserted, and according to their forces; we have still to mention a third principle of division, namely, according to the diameter of the filaments. In this respect they are divided into two classes, coarse and fine, which in many places contrast strongly with each other, even when they are transitions to others. In their peripheric expansion all filaments seem to become fine; in the brain and spinal-marrow both coarse and fine filaments, are seen in close proximity; and it yet remains a matter of doubt, whether the two kinds have here a different office, whether they continue on in the corresponding filaments of the trunks, or whether the fine filaments of the brain and spinal-marrow, in their passage through the nervous trunks, become coarse filaments, in the same manner as the coarse filaments of the trunks become fine in their peripheric expansion. But in the nervous trunks we see both coarse and fine filaments regularly distributed.

Of the sensitive nerves, the filaments of the higher nerves of sense, like the cerebral filaments, are fine, in contrast with the coarser filaments of the peculiar nerves of touch.

The filaments in the trunks and branches which go to the voluntary muscles, are remarkably coarse, intermixed with only a few fine filaments: and the nerves of the heart consist of fine filaments only, and the nerves of the stomach almost entirely of such. The nerves of the skin and mucous membranes exhibit both kinds of filaments, mixed in less constant proportions, and not without transitions from the one to the other: still the nerves of the mucous membranes seem somewhat more abundant in fine filaments than those of the cutis; the nerves of the teeth, and of the bills of birds more deficient in these than the nerves of the fine mucous membranes, in which the number of fine filaments may twenty-five times exceed those of the coarse (*nerv. nasalis*). In the branches which go to the

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glands, the fine filaments seem throughout to be more numerous than in the cutaneous nerves. The nervous filaments which accompany blood-vessels are always fine.

The question now arises, whether these stated differences of calibre bear a constant relation either to the insertion, or to the physiological importance of the nerves? In order to solve the first question directly and anatomically, we must first demonstrate to which of the tissues of a compound organ, for instance of a viscus or a gland, the different filaments of a compound nerve go, whether to the sensitive mucous membrane, to the muscular fibres, to the glandular cells, or to the vessels. One thing only is certain, that the calibre of the nerves is not necessarily connected with the nature of the muscular fibres, because the varicose bundle of the heart, the smooth fibres of most of the viscera and of the arteries, and the cellular tissue of the veins are supplied by the same class of nerves.

From these, and other facts, it follows with more probability that the fine nerves are not the nerves of voluntary motion. Volkmann's experiments teach, that where they happen together with coarse filaments in the voluntary muscles, they are not capable, of themselves, of producing contraction. On the contrary, the heart receives none but fine nerves. The fine filaments also are proved as the nerves of the vessels, by the fact of their expansion in organs in which no other motor apparatus is provided, and by the vascular paralysis which follows section or division of these nervous branches, which transmit fine filaments to the organs. Whether they also supply the smooth muscles of the bowels and excretories, or whether the coarse filaments included in the splanchnic nerves belong to these, is not so easy to decide. If the number of the latter seems inconsiderable, we must remember how seldom, generally, nervous filaments are seen in smooth muscles, and that in this species of muscle we know not how great may be the dominion which is swayed by any single nervous filament. I have seen but one single proof mentioned for the presumption that the fine filaments may be also organo-motor; and this remains to be corroborated and generally proved, namely, that in the nerves which go to moveable viscera, and those supplied with contractile layers, fine filaments are included in relatively greater number

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than among the nerves of equally sensitive membranes, but fastened to solid walls.

But the fine filaments, even if they are never the organs of voluntary motion, are in no case the exclusive organs of involuntary motion. Take for example the muscles of respiration, whose motions differ from those of the heart only in so far as they are capable of more voluntary modification. As to the œsophagus and stomach, Volkmann adds the exception, that they may include the coarse filaments in more considerable quantity.

But among the fine filaments of the splanchnic nerves, are there any *sensitive*, or to speak more generally, *centripetal* filaments? Volkmann demonstrates that the fine filaments which are met with in the trunks of the nerves of the extremities are not sensitive. Direct experiments, by irritation of the splanchnic nerves, teach only that their sensibility is slight, and this the small number of coarse as of fine sensitive filaments may account for. But if organs to which sensibility, or at least the faculty of being aroused to reflected motions cannot be denied, contain no others than fine filaments, such organs must of course be also capable of centripetal conduction. Accordingly, among the exclusively fine filaments of the nerves of the heart, and of many fibrous membranes, are also sensitive filaments, which apparently do not differ from the motor filaments.

In regard to the nervous filaments, therefore, we arrive at a similar conclusion as with a respect to the contractile tissues, namely, that there are forms microscopically different, and distributed according to typical laws; but that the form alone is not sufficient to ascertain the physiological importance of each single filament.

Let us now turn to investigations concerning the course of nervous filaments towards the central organ, and concerning its relation to that organ: and allow me here to premise the remark that in discussing anatomical views, I place the origin of all nervous filaments in the periphery, and their termination in the central organs, without regard to the direction which they take.

Anatomical and physiological facts teach, in general, that the sensitive and motor nerves are collected together in branches and trunks, and after frequent mutual interchange of filaments,

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enter the brain and spinal-marrow, nearly in the order that they originate peripherically. Thus, for instance, in the thorax, where the formation is the most regular, one nervous trunk corresponds to the cutaneous and muscular nerves of each intercostal space, and the nerves of the vertebral region corresponding to the intercostal space arrive at the medulla spinalis, together with the synonymous intercostal nervous trunk. Anatomy shows us individual exceptions; for example, the *nervous phrenicus* first ascends through the entire cavity of the chest in order to mingle its filaments with those of the middle cervical nerves, or the trunk of the *nervus vagus* contains branches from the auditory region and from the stomach. The nerves of the intestines seem to bear a similar relation to those of the trunk, if, from the difficulty of following the course of the filaments anatomically in man, and notwithstanding the uncertainty of physiological experiments, we may place any value upon the results of comparative anatomy. In the inferior vertebrated animals, for instance, the nerves originating in the viscera proceed in the great tract of the sympathetic a considerable distance upward before they are connected with an intercostal nerve by the *ramus communicans*. Accordingly, the nerves of the viscera come from a deeper region than the nerves of the abdominal walls, which come in ontact with them in the same trunk. Inversely, the nerves om the tongue, in the *ramus descendens hypoglossi*, and the motor nerves of the *iris*, in the trunk of the sympathetic, go downwards to the trunks of the cervical nerves.

Neither anatomical investigation nor experiment have hitherto given adequate information as to what law regulates the connexion of the vascular nerves to the others. Where the nerves of motion and sensation of a part are collected in separate trunks, as in the head, the vascular nerves seem to run their course with the sensitive, and partly at least to go downwards in the sympathetic; in the nervous plexus of the splanchnia sensitive, organo- and vaso-motor nerves undoubtedly lie contiguous to each other; the vascular nerves of the extremities and of the sides of the trunk may enter partly into their spinal nervous trunk, partly with the arteries into the cavities of the body, and the *plexuses* of the *nervus sympathicus*. One fact may be cited in favor of this view, viz., that the nerves of muscles, which are required in different combinations and for different purposes may be asso-

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ciated in separate branches, over each of which one of the specific functions of the muscular group presides. According to Bernard, the vocal motions of the muscles of the larynx are dependent upon the filaments of the accessorius, the respiratory motions upon the *vagus*. After section of the former the vocal cords are no longer contracted and are not sufficiently approximated to produce sound, although the dilatations and contractions of the glottis continue isochronous with the respiration.

Among the peripheric nerves the transition of filaments from one lateral half to the other is very rare; we see exact lateral spasms, paralyses and anæsthia. The optic nerves perhaps form an exception, if in each root of the chiasmus filaments from both retina actually combine, instead of being a complete crossing of the filaments. The vascular nerves of the body may also be laterally affected, as is seen in the lateral forms of erysipelas, in zoster, lateral diaphoresis, lateral œdema, or atrophy of paralysed parts, for example of the face and of the tongue. Among the viscera, on the contrary, the rule is, that the nervous cords of each half of the body draw their filaments from both lateral halves; not merely among the hollow viscera and those lying in the median line of the body, as the stomach, intestine, bladder, heart, &c., but also those that are in pairs. Thus each *vagus* contains branches from both lungs, which are oppositely interchanged in the *plexus pulmonalis;* so also it is possible, that the nerves of the kidneys, testicles, ovaries, corpora cavernosa, &c., in the single plexus within which they meet, may in part pass over to the opposite side, a fact of course which can only be decided by anatomy and experiment. The consequence of this arrangement is, that destruction of the nervous trunks of one side does not completely paralyse the organs, and irritation of either affects both halves.

All nervous filaments at last enter into the central organ, some into ganglia, others into the spinal marrow, others into the brain. Anatomically speaking, therefore, they are ganglionic, spinal or cerebral nerves. It is known of the spinal, and one of the cerebral nerves, that they separate their motor and sensitive filaments into two roots, before their entrance into the central organ. Strictly considered, only the motor root should be called a spinal or cerebral nerve, because the sensitive roots go into the

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ganglia (*ganglia spinalia et gasseri.*) But it has always been thought an established fact, and certainly with reason, that these roots only penetrate through the ganglia, and hence the latter have been described as only swelling on the former.

If, through the nervous roots, the filaments of each half of the body enter the brain and spinal marrow, so nearly in the order in which they originate contiguously in the periphery, the corresponding filaments of both halves of the body also approach each other at their entrance into the central organ; at least the insertion of symmetrical filaments takes place in equal rank. The same cannot be said of the ganglionic nerves. It is true that the ganglia of the sympathetic and the scattered ganglia at the upper part of the sympathetic are symmetrically arranged; but the nerves which they receive are not thereby rendered contiguous. On the contrary, many of them contain a mixture of filaments from both halves of the body. And this is particularly the case where, as in most of the viscera not in pairs, there are single ganglia between the peripheric beginning of the nerves and the sympathetic, which are not perforated by filaments. When certain filaments only pass through the last ganglia of the sympathicus, and after having passed through them continue on to the central organs, they enter these like the symmetrical nerves of the body.

In general, the point of insertion of the nerves in the spinal marrow is opposite the intervertebral foramen, through which the nerves pass into the vertebral cavity and the central point of insertion is therefore on the same level with the intercostal space and the vertebral region whose filaments convey the nerves to the central organ. It is well known, that the lower spinal nerves form an exception, by running a certain distance upwards in the vertebral canal; and the lower the point at which they enter, the greater the distance. The *nervus accessorius* forms a striking exception, in that it reaches the cranial cavity along with the vagus, and then goes downwards with the greatest part of its filaments, and in company with the cervical nerves sends its bundle of filaments into the spinal marrow.

We now approach the most important, but the most difficult part of this investigation, viz., to pursue the course of nervous filaments in the internal substance of the central organs. Are

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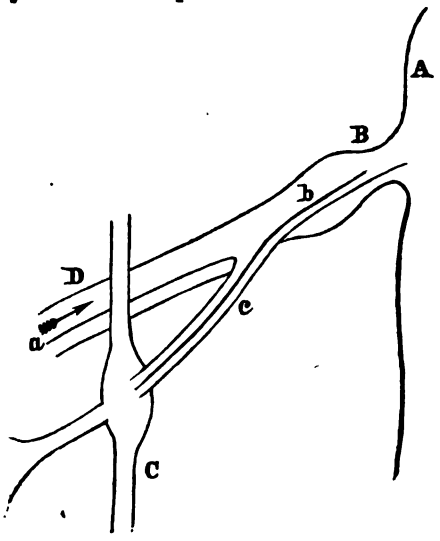
the names ganglionic, cerebral and spinal nerves intended to denote that the filaments terminate, or according to the usual mode of expression, originate in the organs which they first reach, or are all nerves collected at last in the spinal marrow and brain, or altogether in the brain alone? Both opinions have found their advocates; but the truth, (to use an expression as common as the corresponding fact,) lies between the two.

If we confine ourselves to the pure anatomical facts, we may assert:

1. Of the ganglia, that filaments may terminate in them as well as go through them. One argument for the termination of the nervous filaments in the ganglia may be drawn from a comparison of the mass of nerves which enter them from the periphery, with the mass of so-called roots, i. e. of the branches running from the ganglia to the spinal-marrow; a comparison which has never been exactly instituted except in frogs, and which in all probability would show a much less excess of the peripheric nerves, among the higher vertebrated animals. Another argument may be adduced from the transition of nervous filaments into the ganglionic bulbs, determined by the aid of the microscope: perhaps also the convoluted form of the nervous filaments within the ganglia may be considered as an evidence of their termination in them. But the coarser organization of the *ganglion gasseri*, the spinal ganglia and many others, teaches us that a number, and sometimes a considerable number of the filaments entering the ganglia merely pass through them, and corroborates the microscopic analysis of the smaller ganglia. Anatomy gives us no definite and tangible conclusion with regard to the ganglia of medium calibre, like those in the tract of the great sympathetic. In regard to those ganglia, all that can be said concerning the proportion of filaments entering to those issuing from them is mere conjecture. A consideration of the form, that is, of the calibre of nervous filaments furnishes some points of support. Still, as we have never seen any other than fine filaments terminate in the ganglionic bulbs, and as the coarse filaments of the peripheric branches and those of the roots nearly correspond in number, these latter may be considered as perforating the ganglia and continuing on to the spinal-marrow. The question whether they arrive there by the anterior or pos-

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terior roots, or by both, is still undecided and awaits its solution by the microscope.



In regard to the fine filaments, which lie in the connecting branches of the sympathetic nerve, and of the intercostal nerves, it may be said that their course is of a triple kind, as is represented in the annexed cut; one part (*a*) comes from the peripheric portion of the intercostal nerves (*D*); another part (*b*) remains in the spinal ganglion (*B*); a third row of filaments (*c*) (in the higher vertebrated animals more numerous than in reptiles) appears to perforate the spinal ganglion and to enter the medulla-spinalis or brain (*A*). These are the ones, therefore, with regard to which the question is raised, whether they are continuations of those entering the sympathetic (*c*) from the periphery, or new filaments establishing a connexion between the ganglia and the spinal-marrow, or lastly, whether they come from the central-organs, as the place of their peripheric expansion, and terminate in the ganglia. Anatomy does not, at present, decide this point; it furnishes only one fact, which, to say the least, is not favorable to the latter explanation, namely, that in the spinal-marrow of the frog fine filaments terminate in the ganglionic bulbs. But the theory which derives the fine filaments collectively from the sympathetic system, and at the same time makes them the organs of involuntary motion, fails to apply in the nerves, which, arising from the spinal-marrow, set in motion the lymphatic heart of the frog; because either those nerves consist of coarse filaments, and their involuntary motions may depend also upon coarse filaments, or they consist of fine filaments, and their fine filaments must also arise from the spinal marrow.

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2. In regard to the spinal-marrow, it may be demonstrated, upon the same grounds as in regard to the ganglia, that it does not conduct all fine filaments to the brain. The medulla spinalis does not increase in size from below upwards, as must be the case if all the nervous filaments entering it pursued their course continuously in it to the brain, and the mass of white substance in the cervical region would be far exceeded by the mass of accumulated spinal nerves. The termination of nervous filaments in the ganglionic bulbs of the spinal-marrow, is demonstrated as has been mentioned; but whether any filaments at all pass uninterruptedly from their point of entrance through the spinal-marrow and into the brain, is more difficult to decide than in the ganglia. Most of the microscopical observers are certainly of this opinion; but, as Volkmann justly says, it is only a comparatively slight depth to which nervous filaments have ever been pursued in the spinal-marrow. Anatomical investigations, therefore, are not adequate to disprove the hypothesis which maintains that all peripherically-entering filaments terminate in the spinal-marrow, and that the medullary substance of the spinal-marrow itself consists of new filaments.

But where anatomical investigation does not suffice, we have, in physiological experiment, a means of pursuing the course of nervous filaments. The result is the same, when we irritate a nervous filament at its peripheric extremity, or high up in the trunk, or in the roots. So far as the consequence of an irritation of the central organs resembles that of irritation of the trunk and roots, so far have we to deal with continuations of entered nerves. Upon this reasoning is founded the ancient opinion, that the nerves of voluntary motion and sensation of the collective parts of the body ascend in the anterior and posterior cords of the medulla-spinalis, and then, after being crossed, may be contained in the medulla-oblongata and even in the crura-cerebri. This supposition has caused those truly inefficient attempts to prove the passage of the motor nerves of the sexual parts, digestive organs and heart, into the spinal-marrow and brain. But, that all the nerves of the viscera do not terminate in the sympathetic, is already proved by the course of the motor filaments of the œsophagus and stomach, which are conducted in the roots of the vagus to the medulla-oblongata.

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Farther, as nervous filaments soon lose their functions unless connected with the grey substance, the destruction of the central organ or section of its nerves affords likewise a means of ascertaining the course of the nervous filaments in the central organs, although a very limited means only. If the tone and function of a nerve is lost after the destruction of a central organ, this only proves that between the destroyed central organ and its peripheric extremity the nerve penetrates no grey substance; but it does not prove that this nerve does not ascend to the brain on the cerebral side of the destroyed central organ. On the other hand, if the tone of a nerve is preserved after the destruction of a central organ, it is not thereby proved that it has not been included in the destroyed central organ, but only that it finds new masses of grey substance between this organ and its own peripheric extremity. These results would be tolerably positive, if the preservation or extinction of the tone were alone to settle the point; but in many cases the question is with regard to a *plus* or *minus*, to mere restriction of energy, partial paralysis, or retarding of the rhythm; and when this is the case, we should not directly conclude that the nerve-filaments to be examined, may have been connected with the ganglionic bulbs of the destroyed central organs, because every destruction of large masses of grey substance depresses to the evident extent the forces of the nervous system. Now, if we reflect how the facts derived from experience in man and the higher vertebrated animals, are continually thrown together with the results of experiments on reptiles, whilst a comparison of the sympathetic and cerebro-spinal nervous masses in both classes of animals must lead to a difference in the signification of the central organ, we shall readily be able to explain the contradiction of opinions which prevail in this department. If we destroy the brain and spinal-marrow in frogs, and preserve only the medulla oblongata, still the circulation and the motions of the disgestive organs may be sustained for a long time. But to argue from this, that the ganglia of the sympathetic alone govern the said motions, is inadmissible; because the medulla-oblongata can just as well send nerves to the heart and intestinal canal, as to the muscles of respiration. Again, in frogs, the bladder seems to receive its nerves directly from the spinal-marrow, as it becomes para-

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lysed after extirpation of the latter. The infiltration and gangrenous destruction of the lower extremities of the frogs operated on, which might have been considered as a proof of the dependence of circulation upon the medulla-spinalis may now be explained as the consequence of increased activity of the lymphatic heart, which is set in motion by the nerves of the spinal-column. The action of their lymphatic heart is particularly interesting, on account of the conclusive results which the experiment affords. This is seen at a determinate and limited spot in the cervical and lumbar portions of the spinal-marrow, at which the nerves, on the one side of the anterior, on the other of the posterior cords, enter into the lymphatic heart, and terminate, and become combined to produce the desired motion.

In the higher vertebrated animals, we may appeal to the effects of the loss of the brain and spinal marrow, as authentic proof of the independence of the sympathetic nervous system; and in fact there is no doubt, that integrity of the brain may not be altogether an indispensable requisite for the motions of the vegetative organs. It may not, with equal certainty be argued that the spinal marrow is not indispensable, because cases are related of children born without a spinal-marrow, who lived for hours and days, breathed, took nourishment and made motions, but we should receive such statements with some mistrust. On the other hand, paralysis of the rectum and of the urinary bladder, after wounds or destruction of the lower part of the spinal-marrow, is something very common, and we should not attribute the retention of stool and urine in these cases to paralysis of the abdominal muscles, if we remembered how frequently animals discharge both excrement and urine after opening the abdomen. A case of Roberton shows the influence of the cervical portion of the spinal-marrow upon the motions of the heart, where after a wound of the upper cervical vertebræ, which injured the vertebral canals, attacks of syncope occurred with extraordinary slowness of the pulse. The observation of Buniva, that injections penetrate the arteries of living animals only where the spinal-marrow has previously been destroyed, seems inexplicable, if we do not admit the influence of the spinal-marrow upon the tone of the arteries; and the same is the case with the remark of Schrœder, of Kolk and Platner, that the destruction of the

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spinal-marrow prevents disgorgement of the arteries after death. In proof of the dependence of the vascular nerves upon the brain and spinal-marrow, we may farther adduce,—the excretions of persons hanged, and of paraphlegics, the œdema of the epidermis, and particularly in the serous and mucous membranes of parts which are paralysed by injury of the spinal-marrow, or lie within the affected parts, the inflammations and ulcerations in the kidneys and the mucous membrane of the bladder after injuries of the medulla spinalis, perhaps also the extensive abdominal inflammations which Schiff observed after section of the *thalamus nervi optici*. I may here also mention the inflammation of the uvula connected with inflammation of the cervical portion of the spinal-marrow, the peritonitis and nephritis connected with inflammation of the medulla-spinalis, the gastro-enteritis in hæmorrhage, inflammation and ramollisement of the brain and spinal-marrow, the softening of the stomach in meningitis at the base of the brain, &c., &c., but I must reserve for subsequent consideration any more detailed investigation of the internal connexion of these collective phenomena.

Now, if in cases like these, the brain and spinal-marrow of themselves seem inadequate to accomplish involuntary motions, it should still be remembered that the functions of the organs may be preserved for a long time, and in a certain intensity, by the forces of the ganglia alone and those of the filaments entering them. Here all seems to depend upon the proportion of the accessory grey substance in the ganglia, and in the nerves taking root in them, to the number of nerves coming from the brain and spinal-marrow which only perforate the ganglia, and to the power which these nerves bring with them from thence. A comparison of the different results which follow destruction of the spinal-marrow in frogs and the mammalia may serve more directly to illustrate this proportion; the action of the eye after section of the nervus trigeminus furnishes another instructive example, where the vascular paralysis is less considerable and permanent, if the trunk of the nerves is divided between the brain and ganglion, than if it is divided between the ganglion and the eye, because in the latter case *all*, in the former only a part of the vascular nerves are hit. In consonance with this, and to be explained on the same principle, is the observation of

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Schiff, that frogs survive fourfold longer the division of the connecting branches between the spinal-marrow nerves and the abdominal portion of the sympathetic, (in which the filaments arising from the spinal-marrow and ganglia lie), than extirpation of the sympathetic itself. In the ganglia, therefore, the nerves of single organs attain a more or less considerable growth; accordingly, the organs are more or less dependent, that is, the reäction upon irritation of the filaments entering the brain is more or less certain, and after destruction of the latter, the function of the former continues more or less powerful and permanent; hence, finally, the action of the brain and spinal-marrow is either an indispensable condition, or only an accidental occasion of the function of organs. In the first case, the excitement of the viscera is represented through the brain and spinal-marrow, as a necessary consequence; it occurs, even when the nervous filaments suffer an interruption within the ganglia, as well as in continuous filaments; it deserves, therefore, not the name of sympathetic, but of consecutive excitement. In the second case, where the excitement of a less number of cerebro-spinal filaments can and must be transferred in the ganglia, through the intervention of the grey substance, upon a greater number of ganglionic filaments, the communicated excitement acquires the character of sympathetic.

The same relation which exists between the spinal-marrow and the ganglia, also exists between the brain and spinal-marrow. A filament from the spinal-marrow may pass over, (uninterruptedly or by intermissions which do not prevent a continual conduction from the base of the brain), into a filament of the nervous roots, and be simultaneously determined to communicate its excitement to other filaments originating deeper in the spinal-marrow. This communication may be necessary or accidental. One single filament of the spinal-marrow may represent as many peripheric filaments as are always and invariably put in simultaneous activity by irritation from the brain. On the other hand, it must be assumed with regard to nervous filaments, which, even if frequently associated, are still excitable by the will, or by irritation of certain isolated parts of the brain, that they also in their anatomical reference to the brain may be co-ordinate. If we estimate the structure of the spinal-marrow accord-

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ing to these fundamental principles, among the higher animals at least, the number of voluntary motor filaments which first begin in the medulla-spinalis need not be very considerable, because the collective filaments of a muscle are not all necessary at one time to produce an invariably simultaneous effect, as is seen in the flexors and extensors of the fingers, in the sphincter muscle of the mouth and of the eye-lids.

I have thus far noticed only the possibility of the augmentation of motor filaments in the spinal-marrow and ganglia:—it still remains to consider, whether the newly entering filaments be not partly centripetal, i. e., whether centripetal filaments can augment in the ganglia or in the spinal-marrow. Such filaments would not be fit for conscious and distinct sensations, and we must conjecture, either that they act like excito-motor filaments in exciting reflex motions, or that they transfer their conditions of excitement in common with other peripheric sensitive nervous filaments, to a single spinal filament.

The first conjecture is allowed because it cannot now be disputed, but it is not offered. It is therefore agreed to ascribe all conduction to the central organs to the sensitive nerves, by means of which, motions are effected upon irritation of the external parts of the body. On the other hand, it is very generally supposed that the reflected motions of the viscera are owing to the influence of appropriate, centripetal nerves, because it is assumed that in a healthy condition the viscera have none, or a different kind of sensibility from that of the external parts of the body, and that only in disease a new conducting medium is established between them and the sensorium. In my opinion the nerves of sensation of the viscera are not different from the sensitive filaments of all other peripheric parts of the body. The viscera under some circumstances are sensitive, therefore sometimes send filaments to the brain. The fact that we have no consciousness of the internal organs of the body except in disease, does not prove that these parts have no sensation except in disease. So also we could never become acquainted with the condition of the external sensitive nerves, if they were affected in like manner. Only because their energies are changed by causes which we know, do we turn our attention to them, and learn to separate

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them from the chaos of common sensations. In disease, the organ which previously felt no particular sensation does not become sensitive, but its idiopathic sensation becomes changed, it forces itself upon the consciousness, and becomes of an entirely different character, which character, may be described when it agrees in quality with sensations of the external nerves of touch. But in general we may ask, how should we ever be made conscious of changes of the sensations, if the normal condition of repose were not in any manner made known? It is said that the sensations of the viscera in reference to locality are less definite than those of the so-called nerves of touch. But this also depends upon an illusion, because the sensations of the skin are referred directly to their locality. They acquire a certain degree of determinateness only when we scrutinize them by means of conscious motions, or by the sense of sight. No one can tell, immediately and without hesitation, which fingers rest upon each other when he clasps his hands together behind his back; he only knows it, when he moves the fingers one upon another, and thus, as it were, counts them. There it no more reason to suppose, that the sensations of the viscera, according to their quality, should be obscurer than those of special sense. The splanchnic nerves, like those of different parts of the trunk, have their specific irritants and their specific sensations, and these are subjectively as clear as any sensation can be; the difficulty lies only in their reproduction and representation; because there is only one way of explaining a communicated sensation, namely, to excite the same in others directly or by representations. There are obscure, peculiar odors and tastes, as there are obscure sensations in the viscera, if we do not know the substance which affects the sense, or what to call it, and there are likewise intelligible sensations in the bowels, if they resemble pains or feelings of external parts which may be connected with definite representations. Such representations are *sticking*, *burning*, *pressing*, *tickling*, *boring*, *beating*, *drawing*, *&c.*, all derived from certain impressions, which depend upon intuitive perceptions. Finally, the vivacity and intensity of sensations depend, among those of equal calibre, only upon the number of the nerves which are extended over a definite space, and upon the kind of nerves that are exposed to the impression. Conse-

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quently different regions of the skin have not like sensibility, and even yield to other tissues in this respect.

For these reasons, we may not look to a peculiarity of the structure, or of the termination of the sensitive nerves in the sympathetic system as the cause that impressions upon the same, as a general rule, are not made conscious, but only interpose motions. If a filament of the sympathetic can even make conscious one definite impression of sense, it must conduct itself like the sensitive filaments of the cerebro-spinal nerves; only there it is the rule, here the exception, and *vice versa*, because even in the animal system motions are effected by unconscious, sensible impressions, as, for instance, the iris is contracted by strong light, even in the careless gazing at no particular object.

But the viscera possess genuine sensitive nerves, and although they may be less in quantity than those of the external skin, still they are equally sufficient to explain the violent pains in diseases of the bowels, as to explain their reflex motions. Now, reflex motions may by interposed even in the ganglia, if the grey substance leads to the ganglia, although the sensitive filaments do not end there, exactly in the same manner as the sensitive filaments of the epidemics may occasion reflex motions through the spinal marrow, notwithstanding they pursue their course as far as into the cavity of the cranium.

The vessels conduct themselves differently. In a healthy condition these, particularly the arteries, appear to have not a mere dull sensibility, but absolutely none at all. It is possible that in the violent pain of inflamed vessels the surrounding cellular tissue has more share than the vascular membrane itself. Hence, if we deny that these have appropriate nerves of sensation, and at the same time allow ourselves to prove that irritations of the vascular membrane occasion contraction of the vessels, by way of reflex action, we have a right to define the nerves of the vessels ending in the ganglia or the spinal marrow as excito-motor, that is, centripetal.

The second of the above-mentioned suppositions, namely, that a number of peripheric filaments, after their entrance into the spinal marrow, somehow or other coalesce into one single filament which accomplishes the connexion with the sensorium, is, according to the prevailing physiological views, supported by the ob-

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servation that a greater or lesser number of peripheric points simultaneously irritated, impart the sensation as from one single point. To pursue these views, if sensation took place at the central extremity of the sensitive filaments, and if, on that account, the different excitements which one filament meets with in different places must coalesce in one single sensation, the combination of the irritation of several filaments in one sensation would be an evidence of the union of these filaments in one central filament. But the premises of this conclusion are not admitted, and it yet remains to be proved by evidence, that in aliquot parts of the same filament separate sensations can take place. And so therefore vanishes even this argument for the termination of sensitive filaments in the spinal marrow."

Article XXVIII.—*An Essay on Variola*, by John Redman Coxe, Jr., M.D.

This disease, so fatal to mankind, and so much dreaded by the human race from the earliest ages, is, in the hands of a competent Homœopath, now proven to be, by no means so dangerous, or fatal, as the malpractice of the Old School, (the self-called Rational and Scientific) has actually made it. Though it is, and must necessarily be, in its confluent form, a disgusting and offensive disease, yet, even in this its most frequently fatal form, it is by no means so dangerous as we have been taught to believe by the most illustrious writers of antiquity, or those of our time. While in the distinct variety, not one case in five hundred proves fatal, when treated in a *truly* scientific and rational manner, *id est*, by Homœopathic means and remedies.

Variola, though long known to the Arabians, was not introduced into Europe, (so far as we know) until late in the 8th century. Rhazes and Avicenna have given us accounts of this disease, not excelled by any modern authors. Though the illustrious Sydenham may well dispute the palm with those immortal men, since his treatise on Variola is universally acknowledged to be unsurpassed, if indeed equalled, by any subsequent writer.

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"Variola, is a disease arising from a contagion of a specific nature, which first produces a fever, and on the third or fourth day an eruption of small red pimples. These are afterwards changed into pustules, containing a matter, which in the course of eight or nine days from the time of the eruption is changed into pus. After this, the matter dries and falls off in crusts." The fever is, in all cases of the inflammatory kind, or synocha, though it is sometimes typhoid from its commencement. (Under Homœopathic treatment typhoid-fever is rare indeed, nor have I, in many hundred cases ever seen but one.) The pulse is usually full, and great pain in the head and back is from the commencement observed. An affection of the stomach is also observed to be more early and more violent in this, than in any other disorder, and its violence is most generally proportionate to the supervening disease. It moreover serves as a principal diagnostic of its approach, especially if the disease be prevalent.

The pain in the stomach is usually much increased by pressure, and seems to depend upon inflammation of the mucous coat of that organ, which necessarily tends to continue and increase the disposition to vomit.

Although variola has been generally divided into two great varieties or forms, known by the terms of distinct and confluent, yet both may safely be regarded as identical, modified by the prevailing constitution of the atmosphere, and by accidental causes, so that philosophically speaking, the division is unnecessary, though medically the division may be retained, as a diversity of practice is pursued, according to the case being of the one or the other kind.

The distinct species being of very little danger, (in fact of none whatever,) and merely requiring careful nursing and hygienic treatment, with an entire abstinence from all medicines, may be dismissed very cursorily.

In the distinct form the fever is moderate and inflammatory. It is mostly preceded by a slight chill, considerable languor, and drowsiness, and if the patient remains in bed, a great tendency to sweat is very conspicuous. The hot stage soon succeeds and augments in violence on the second and third

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days. About the end of the third day, the eruption begins to appear, and gradually increases during the fourth and fifth, appearing first upon the face, and successively upon the inferior parts, until the whole body and extremities are more or less covered. From the time the eruption begins to appear, the fever is generally seen to abate. On the fifth or sixth day, a small vesicle containing a whey-colored fluid appears on the top of each pimple; these increase principally in breadth for two days, a small central depression being evident, but on the eighth day they have assumed a spheroidal appearance. From their earliest formation they are surrounded by a circular inflamed areola, which arising from diffused inflammation over the adjacent skin, gives a damask rose color to the intervening spaces. As they augment in size, if numerous, the face on or about the eighth day is considerably tumified, especially the eyelids, so as occasionally entirely to close the eyes, and this may in general be regarded as a favorable symptom. The matter becomes by degrees more opaque, and at length yellow; by the eleventh day the swelling of the face abates, and the pustules have acquired their full size and fullness. A dark spot appears on their summit, at which place the pustule spontaneously breaks, a portion of matter oozes out, and the pustule shrivels and subsides. A crust gradually forms on the surface, and after some days, both crust and hardened pustules fall off, leaving the skin of a brownish red color, which in a few weeks gradually disappears. As the tumefaction of the face declines, a swelling arises on the hands and feet, which disappears as the pustules arrive at maturity. When the pustules on the face are numerous, it is common to have some uneasiness in the throat, and hoarseness about the sixth or seventh day, together with a slight salivation or discharge of a thin fluid from the mouth. (This may be regarded as a symptomatic angina.) These symptoms increase with the swelling of the face. The fluid discharged becomes thicker, and is thrown out with more and more difficulty. All these symptoms subside, as the swelling of the face abates, and all may in general be considered favorable. The danger of the disease, according to the older authors, may generally be estimated in proportion to the number of

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the pustules on the face, the greater the number the greater the danger. But from the cases hereafter detailed, it will I imagine, be plainly apparent, that the danger arose from the treatment alone, in other words, from the doctor.

The headache and pain in the loins and legs are sometimes very severe; but like the fever they vanish when the eruption appears, and now the patient may be allowed, as a general rule, to eat in moderation anything he desires, after the eruption is well established on the face and neck, without fear of any evil result.

In the confluent form the disease, in general, pursues the course above detailed, but the symptoms of each stage are more violent, and in several circumstances differ. The first, or eruptive fever is very violent, and is the precursor of a more numerous eruption. Coma and other characteristic symptoms of typhus occasionally occur. The pulse is quick and weak. Epileptic fits, in children, often occur from the beginning, and the eruption appears earlier on the third day; accompanied usually with an erythematous redness of the skin. The eruption frequently appears in clusters resembling measles, and the pimples are always more numerous upon the face, and at the same time smaller.

The fever though remitting, very seldom entirely disappears, and it often increases on the sixth and seventh day, and continues to the conclusion of the disease. The vesicular appearance of the pimples occurs earlier, and these never are of the circumscribed regular form of the distinct kind. On the contrary, they are every way of an irregular figure, and without the inflamed areola so apparent in the distinct. They also most frequently run into one another, so that the face (and at times the whole body) will seem one uniform mass of suppuration accompanied by extreme swelling. Where the vesicles are anywise separate, they are still flat and irregular, and the intervening skin is pale and flaccid. The face at times, from this uniform flatness of the vesicles, appears of one even surface.

The contents of the vesicle never acquires a yellow color and thick consistence, such as is evident in the distinct variety; the contained fluid is at times a bloody sanious ichor.

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The swelling of the face, which in the distinct kind seldom occurs, save when the pustules are numerous, always accompanies the confluent. It appears earlier and increases to a much greater degree, but abates about the ninth or tenth day, at which time (under allopathic treatment) the vesicles burst and pour out their contents; forming brown or black crusts; which are longer in falling off, and are invariably followed by pits, especially in the face; under homœopathic treatment the pustules seldom or never burst, and when opened, a serum only follows the incision, the pustules dry up into thin scales and leave neither pit, mark or scar, as a general rule, to which the exceptions are about one in one hundred and fifty; at least such has been my experience, and I believe nearly so of all other homœopaths. The salivation which I have mentioned as occasionally attending the distinct form, is a constant attendant upon the confluent, especially in adults. The affection of the fauces also is very much greater. In children this salivation is frequently superceded by a diarrhœa.

A putrescency of the fluids is said to exist in the confluent form, as evidenced in the petechiæ, vesicles and hæmorrhages which frequently accompany this form of the disease. But this appears to me impossible, as being absolutely incompatible with the laws of vitality. A predisposition thereto is all that can reasonably be advocated, and this disposition is evident in the strong tendency to gangrene, which may be readily induced by many causes, among the most prominent of which I include the so-called scientific allopathic treatment, if indeed such treatment be not the sole and only cause of any such tendency, as neither I, (nor, so far as I know, any other homœopath) have ever observed any such putrescency or gangrene, or a tendency thereto, though I have had many of the most severe cases under my care in the last fifteen years. The so-called secondary fever, which appears about the eleventh or twelfth day in old school practice, I have rarely seen, and then only in a trifling degree, and very readily controlled. In the allopathic treatment, indeed, it is almost always apparent, and rages frequently with great violence, differing greatly, however, in duration and degree in different cases.

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Variola, it evidently appears, is greatly under the control of atmospheric influence, which renders an epidemic mild, or the reverse, according to the barometrical and thermometrical changes. Of this Van Swieten gives a remarkable instance in his Commentaries on Bœrhaave. In an epidemic variola, which was at first of the mildest kind; certain atmospheric changes rendered it virulent, and again it became mild under other atmospheric changes, and we all know that as an epidemic it will sometimes be uniformly mild, at others, uniformly malignant.

The commencement of the eruptive fever may be said to be about fourteen days after exposure to contagion. Some have placed it rather earlier, and others rather later, but these diversities probably arise from the great difficulty of exactly ascertaining the first moment of exposure. In a few instances, where I was able to precisely ascertain the period of exposure, the fever came on exactly at that interval. I have observed, that the longer the period of incubation, the more severe the disease, and vice versa. At all events it so appeared to me, and in one case of a child of six years, who had been exposed daily and nightly to the variolous contagion for seventeen days, I prognosed a very severe attack of the confluent form, much to the alarm of her parents, who had seen four of their children have it very mildly and in the distinct form. On the eighteenth day the fever appeared, delirium ensued, vomiting occurred, and most severe pains in head, back, and legs. Three days after the pimples appeared, confluent not only on the face, but over every part of the body and extremities. It was the most severe case I ever saw, (except one in 1823) and the child though ultimately saved, yet lost every vestige of hair, eye-brows, and lashes, nearly all the finger and toe nails, and was unable to leave her room for six weeks after perfect recovery; from the effects of such a severe attack. I believe I can with perfect truth assert, that there was not an inch of original skin left on her person. The mother so assured me, and as far as I examined such was the case. This child no one would now suppose had ever had the natural small-pox, in its most ma-

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lignaut form, as she has neither pit nor mark, and is as healthy a looking child as Philadelphia can produce.

In the distinct form I, as a general rule give no medicine, but carry out to its fullest extent the cool regimen introduced by the illustrious Sydenham, and not permitting the patient to remain in bed prior to the fifth or sixth day. I occasionally give Acon. 3, when the fever is severe, and also Bell. and Bry. 3 and 6, when the headache and pain in the back are much complained of; I have the clothing changed daily and the body sponged with cool water several times per day. The bowels, if costive, are opened by an enema of warm water, and the food is for four or five days very simple, toast and water, or weak gruel. On the fifth or sixth day, by which time the pustules are well developed, the appetite is generally good, and I allow nearly every variety of food which the patient expresses a desire to have. Under this mode of treatment, (or rather no treatment, since Dame Nature does nearly, if not quite all) I have successfully brought through, without pit, mark, or scar, twenty-seven individuals, of both sexes and of all ages, from two to sixty-five years; and in from twelve to sixteen days all the adult portion were enabled to return to their accustomed avocations, without the slightest inconvenience.

Of these twenty-seven cases, nine were natural small-pox, the remainder were varioloid, meaning by that term, all those who had at any time previously been vaccinated.

Some of these varioloid cases were children of four and five years, who had been successfully vaccinated at from three months to one or two years, and one of the most severe cases was that of a child of three years, who had a much more severe attack of the distinct kind, (running into the confluent on the cheeks, back, and breast,) than any of those who had never been vaccinated. I have had so many of such cases, that I have become perfectly convinced, that the original vaccine matter has, so to speak, run out, or lost the largest portion of its virtue and vitality. Indeed the numerous and interesting experiments of the Danes and Prussians would seem to place this beyond doubt, and make it a demonstrated fact. Still I advocate vaccination most strenuously, since in

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a large majority of those attacked with varioloid, the attack is as nothing, when compared with variola; and though the greater portion of the prophylactic virtue of the vaccine is lost, from its transmission through so many millions of individuals, (each one abstracting an infinitesimal, or homœopathic part thereof) yet still enough remains to preserve each from (as a general rule) any very severe attack. I conclude then, and presume all will agree with me, that we are in duty bound to return to the original source from which the immortal Jenner derived the stock which we now possess, and for which we here in Philadelphia are indebted to Dr. John Redman Coxe, who in 1801 and 2, amidst the cares of a large practice and under as much opposition and obloquy as the immortal Jenner underwent previously, successfully introduced what may well be called the greatest blessing ever conferred upon man, until the promulgation of the homœopathic law, which has rendered the *methodus medendi* almost a mathematical certainty, instead of, as heretofore, a farrago of absurdities,—and I trust the time is not far distant when the governments of the universe will consider it their imperative duty to enact laws, by which all will be compelled to resort to the original stock, from the cow, every five or six years. By these means, and by making vaccination compulsory upon all parents, as has been done in Prussia for many years, we may at length hope to extirpate this loathsome disease.

In the confluent form, I have found it necessary to use many medicines in accordance with the homœopathic law.

In the first stage, Acon., Bell. and Bry., 3, 6, and 9, were specially indicated. After the pimples appeared, I invariably gave in variola a dose of Vaccinin every four hours, till the fifth or sixth day. When the case was varioloid, I gave a dose of Variolin in the same manner. For the sore throat and salivation, I found nothing so beneficial as Mercurius-vivus 6, or Mercurius-iodatus 3. In cases verging on typhoid, Arsen., Bry. and Rhus-tox. were very efficient; with bloody urine and purple-colored petechiæ, Canth., Uva-Ursi, and Arsen. had a most happy effect. China, I frequently gave in cases when the patient was much prostrated and always beneficially. In two cases when albumen appeared in the urine, I gave Merc.-

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Sub.-corr., and I found it altogether inefficient. I then gave Gallic-acid with good results. In this manner I successfully cured forty-seven cases of confluent variola, some of which were quite mild, others malignant, and a few very severe. All recovered, and are now well, without pit, mark, or scar. Save two young children, who have a half moon or two on the face, produced I believe, by their continued scratching. The marks, however, are not pits, and do not disfigure them.

Dr. J. C. Williams, of this city, has given an interesting account of sixteen cases of variola and varioloid, treated by him (which will be found in the June No. of the Phil. Journal of Homœopathy, for 1855,) after the method of Dr. Teste, and which serve fully to prove that the danger and the deaths from small-pox are evidently the effects of the mode of treatment pursued by our friends of the Old School. Facts, numberless facts, prove that in our hands small-pox (though a loathsome disease) is not more dangerous than measles. Yet in the face of these facts, the Old School plods on, in the old routine, and its members satisfy themselves by crying humbug—False statistics—though we offer them daily the chance to see our patients, and judge for themselves. How any man of science can stultify himself by asserting, that the facts of Homœopathy are not facts, I cannot conceive, nor can I conceive, how any man of humanity can reconcile it to his conscience thus wilfully to ignore the benefits he might and ought to confer upon his patients.

The whole conduct of the great body of the allopathic school with regard to Homœopathy, goes far to prove the truth of the old saying:

Quem Deus vult perdere prius dementat.

Article XXIX.—*Statistics of Homœopathy in Brooklyn.* By Reuben C. Moffat, M.D., of Brooklyn.

PHYSICIANS.

Dr. Robert Rosman, previously of Hudson, N.-Y., was the first resident Homœopathist in Brooklyn. He commenced its practice in 1839. Within about three months, he was joined

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by Dr. D. Baker. These gentlemen, each in his separate practice, by industry and noiseless attention to business, prepared the way for the very prosperous condition in which Homœopathy now finds itself in this city. This impetus, happily, was well supported by Dr. P. P. Wells, who was the third in the series, and who took up his abode in 1843. By 1846 two more practitioners had settled here. Thus the progress was at first slow, but none the less sure; and in 1850, ten years' time, its advocates were but nine in number. From this date, however, another rate of progress is noted. In 1851, *three* new physicians came in; in 1852, *four;* and in 1853, '54, and '55, *eight more* each year. These forty, however, do not all remain; death, removals and changes to other occupations leave us twenty-nine, to which must be added six living in Williamsburgh, Bushwick and Green-Point, and we have *thirty-five* resident homœopathic physicians for Brooklyn.

PHARMACY.

In July of 1852 (when there were twelve physicians) a HOMŒOPATHIC PHARMACY was opened by Mr. J. T. P. Smith, in one of the most public parts of the city. This has since not only supported itself, but has been enlarged to several times its original dimensions, besides being moved to a more conspicuous position.

DISPENSARY.

Following directly upon the manifest success of the pharmacy, in January, 1853, by the united efforts of some of the homœopathic laity, and the body of their physicians, was founded the BROOKLYN HOMŒOPATHIC DISPENSARY. It is legally incorporated; located beside the pharmacy; and governed by a body of about twelve trustees, elected (in classes) from members who are constituted by gratuitous subscription to the funds of the dispensary. Besides electing their own officers, and framing rules for the supervision and governance of the dispensary, these trustees appoint the attending physicians, additions to whose number (15) are made on the recommendation of those already serving. Such, in brief is the form of the dispensary. It is effective, and the institution is prosperous as the subjoined figures show. Like all other public

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charities dependent upon private subscriptions for their support, it is embarrassed by insufficiency of means. To relieve this in part, application has been made to the city government for a share of the public moneys annually appropriated to charitable uses of this sort. It is a gratifying index of public sentiment towards homœopathy, that the application has been favorably considered in committee; and that the award has been approved and recommended by them. It waits only its turn with other business, the action of the common council.

The Dispensary is free to all; open daily (except Sundays) from 12 to 1 o'clock, and attended by two physicians, whose time of service is the current month. The patients, of course, are those for the most part who are unable to pay; but it is noticeable that the squalid and filthy poor, the manifestly improvident and thriftless form a very small minority. For the greater part, they are cleanly, and intelligent enough to appreciate the advantages of the mode of treatment pursued. The following figures, taken from the Dispensary Registry, show the growing appreciation of the Charity at a glance.

During 1853 (first year) patients entered on the Registry were	304
In 1854 (second year)	464
In 1855, up to November first, ten months . .	701
Total, in hardly three years . . .	1469

CONVERSATION MEETINGS.

About the time of the institution of the Dispensary, a Homœopathic Physicians' Society for Brooklyn was put underway, with the usual impediments of constitution, by-laws and elective officers. It foundered in its incipiency, because of differences concerning subordinate details. In the spring of the present year, a series of informal gatherings was instituted in which special care was taken to avoid organization and legislation. We have but one officer, a secretary, who receives the semi-annual contributions for payment of the expense of room-hire. Our chairman is elected from those present at the opening of the meeting, which is called to order at a stated hour by the secretary. The record of the foregoing meeting

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is revised, and the evening's occupation opened by the reading of a previously appointed thesis. A conversational discussion of comment and inquiry ensues, which the chairman keeps as near to the subject as possible. Epidemics of the past month, discoursed upon in a conversational way, occupy the greater part of the evening; connected with which, or distinctly following, are reports of interesting cases, and presentation of pathological specimens. Subjects for future theses are then proposed, and assigned by the chair to those who volunteer to make what reports they can. This finishes the evening; and we adjourn for a month. We have met since May last, and with a well-sustained interest, because we have occupied ourselves exclusively with professional matters. Theses on the following subjects have been submitted, or are yet to be presented.

The Rationale of Cure.
Mental Derangements.
The Mammæ and their Diseases.
Homœopathic Surgery.
Dysentery.
Uterine Hæmorrhage.
Colchicum Autumnale.
Diseases of Dentition.
Chloroform in Parturition.

We feel the advantages of this sort of consociation; and if a suggestion be not out of place, let it be admitted, viz., that associations like the above be made wherever there is material enough, but avoid as far as possible the forms that admit of the least legislation. They are the doors of jealousy and discord. R. C. M.

We hope to receive similar statistics from many states and cities; many physicians have been written to, but few have responded. We hope that they will soon follow Dr. Moffatt's example. (Eds.)

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Article XXX.—*Practical Observations on Pneumonia.*

By William H. Holcombe, M.D.

Since the days of our professional apprenticeship, when good old Dr. Chapman gave dignity to his medical theories and a pernicious sway to his practice by his elaborate eloquence and unpremeditated wit, since Gross' Pathological Anatomy was a text book, and Watson a new light in physic, some notable advances have been made in our knowledge and treatment of pulmonary diseases. This is equally true of Tuberculosis, the type of chronic maladies, and of Pneumonia, "*princeps morborum acutorum.*" The great principles of Physical Diagnosis, roughly sketched by Avenbrugger and Corvisart, and cultivated to refinement by Laennec and his French disciples, have been pushed to almost philosophical perfection by Skoda and the German School. An improved Physiology and Pathology have tended to correct much that was false and to elucidate much that was obscure. Owing to these facts, as well as to the introduction of new remedies, the therapeutics of pneumonia has been greatly modified. The lancet of Bouillaud and the tartar emetic of Rasori have fallen into disrepute with all but a few old Nestors of the profession, whilst the whole tendency of the times is towards the do-nothing-ism of Dietl, or the specificism of Hahnemann. We do not propose to write an exhaustive monograph, but rather to take a bird's eye view of the present state of the subject, incorporating into one essay, very frequently perchance, without referring to authorities, whatever has appeared to us valuable and instructive in the most recent works and journals.

Dr. Williams in his excellent treatise on Diseases of the Chest thus defines pneumonia after the old fashion of Cullen. "Fever, with more or less pain in the chest, accelerated and somewhat oppressed breathing, cough with viscid and rusty-colored expectoration, at first the crepitant ronchus, afterwards bronchial respiration and bronchophony, with dullness of sound on percussion in some part of thorax." This definition gives too prominent a place to the fever, and too absolute a statement of the physical signs, whilst it gives no hint at all as to the inti-

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mate nature of the morbid process to which our present Pathology has made at least an approximation. One of more scientific precision might be worded as follows. A circumscribed stasis of blood (undergoing certain ill-defined metamorphic processes) in the pulmonary vesicular tissue, tending to reduction by sero-fibrinous exudation, and accompanied by fever, pain, dyspnœa, cough, viscid and rusty sputa and certain physical signs, generally indicative at first of decreasing, and afterwards of increasing permeability of the bronchioles and vesicles to air and liquids.

Anatomical lesion being the soundest and best basis upon which either Pathology or Therapeutics can be constructed, we will briefly sketch the morbid anatomy of pneumonia, endeavoring to make our description of the coincident and successive changes of form a simple daguerreotype of the facts. We will not forget, however, that we are speaking of the effects of abnormal dynamic action, not of the disease itself; of its visible results and material representatives, not of its occult nature or essence. Everything has a spiritual and a natural side to it, and it is a shallow philosophy which ignores the existence of either or confounds the true position and proper sphere of both. But we are growing metaphysical. The steps of the pathological processes which we recognize in pneumonia may be ideally and for the purpose of convenient study, separated into three, that of *stasis*, that of *exudation*, and that of *resolution*.

Period of *Stasis* or *Capillary Engorgement*. Dilatation of the capillaries and retardation of the blood-stream (*remora*) are commonly the initiative and always the constant and essential phenomena of the first stage of all inflammations. The onward flow of the current through the capillary network is impeded: the blood oscillates forwards and backwards, the forward movement prevailing, so that the circulation is not absolutely arrested, except in the rare state of complete statis or entire stagnation. The blood vessels around and tending to the inflamed or congested tract are distended and the rapidity of their currents increased. The part in which stasis prevails is of course reddened, swollen, hot and according to its nervous supply, painful. Its functional activities are

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partially or wholly arrested. The bio-chemical processes of respiration are interrupted by the abnormal state of the vesicular tissue and especially by what may be called the *endogenenous* changes of the blood itself. The delicate homogeneous cell-wall becomes turgid and thickened, the interstitial tissue infiltrated, the minutest bronchioles compressed and narrowed. The red corpuscles move more slowly and tend to run together in strings or masses like rouleaus of coins. They leave their natural place, the centre of the channel and adhere to the capillary walls, becoming more and more reddened, contracted, flattened and conglutinated. The number of white corpuscles is considerably augmented, but Rokitansky and Handfield Jones believe they exert no special power in producing the sanguineous stagnation.

The formative and plastic processes occurring in the blood itself, viz., the metamorphic changes of the white and red corpuscles, the development of nucleus and cell formations, of fibrinous coagula, &c., constitute the most important phenomena of this stage and serve to distinguish true inflammation from active hyperæmia, and from mere congestion. When simple stasis of blood in the pulmonary parenchyma is combined with œdema, as is very common, its diagnosis from inflammatory stasis might be difficult. A microscopical examination of the blood would be the best test, for inflammatory stasis never occurs without peculiar modifications of that fluid. The parenchyma in inflammatory stasis, moreover, is heavier, redder, and more thoroughly gorged with a sero-fibrinous fluid. It is at this period of pneumonia, and prior to any exudation proper, according to Rokitansky, that there is the secretion of a tough viscid fluid from the interior of the congested air-cells, probably the *debris* of their modified epithelium, and stained more or less yellow, reddish or brownish according to the quantity of the dissolved hæmatin mixed with it. This substance more or less thoroughly incorporated with the bronchial mucus constitutes the characteristic sputum of pneumonia.

Stage of *exudation*, proper or *Red Hepatization*.—Hepatized lung is of a dark reddish-brown color, does not crepitate on pressure, and is so heavy that it sinks in water. It feels harder

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because the tissues are more compressed together, but it is so easily broken down by the finger, that Andral uses red hepatization and red softening, *ramolissement rouge*, as synonymous terms. This diminution of cohesion is produced by changes in the areolar or connective tissue, and is characteristic of all acute inflammations. On cutting or slicing hepatized lung and viewing it by an oblique light, we observe innumerable red, glistening, roundish projections or granulations, caused by the solidification of the plastic matter of exudation. The lung is not however uniformly dark red; irregular patches of the normal black carbonaceous deposit, the pale red, compressed interlobular tissue, and many white stripes or islands of bronchial tubes and blood-vessels give it a curiously mottled or marbled appearance. The granulations are true inflammatory deposits exuded into the air-cells, and not as Andral supposed, the swelling and solidification of the cell-walls themselves. Each granule is a round, hard, dark-red plug, adhering at this stage most tenaciously to the interior of the inflamed cell-wall. The exudation-matter appears to consist of a granular blastema, exudation-cells probably of an oily or albuminous nature, colored by dissolved hæmatin and enveloped and permeated by a delicate net-work of coagulated fibrillæ. Each element or constituent of the inflammatory blood is probably represented in the exudation, the plastic or fibrinous being in relative excess.

The exudation takes place both into the vesicular and into interstitial spaces according to the laws regulating the exosmosis of inflamed vessels. If it were confined to the interstices, the air-cells would be compressed and obliterated; if it were confined to the air-cells, being unsupported by an infiltrated connective tissue, their mutual pressure would produce a hexagonal shape, like that of the cells of honey-comb. The œdematous effusion surrounding the range or tract of true inflammation, poorer in plastic substances as you approach the periphery, *inflammatory œdema* so-called, is sometimes very abundant, and its power of modifying the physical signs should never be forgotten. One readily understands that as the distended capillaries and minute blood-vessels are relieved by exudation, proportionately the reäctive pressure of the

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now distended air-cells reduces them to their natural calibre, or even to much less, so that not only the determination to the part is lessened, but the stagnating elements in the part are made to resume their circulation. Thus the inflammatory process is literally *put out* or extinguished by the mechanical reäction of its own exudation. This point in the anatomical part of the natural history of pneumonia was first distinctly recognized by Prof. Henderson of Edinburgh.

Period of Resolution. The primary stasis may itself be *resolved*, the adhering globules displaced from the capillary walls and swept again into the general current of circulation, the infiltrated matters reäbsorbed, and the normal anatomy and physiology of the part restored. Such would be pneumonia with stasis and resolution and without exudation proper. The resolution or breaking down of the exuded matter is, however, the characteristic of what is called the third stage of pneumonia, that of grey hepatization, or rather purulent infiltration. We pass over those rarer cases in which the exudation becomes indurated or cretified, or in the which it takes on the tuberculous or even cancerous development. We are only aiming to sketch the metamorphoses which are as it were *typical* of pneumonia and therefore most commonly met with. Transition changes of consistence and color mark the passage of the second into the third stage, the essential process of which is the fusion and breaking down of the exudation under the influence of inflammatory action now declining in intensity. The hepatized lung becomes gradually paler, then reddish-grey or grey, and lastly yellow. The granular texture gradually disappears and is succeeded by purulent infiltration of the parenchyma. This suppuration is generally confined to the plastic contents of the air-cell, because if it affected the interstitial tissue a recovery without abscess or solution of continuity would be impossible. The resolution is effected in part by expectoration and in part by absorption without any ulcerous destruction of tissue. This is more readily understood when we recollect Köllicker's statement (Microscopic. Anatomy—Page 582-3) that the elasticity of the pulmonary vesicles, notwithstanding their extreme tenuity, is so great that they recover easily and perfectly from a prolonged distention to two or three times their natural calibres.

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The morbid anatomy of pneumonia varies very considerably according to the age, state, &c., of the patient and according also to the diathesis and crasis of the blood. Rokitansky says in this connection: "It is very important that we should understand the differences presented by the inflammatory product in regard to its plasticity, inasmuch as they are most intimately associated with the condition of the blood (the general disease.) Instead of the plastic, hepatized products we meet under such conditions with serous, flocculent, and turbid, or gelatinous and glutinous, or sero-purulent, or even ichorous infiltrations, which in consequence of their deficiency in coagulable matters, can never give rise to a granular texture of the parenchyma (hepatization). These products are often the result of sluggish, asthenic (hypostatic) inflammations, and even more frequently of secondary pneumonic processes; they represent secondary exudative processes, which not unfrequently degenerate into gangrene." (Vol. 4, p. 73.)

The organic lesions of pneumonia are seldom limited to inflammatory exudation at the points of stasis and œdema at its periphery. The neighboring bronchial ramifications are almost invariably implicated more or less; their mucous membrane is at first reddened and swollen, and afterwards experiences a reddish or whitish purulent exudation. The walls of the smaller blood-vessels also undergo morbid changes, and fibrinous coagula washed out of or deflected from the inflamed tract are found in the cavities of the heart, as well as in the large vessels and their branches. These may occasion secondary inflammations in the lungs themselves or in other organs, and when entangled among the fibrillæ and chords of the heart, even sudden death. There is also an almost uniform, thin plastic exudation on the pleura, investing the inflamed lobe, even where no symptoms of pleurisy had appeared.

Physical Signs of Pneumonia.—It is not our intention to enter any of the minutiæ of physical diagnosis, but to present the *broad* facts in their most recent light, divested of the errors made by the earlier cultivators of ausculation and percussion, and which are still perpetuated in many of our text-books and special treatises. We are indebted to Skoda for a just application of the true principles of acoustics, to determining the

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variations of sound, which occur in healthy and morbid structures. His great work, so profoundly rational and philosophical, will effectually rid us of the over-refinement and false nomenclature of Laennec and the French School. He has not only simplified, but almost perfected the science. He has shown most conclusively, that physical signs, whether as indicative of pneumonia or of other diseased conditions have no positive semeiotic value, except in connection and by comparison with all the other signs and symptoms, which those diseases may present. He classifies all those sounds not readily recognized, as *indeterminate*, and just as likely to mislead as to enlighten. The great desideratum is, not to detect this, that, or the other râle, but to ascertain whether the lung, and how much of it, is permeable or impermeable to air and liquids. It is permeable during the first and last stages of pneumonia—during stasis and resolution; it is impermeable during the period of hepatization. Let us briefly analyze the physical signs which in pneumonia indicate greater or less patency of the bronchioles and air-vesicles.

The normal respiratory or vesicular murmur disappears very early in pneumonia. Before it gives away to the crepitating râle, it is sometimes louder and harsher than usual, caused by the air passing through bronchioles and air-cells both thickened and stiffened by the increasing congestion. The crepitating râle indicates no more than the presence of mingled air and liquid in the narrowed bronchioles and vesicles. It cannot determine the specific nature of the effusion—whether mucus, blood, pus or serum. The effort to make a verbal distinction between the râles of capillary bronchitis and the crepitations of pneumonia is entirely gratuitous. The crepitating râle is not, as Laennec dogmatically taught, pathognomonic of pneumonia. It is often so fleeting that it has disappeared long before the practitioner is summoned. Skoda affirms, that he rarely meets with it, but it is probable that unless the pulmonary consolidation has been very rapid and extensive, it might generally be detected. The returning râle,—*râle crepitant redux*—which indicates the resolution or breaking down of the exudation, is more uniformly heard. Crepitating râles indistinguishable from those of pneumonia, are heard in cases

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of *œdema pulmonum*, of pulmonary hæmorrhage, of capillary bronchitis and of asphyxia produced by large secretions of mucus in the bronchial tubes. Hence we see the necessity of concomitant symptoms to make out a fair history of the case. The extent of surface over which a crepitating râle, or any râle indicating an abnormal mixture of air and liquid in the respiratory passages, is heard—is a point of great prognostic importance. Its appearance at a new point in lieu of the respiratory murmur shows the extension of the disease, and its re-appearance after the silence or bronchophony of hepatization is of course of favorable omen.

If the hepatized portion of lung contains no bronchial tube of medium size, or if containing it, such tube be blocked up with mucus or other fluid matters, or if the communication between the tube and trachea be in any manner obstructed, then there will be nothing heard at all upon auscultation, neither respiratory murmur, whistling, hissing, sonorous, or crepitating râles, bronchophony nor bronchial breathing, and the patient's voice will be inaudible or recognized only as a dull muttering. It is therefore altogether a fallacy to suppose, according to the current doctrine, that a consolidated or hepatized lung is a better conductor of sound than the healthy tissues. It is entirely the reverse. On the other hand, when there exists somewhere in the hepatized mass a good-sized bronchial tube, open all the way out to the larynx, the sounds occurring in the respiratory passages are repeated or reverberated in the tube according to the law of consonance of sound in media of analogous form, or molecular structure, and we may hear bronchophony, pectoriloquy, and tubular breathing, and all kinds of râles under the hepatized space, the sound being determined by the numerable and ever-varying conditions of the upper part of the respiratory tract. Very frequently no sound is detected on first auscultating, but after the patient coughs and expectorates, the second state of things just mentioned is brought about, and we have some sound, taking its origin really at a distance, but seeming to be immediately under the ear. Skoda's theory of consonance, of which this is an explanatory example, is one of the most

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beautiful applications of natural philosophy to the study of animal physics and pathology.

Skoda states it as a general rule that there will be no dullness in percussion unless the hepatized portion of lung have the thickness of about an inch. The more extensive the hepatization, the duller the sound and the greater the resistance to the stroke, allowance being always made for the variable flexibility of the thoracic walls in different individuals. There is no dullness on percussion in the first stage of pneumonia, as long as there is only congestion without actual exudation. It increases and decreases with the advance or decline of the essential pathological processes of the disease. The emphysema, which frequently occurs around the borders of inflamed lung, gives a tympanitic sound, distinguishable from the natural sound of healthy parts. There is one assertion of Skoda, confirmed by Dr. Markham and others, which is contrary to all our traditionary lore and pre-conceived opinions. It is this, a *partially* condensed lung, that is a lung, compressed by external or internal deposition or exudation, gives a clearer percussion-sound than the healthily inflated lung. This has no doubt led to many errors of diagnosis amongst even the most expert diagnosticians. It is evident that without a recognition of this fact, one might predict a speedy resolution of the disease when a deeper and more extensive exudation was just taking place.

There are many fallacies likely to attend the application of the general principles of physical diagnosis to any particular case. Many persons breathe so faintly or feebly, that the respiratory murmur might be pronounced deficient or even absent in a perfectly healthy lung. Some chests are naturally so rigid and inelastic as to obscure or render very unsatisfactory any efforts at auscultation and percussion. In examining a case of recent disease, we may be mislead by the effects of an old pleurisy, or by other organic lesions. Physical signs are frequently insufficient to distinguish recent hepatization from tubercular consolidation or ancient pulmonic induration. It cannot be determined by physical examination alone, whether pneumonia has or has not supervened upon tubercular deposits. The proximity of a distended sto-

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mach, of a hypertrophied heart, of an enlarged liver, of thoracic tumors may lead one entirely astray. Sounds of all kinds, classified and unclassifiable, may be occasionally heard in all stages of pneumonia, rendering it difficult to draw a strict line of demarcation between pneumonia proper, pleuro-pneumonia, broncho-pneumonia and pleuro-bronchitis. These difficulties should not deter us from a thorough study and use of physical diagnosis, but they are quite sufficient to give the rational symptoms so-called, a very great value in our eyes. He who brings only the stethoscope and pleximeter to the study of pulmonary disease will be as shallow in theory and as inefficient in practice as all men of one idea usually are. He belongs to that class of material thinkers, who see in the scalpel the sole key to pathology, in the chemical laboratary a solvent for all physiological enigmas, and in electricity or magnetism a ready explanation for all the mysteries of our spiritual being.

Fever and Pulse in Pneumonia.—Pneumonia commonly begins with a chill. Stitch in the side and dry cough are sometimes but not always coincident. The rigor varies in intensity; in intermittent pneumonia it is generally very severe. In old persons it is generally prolonged; indeed, Chomel says that when an old man experiences a severe shivering fit, though all other symptoms be absent, we may strongly suspect the existence of pneumonia. The febrile action is of course consecutive to the local inflammation. It is sometimes very great. Drs. Bright and Addison consider a constant pungent heat of the skin, calor mordax, as a symptom quite as pathognomonic of pneumonia as the crepitant râle, or rusty, viscid expectoration. The pulse is generally full, hard and strong in ordinary sthenic cases. Sometimes, however, it is remarkably small and wiry, and is indicative of intense inflammation. Our allopathic brethren affirm that this pulse, weak only in appearance, rises in strength and is reduced in frequency after copious bloodletting. Andral says that few cases recover after the pulse has risen above 130 strokes to the minute. Dr. Bell extends the ominous number of pulsations to 140. In the hepatized stage, the pulse has frequently a back stroke, a kind of double action, as if the artery was

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not filled with liquid. A sudden fall of the pulse to almost its natural standard whilst the respiration becomes more accelerated is a symptom invariably fatal. Intermission and irregularity of the pulse should make us suspect some organic disease of the heart. It should be recollected that hypertrophy of the left ventricle, especially as seen in old men, would give great force and fullness to the pulse, and might mislead as to the real intensity of the inflammation. Moreover, fibrinous coagulæ sometimes form in the heart or great vessels, and greatly, perhaps fatally embarrass the circulation, independently of the nature, degree or extent of the pulmonary lesion. This catastrophe is generally indicated by the exaggerated and tumultuous action of the heart, which is not or cannot be communicated to the arteries. Some of the cases of unaccountable collapse and sinking in the course of sthenic pneumonia described in the journals were probably due to this cause. The possibility of its occurrence should always be borne in mind when making a prognosis. The persistence of an accelerated pulse during convalescence should lead us to suspect the remains of some recent inflammation.

State of the Respiration.—The respiration is short and accelerated in proportion to the extent and severity of the disease. Andral states that recoveries seldom or never occur after the number of respirations has exceeded fifty in the minute; unequal and intermittent respiration is indicative of cerebral disturbance. The patient will sometimes describe himself as free from all thoracic oppression, although his heaving ribs, distended alæ-nasi and hurried breathing show to the bystander how inefficiently the lungs are performing their functions. The dyspnœa is almost always less in the dorsal or semi-lateral position with the shoulders elevated. Andral, whose medical clinics have never been surpassed for accuracy of observation and lucidity of statement (alas! how unlike his purile experiments in Homœopathy!) considers that the degree of dyspnœa is the most reliable prognostic symptom. The cough is dependant mainly on the accompanying bronchitis of the smaller tubes, there being very little of it in simple vesicular pneumonia. It is at first dry and corresponds to the sneezing of incipient catarrh. It subsequently depends upon the quan-

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tity and quality of the secretions; but its intensity and frequency have no necessary connection with the severity of the case.

The Expectoration (sputa) of Pneumonia.—A point in the microscopical anatomy of the lungs explains the characteristic sputum of pneumonia. The air-cells are not lined with mucous membrane continued from the bronchiolar ramifications. Each cell is a globular, homogenous basement membrane, of extreme tenuity, surrounded by a net-work of capillary vessels, between which and the contained air interchanges occur according to the laws of animal osmosis, including both endosmosis and exosmosis. Carbonic-acid and watery vapor are the proper secretions, to misapply the term of the cell-walls; but when they are congested an exudation occurs, serous or fibrinous according to the duration of the stasis. Remak first remarked that the sputum of pneumonia, microscopically examined, seemed to be a glutinous mass composed of fibrinous concretions or coagula, incarcerating in their net-work a variable quantity of pus-cells and granular exudation-matter. Andral, Schönlein, Rokitansky and others have confirmed the statement, so that the term *parenchymatous croup* is by no means inapplicable to simple, pure pneumonia.

In the incipiency of the disease there is no expectoration, or it consists merely of the bronchial mucus, mixed with the saliva. Generally on the second day, sometimes not till the third or fourth, but coinciding with marked crepitant râle or commencing dullness on percussion, it becomes thicker, more tenacious, more transparent and of a yellowish tint, which deepens into a uniform brownish-red or rusty color. At first it is an albuminous serum, with oily granules, and stained with dissolved hæmatin. It becomes more viscid in proportion to the fibrin, and darker colored in proportion to the hæmatin effused. Whenever red corpuscles themselves are present, probably a rare occurrence we may be assured, according to Simon, that rupture and extravasation (not mere exudation) have occurred. The sputum is now coughed up in separate, tough, semi-transparent glutinous, jelly-like lumps or dabs, sticking to a vessel even when reversed.

Death in pneumonia occurs generally by asphyxia, pro-

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duced by the blocking up of the respiratory passages by the exudation proper and the hypersecretion of the irritated mucous membrane. What are we to infer when in the course of the disease—the expectoration becomes suddenly arrested? Modern science has repudiated the ancient doctrine that the expectorated matter was the *materies-morbi* concocted and expelled by the respiratory outlets. Nevertheless a suppression of the secretion is a symptom of suspicious augury. It may be only an apparent suppression—the lungs may be gorged with effused matter, but the patient so debilitated that he cannot expectorate it. The secretion may be really arrested, but from different causes. There may be a perfect stasis of the circulation, from profoundly impaired vitality, no tendency to resolution or effort at repair—the tissues being *below* the secreting point. Or, they may be *above* that point, renewed or extended inflammatory action having made the case retrograde, and commence as it were anew. Bleeding and purgatives particularly in old men, have arrested the expectoration and caused speedy death. On the other hand, untimely stimulation would produce the same effect. In doubtful cases of this kind, physical diagnosis promises to be of the most signal service in determining the real state of the patient.

The "prune-juice" expectoration, a brown or almost black watery substance or of a molasses-consistence, is not absolutely pathognomonic of the third stage of pneumonia. Some patients with grey hepatization, expectorate a grey or reddish, trickling, inodorous, evidently purulent fluid. Others continue to throw off the characteristic sputum of the second stage. Others again have none at all. A green, intolerably fetid expectoration is said to be pretty surely indicative of gangrene. It must be recollected, however, that here as elsewhere, all general rules have an appendix of many exceptions. Pneumonia may run its entire course of resolution or death, without any expectoration. The matter secreted may be indistinguishable from that of simple catarrh or that of pure bronchitis. The viscid, rusty matter may remain, after all the other symptoms have disappeared—and cases have been recorded in which there was "prune-juice" expectoration in

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the second and even in the first stage of very mild and promptly cured pneumonia.

Pain.—"More danger than pain," was an old clinical axiom respecting pneumonia, which modern observation has permitted to remain in full force. The pain was referred by Andral exclusively to the pleuritis which almost always accompanies the disease. There can be no question, however, that there is a dull, aching pain occasioned by the parenchymatous congestion. The exterior or enveloping tissues are uniformly endowed with greater nervous sensibility than the contained or central structures. The serous membranes are really the skins of the viscera they invest, and manifest accordingly a genuine cutaneous impressibility. The seat of the pain is not commonly by any means the seat of the inflammation—the painful impressions being referred to the terminal points of the nerves affected. Sometimes the pain is referred to a great amount of surface, whilst the lesion is very limited in extent. On the contrary, the pain is sometimes localized in a small spot, although the inflammatory action is really widely diffused. In the former case there is a radiation, in the latter a concentration of sensations. Sometimes, moreover, there is no pain at all—an anomaly which has been also observed in arachnitis, pericarditis, and peritonitis.

Delirium.—This symptom, always formidable to the friends and attendants, is of great importance to the physician, modifying his prognosis and treatment according to his conception of its etiology and essential signification. It comes on variably between the fourth and eighth day of the disease, and its causes demand a searching scrutiny. It does not depend, as some have supposed, on the deficient aëration of the blood, so that the nerve-centres are poisoned by uneliminated carbon. Gradual asphyxia produces stupor and coma, not delirium. Besides many persons become very readily delirious, and the symptom appears in every variety of disease, although the blood be thoroughly decarbonized. Höllicker states, moreover, on the authority of Virchow, that in pneumonia the bronchial arteries become substitutes as it were for the pulmonary arteries, and convey impure blood to the

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parenchyma, which returns, not by the bronchial, but by the pulmonary veins to the heart itself. Andral's mechanical theory of the delirium, that it is produced by venous congestion in the cranium from imperfect return of the blood, owing to the turgid state of the pulmonary vessels and right cavities of the heart, is probably of but limited application. There is the delirium of debility, starvation, blood-letting, anything to produce nervous exhaustion will occasion delirium of all grades. It is said to be a constant accompaniment of the pneumonia of old persons, particularly of women, in the Parisian hospitals. A little wine or brandy causes it to disappear immediately. This is probably the most frequent cause of delirium, where the disease has been treated by blood-lettings, antiphlogistics and low diet.

Delirium may, however, indicate the existence of meningeal inflammation, but there must be other symptoms present, such as increase of febrile action, pain in the head, intolerance of light, muscular and sensorial disturbances, persisting, moreover, for some time, before the physician is warranted in asserting the existence of such a serious complication. Delirium again may be a purely reflex phenomenon. Why may not an irritation reflected upon the hemispherical ganglia, produce the abnormal manifestation called delirium as readily as one reflected upon the motory nervous tract causes that abnormal muscular manifestation known as spasm or convulsion? Delirium is of grave import, mainly because it authorizes the suspicion that a large extent of the parenchymatous surface is involved in the inflammation, for, as in cutaneous burns, the quantity of vital membrane or area implicated is of more importance than the intensity of the lesion, if it be limited. The prognostic value of delirium diminishes, however, in the case of children, of hysterical women and of habitual drunkards. Grisolle states, that persons have been frequently taken to lunatic asylums for mania, which had arisen in the course of pneumonia. Something of this may have been due to the medication, for it is well known that the treatment of yellow-fever by Quinine has been frightfully productive of insanity.

Critical Evacuations.—Modern research, which in its new investigations strikes sometimes felicitously upon some very

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old truths, promises to restore the ancient doctrine of crises and critical days to something of its original importance. Many recent observers have concurred in stating that the 5th, 7th, 9th, 11th and 13th days of pneumonia (notably the 7th) are the days on which sensible amelioration of the symptoms promising progressive convalescence may be expected. The first phenomenon is reduction of temperature. Then after some hours we note a critical sign. Pneumonia has terminated by pulmonary hæmorrhage, by miliary eruptions, by circumscribed abscess, by diarrhœa, by hæmaturia, and other discharges, but such cases are rare. The prominent changes are to be looked for in the urine and in the perspiration. The urine is generally high-colored and scanty for the first four or five days. It is at its minimum about the fifth day. A great increase in the uric-acid and its salts about the critical change for the better is almost a uniform occurrence. A sedimentous urine therefore occurring on a critical day may be regarded as of favorable omen. Heller, Redtenbacher, Beale and others have noticed a remarkable diminution, and even complete absence of chlorides in the urine of pneumonic patients. During hepatization the saline matters and especially the chlorides are at their minimum. At the same period they are present in great quantity in the sputa. During convalescence they re-appear in considerable excess in the urine, showing that a great part at least of the pneumonic exudation is re-absorbed.

Andral, however, regards the skin as the great critical outlet of this disease. It terminates very frequently by a copious, viscous sweat, preceded or accompanied by considerable reduction of temperature. This sometimes ceases spontaneously and breaks out again in a few hours. I have so frequently noticed this critical evacuation, that I always leave anticipative directions, on the 6th and 8th nights especially, to have the patient well protected, more particularly after midnight, both to promote the expected crisis and to prevent any injury from careless exposure. If the skin has been moist from the beginning, there is generally no critical evacuation noticeable. A clammy sweat with cold skin, increasing dyspnœa, would point almost unerringly to vital collapse.

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Varieties of Pneumonia.—The varieties as to position—the lobar, lobular, interlobular, the vesicular and interstitial &c., need not detain us. As more important variations, not specific or typical, however, are in peculiar characters dependant either on the *status* of the subject or the speciality of its etiology and surrounding circumstances. I have seen pneumonia so complicated with *gastric* or *hepatic* disturbances that it was difficult to determine which organ was primarily and essentially affected. The "bilious pneumonia" of the old authors, formerly epidemic and still sporadically occurring, was of this class. Pneumonia is sometimes *intermittent*, the congestion and exudation disappearing and recurring with the paroxysm, showing that even organic lesions are dependant upon the periodic functional derangements of the cerebro-spinal axis. Pneumonia is of the *typhoid* type, when marked by great nervous prostration, rapid hepatization and very tardy resolution. This species is very apt to occur as a complication with typhus, gastro-enteritis, phlebitis, erysipelas, delirium tremens and diffuse cellular inflammation. Its thorough history, as Dr. Bell justly remarks, has yet to be written. Pneumonia may be *consecutive* to other diseases—bronchitis, croup, hooping-cough, cardiac obstruction, pulmonary tuberculosis, and especially to the exanthemata, measles, scarlatina and small-pox. The recession of the eruption is not the cause of the pneumonia, but vice-versâ, the pulmonary engorgement is the cause of the recession. Pneumonia is also sometimes consequent upon severe injuries, capital operations, extensive burns, &c. Pneumonia is sometimes *latent*, and undiscoverable by all but physical signs. Many errors, however, both in diagnosis and practice, have been made by too exclusive reliance on the stethoscope. Dr. Gairdner in an admirable article on pulmonary collapse (Brit. and For. Med. Chir. Rev., Jan. 1854) has shown, that a condensation of the parenchyma from collapse, easily mistaken for hepatization, may be produced by bronchial accumulation whether occurrin in bronchitis proper or in the course of many prostrating diseases. Lastly, we may mention *catarrhal* or *infantile* pneumonia—a very insidious and fatal disease likely to occur in the course of bronchitis, or even of dentition, and frequently

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difficult to distinguish from hydrocephalus and from infantile remittent fever.

Pathology.—It is useless to discuss the essential nature of the pneumonic process. The great fundamental questions of *general* pathology are still too unsettled for any local and limited investigation to be productive of anything but approximative truth. It is this hastily-construed *pathology*, which has been the father of the most destructive allopathic measures. Sthenic inflammation or adynamic state, excitation or depression, super- or sub-nutrition, depletives or stimulants, are the questions in the mind of the practitioner the moment he reaches the bed-side. It is theory, theory, theory—from beginning to end, from Andral on his clinical throne to the latest gossling M.D. in the back-woods. Dr. Williams talks sillily enough of the "overflow of nutritive action" in pneumonia, as if the patient were healthier, stronger, happier than he had any right to be and ought to be bled, purged, blistered, vomited, salivated into a less nutritious condition. Perverted nutrition cannot be cured by either antiphlogistics or cordials. Hepatization can no more be relieved by blood-letting than cancer or exostosis. We must turn our backs on all such crude speculations: we must quit naming our drugs according to their *supposed* properties. We must study *nature* with a single eye. The pathology of a disease lies in the whole series of the *facts* of the case. Its cure lies in the employment of a drug capable of producing a parallel series of pathogenetic facts.

Treatment of Pneumonia.—As a matter of history we are compelled to allude to the allopathic treatment of pneumonia, with the hope, however, that ere long it will be a matter of history alone. Blood-letting, Tartar-emetic in large doses, Calomel to ptyalism and counter-irritation have been their sheet-anchors. The dogmatic teachings of the master-spirits of the profession have forced these standard orders on the great mass of the medical corps. Occasionally, however, a restive, original or conscientious spirit would break out into an experimental escapade and make glorious reports of the treatment by Ipecac., Senega, Iodide of Potassium, Chloroform, Veratrine, Digitalis, Cantharides, Turpentine or other

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remedies, backing the assertions by many very well authenticated cures. Homœopathy called expectant medicine into existence, and a few observations on the *natural history* of pneumonia have sufficed to overturn the theories and practices of all previous time. Dr. Dietl, an allopathic physician of great learning and ability and opposed to Homœopathy, treated by diet alone, all bleeding and drugs excluded, 750 cases of pneumonia with a mortality of 9 per-cent. The hospital treatment of this disease had never before in all Europe shown a mortality of less than 12 per-cent., and under heroic treatment it had frequently mounted to 20 or 30 per-cent. Now the allopathic press does not deny these facts, it gives them currency; and any reader of the Journals will see how very much they have modified the treatment of pneumonia in the last three or four years.

The answer then to all allopathic theories, arguments and statistics is plain. Gentlemen, you are mistaken in attaching the least curative value to your measures. You have bled 100 patients and 88 recovered, quite an imposing show, and sufficient, I confess, *in the absence of reliable comparative statistics* of other treatment, to excite considerable confidence in the lancet. But comparative statistics have come, and the honest inference is, that instead of saving any of your patients, you killed at least three of them. So of all the other vaunted means of meeting the disease. Indeed the phlegmasiæ have been made bug-bears of, and the most deplorable consequences have resulted. Expectant medicine is a leaven which will work a reform in allopathic practice, preparatory to its total abolition or thorough reconstruction on more enlightened principles. Expectant medicine will in time give way to Homœopathy, when it is clearly seen that our mortality, in pneumonia for instance, does not exceed 3 to 5 per-cent., and that the disease is of shorter duration and less subject to ulterior ill consequences after homœopathic treatment than when it has been left to diet and nature alone.

I have nothing novel or striking to offer on the treatment of pneumonia, having adhered to the general principles and practice laid down by the master-spirits of our School. I uniformly begin with *Aconite* in frequently repeated doses and

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of the 1st decimal dilution. It is impossible to assert positively that it arrests or aborts the disease, but certain it is that after its use very many cases commencing with great severity, and which looked as if they would prove to be pure pneumonia, have recovered in a day or two without further medication. Had the lancet been used, of course allopathic logic would have attributed positive abortive efficacy to its employment. Aconite is not needed after exudation has taken place, and since the first stage of pneumonia is generally of longer duration in children than in adults, its use may be persisted in for the former class to a later period than for the latter.

If the pleuritic combination is well marked, I alternate *Aconite* and *Bryonia*, after the use of Aconite alone for twenty-four hours. If bronchitis is prominent, I give *Aconite* and *Spongia*. For the stage of hepatization, *Phosphorus* is the prominent remedy, alternated with *Tartar-emetic*, if great vital prostration be present, and especially after partial resolution or breaking down of the exudation. *Arsenicum* is here a pathogenetic analogue likely to be very useful. *Belladonna* when cerebral disturbance appears, and *Sulphur* for the stage of convalescence, and to promote the absorption of effusions either into the pleuræ or bronchial ramifications, conclude the list of remedies with which I am at present familiar, and which, I believe, are all thoroughly tried and reliable agents in the different stages and complications of pneumonia. With these measures I have lost but two cases of pneumonia, one typhoid and one catarrhal, in a homœopathic practice of six years, and which has included at least one hundred cases of well-marked pulmonary inflammation.

Allopathists will perchance fail to see the *scientific* bearing of the above treatment. They may think it fanciful, or at the best empirical, and indeed tested by the allopathic theoretic standards, it must seem inapplicable and utterly futile. But it is based, securely based on a perpetual natural relationship between the morbid phenomena to be treated and the pure pathogenetic properties of the drugs used. Old School physicians know very little of these pathogenetic properties because they experiment on sick people and with special efforts

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to produce certain contrary effects to those of the disease. We seek for the natural workings of a drug on the healthy body. We expect to meet with diversities of operation, discrepancies, anomalies, &c., for just as no two cases of the same disease are ever precisely alike in different individuals, so no two provings with the same drug will run precisely parallel. Nevertheless, from a number of provings and from all those sources whence the science of toxicology is constructed, we can collate and arrange enough facts to give us quite a good typical picture of the drug. This re-construction, or new creation of the Materia Medica is the peculiar glory and main feature of homœopathy. Referring our reader to this vast storehouse of drug-actions, imperfectly and confusedly put together as they are in Jahr's Manual, we will endeavor to show that our guiding principle of selection has a truly scientific basis in the most approved facts of pathology and pathogenesis.

Suppose we are called to a case of acute disease which by a careful study of the rational and physical symptoms we diagnose to be a case of incipient pneumonia. We have high fever which has just been preceded by a severe chill, hot skin, full, hard, accelerated pulse, painful breathing, dry cough, dyspnœa and crepitant râle. There is great pulmonary congestion; a cardinal organ, eminently essential to life, is oppressed in its function and in danger of structural disorganization. The *first* requisite in a curative drug for such a case evidently is, that it shall be capable of producing a profound morbid impression on the nervous system associated with a powerful vascular erethism. Borax, Ferrum, Capsicum, Cantharides, Aloes, &c., and such remedies as have special affinities for the solids alone, or the blood alone, or a limited range of action, are clearly not to be thought of. Nor are those drugs of more powerful and widely-diffused properties, but which operate as it were chronically, by inducing cachexias, &c., such as Sulphur, Hepar-sulphur, Sepia, Graphites, &c., any more applicable than the former class. We have an acute, rapid, deep-seated disease and we want a similar kind of drug for it. Aconite, Belladonna, Bryonia, Nux-vomica, Rhus,

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Arsenic, Veratrum, and a score of *terrible poisons* arise before us, and it is from that class that we are to select.

A *second* requisite in our desired drug is, that it shall operate specifically on that part of the nervous system immediately governing the thoracic and abdominal viscera and the arterio-venous system. We can therefore drop, the *cerebral* drugs, Belladonna, Opium, Hyosciamus, Stramonium, Coffea, &c., and the *spinal* drugs, Nux-vomica, Ignatia, Cocculus, &c. There still remains a vast number of heroic drugs operating especially through the great sympathetic and the vascular system. Our *third* requisite is, that the remedy shall yet further betray a specific affinity for the mucous membranes. Consequently we drop Digitalis, Tabacum, and Lachesis as operating more especially on the heart, Colocynth and Veratrum as exhausting their primitive energies on the alimentary tract, Rhus as going specifically to the serous tissues and skin, and even Bryonia as displaying its action prominently on the serous membranes, reserving this last, however, for most hopeful uses, if our case is really to be complicated with pleurisy. Our *fourth* requisite in our drug is, not only that it shall act profoundly on the nervous and vascular systems, on the mucous membranes especially, and that of the lungs above all, but that it shall produce no exudation, no organic lesion, for none exists in our case at present, nothing but pulmonary congestion and constitutional disturbance. Consequently we drop Ipecac., Pulsatilla, Spongia, Iodine, Phosphorus, Tartar-emetic, Arsenic, Senega, and all other pulmonary specifics, at least for the present, and by this process of exclusion, fix upon *Aconite*, the lancet of homœopathy, which answers satisfactorily to all of our demands. This deep reach of Aconite, pervading the imponderable, the liquids and the solids, nerves, blood-vessels and textures, and still stopping short of the true inflammatory point, makes it so invaluable in pure synochial fever, and so capable of arresting almost all local inflammations in their incipiency.

Suppose Aconite fails to arrest the progress of hepatization, and a portion of the lung becomes consolidated by fibrino-serous effusion,—what drug will produce a similar condition? If we look only to the muco-sanguineous, viscid or stringy

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sputa and to the evidences of plastic exudation in the respiratory passages, tending to purulent metamorphosis, we might select Hepar-sulphur, Iodine or Kali-bichronicum in preference to Phosphorus. But the organic lesions are only the last links in the chain, and we must regard them in connexion with their causes, nervous and vascular erethism. Phosphorus is a prominent constituent of nerve-tissue, an essential element in the blood, a direct excitant of animal life, as is evidenced by its marked action in the venereal functions. When to these *essentials* it adds a special affinity for mucous membranes in general, a still more special affinity for those to which the pneumo-gastric nerve is distributed, and furthermore a marked tendency to plastic exudations and ulcerative processes, it appears to us that its pathogenetic resemblance to the middle period or stage of pneumonia is more accurate than that of any other remedy.

When the exudation progresses or begins to break up, and the vascular and venous erethism subside, and a state of adynamia with hyper-secretion appears, Phosphorus gradually loses its homœopathic applicability, and *Tartar-emetic*, *Arsenic* or *Sulphur* are more clearly indicated, *Tartar-emetic* especially. Phosphorus, Tartar-emetic and Arsenic exercise a specific power over the pneumo-gastric nerves and produce similar changes, with harmonic differences, in both the lungs and stomach. That would be a fine essay, which would paint in vivid colors their diagnostic characters, but it would need an extensive physiological and pathological basis. Their isomorphous relationship is another curious connecting link, no doubt of very deep significance. The other numerous remedies for pneumonia, it is needless for me to mention, as I have had no practical acquaintance with them. From their pathogenesis, I should think that Hydriodate of Potash, Kali-bichronicum, Senega, Squilla, Sanguinaria and Carbo-vegetabilis would be found useful in the third stage of pneumonia and that certain adynamic cases at that period might be benefitted by inhalations of Iodine, Turpentine, or Carbonate of Ammonia in very appreciable quantities. Our patients, however, almost always recover so readily and thoroughly under Aconite, Phosphorus and Tartar-emetic, that our opportunities for therapeutic experiments are happily limited.

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ARTICLE XXXI.—*Case of Ascites.* By Dr. JAMES T. ALLEY, of New-York.

C. A. Janse, born in Holland, aged 44, painter by trade, has been in America seven years, was attacked with intermittent fever on his voyage which continued to recur at intervals for one year. On one occasion the fever was checked, and the abdomen began to enlarge, indicating the presence of dropsical effusion. At the end of one week, however, the fever returned and the dropsical symptoms immediately and entirely disappeared. He had been taking powerful remedies but now suspended them, and changed his residence to a healthier location, when he was soon relieved of his intermittent disease, but was left with an abnormal enlargement of the abdomen, which continued for two years, when he commenced vomiting and voiding blood per anum to the amount of several quarts at various times. By the first attack he was prostrated several months, and within a year a second occurred, when as he says, "he bled like a butchered cow." He recovered from this in a few months, and with it from the dropsical condition of the abdomen, and seemed for some time entirely well. But after this, smaller quantities of blood were vomited up at intervals of several months. On the 17th of June and 17th of July, 1855, he again lost a considerable quantity of blood, since which he has had no recurrence of hæmorrhage. His physicians during his several attacks had diagnosed, and the general condition of his system and all the attendant phenomena left no reason to doubt the existence of cirrhosis of the liver. In the latter part of July, signs of dropsy began again to appear, and steadily and rapidly increased in spite of thoroughly administered allopathic remedies, which in fact seemed to have no effect in checking the progress of the disease up to the time, when I saw him on the 6th of September; then the extensive effusion into the abdomen, the debility of his system and the probability of a hob-nail liver left only the slightest chance for him to recover or survive. His principal symptoms were the following: skin hot, dry, smooth, shiny, pale, and almost cadaver-like, pitting on pressure, especially in the lower extremities; face pale with blue circles around the

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eyes; peculiar smell which belongs to dropsy; thirst almost incessant; mouth and tongue dry and parched, with apthous appearance, excepting on the upper surface of the tongue, which was smooth, red and angry; almost entire loss of appetite, taste morbid, metallic and unpleasant; urine scanty and high-colored, amounting to but few ounces in twenty-four hours. Pulse quick and feeble; bowels irregular; abdomen largely distended; feet and legs considerably swollen; countenance anxious and distressed; sleep restless and disturbed. These symptoms had not even been temporarily checked by any of the medicines, which had been administered, and seeing their inefficiency and being assured by his friends and physicians that he could not recover, I had much confidence in commencing and persevering in treatment based on the principle of "similia." On the first day his thirst and dryness of the mouth seemed to be the most harassing symptoms; *Arsenicum*, one powder, was given every three hours in conjunction with Digitalis, and a dose of Dulcamara every night. These remedies were continued for two days, when *Merc.-corr.* was substituted for the Digitalis and continued for two days more, when the thirst and dryness of the mouth were much relieved and the abdomen had at least not increased in size for the past three days. On the next day, however, the symptoms became more urgent and I called Dr. Peters in consultation. We agreed to continue the *Merc.-corros.*, and to give *Apocynum cannab.* in alternation. He took these in conjunction for two weeks, at the end of which time no decided improvement could be noticed, yet the progress of the disease was evidently retarded. And now, owing to the annoyances of an incapable nurse, and the excitement of the presence of a young half-orphan family, he insisted on being removed to the New-York Hospital, in hopes of being more speedily relieved. He accordingly, without the knowledge of his best friends, was taken there, but on being examined by the house-physician, it was decided that he could not recover, and they therefore refused to admit him. He was immediately conveyed home, and on seeing him again, I resumed the Apocynum in alternation with the *Apis-mellif.* At the end of the third week of using these remedies he appeared very slowly to be losing strength;

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the effusion was so great, that the abdomen was hard and resisting, the feet and legs were much swollen, his breathing so oppressed as to prevent his lying down with any comfort. An operation now seemed unavoidable, and on the 26th he was tapped and relieved from a very large quantity of water. After reviving from the fatigue of the operation he was quiet and comfortable, and I directed the medicines to be increased, in order to take all possible advantage of the absence of pressure to arouse the secretory organs to a healthy action. The fluid, however, began rapidly to accumulate, and in two days more, there was apparently half as much as had been taken away. I now directed him to be thoroughly rubbed all over his body with the Nitro-muriatic-acid, 1ʒ to 2ʒ of water. His skin at this time was dry and inactive, as though it had no connection with a living body. The Apocynum and Apis were continued in the same manner, as before directed, and Acid sponging was used once a day for seven or eight days, during which time, the accumulation of water was so rapid, that his abdomen seemed nearly as large as before. But now, for the first time, his symptoms began gradually to improve, his urine increased a few ounces per day, his tongue was somewhat less red and angry, his appetite and taste improved, and the next twenty-four hours gave much evidence that he was really gaining. For three or four days, there was a moderate increase of urine with a corresponding diminution in the size of the abdomen, and after this, a decided amendment of all the symptoms sat in. The tongue began to assume something of a natural appearance, the skin to regain a part of its lost vitality, the excretory organs to perform their part in emptying the unnatural accumulation of fluid, and all the vital forces to obey the stimulus of a moderate medicinal action. The progress of the case now was as steady and rapid toward the re-establishment of health as before it had been in carrying him to the borders of the grave. After a convalescence of six weeks he was able to dress himself and walk about, his appetite was good, strength fast returning, and now after a lapse of nine weeks he is walking about the streets, taking his ordinary diet, and looking better than for months before. During convalescence he has taken Ferrum, China, and Sulph., as they

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were indicated, and a liberal allowance of nutritious food, and an occasional glass of wine.

There are a few points in the history of this case deserving more attention than we have room to give them:—1st, the beautiful homœopathic cure in the early history of his case, made by the intermittent fever in eradicating the dropsical disease in the short space of one week. Most pathologists will concede that the location of the diseased action in the febrile diseases are the same as those engaged in all the forms and varieties of dropsy. Dr. Lee says in diet, Pract. Med. Am. Ed., p. 1041: "In fever, there is an implication of the whole of the vital endowments and faculties, the fluids and the entire organization." Clymer "Treatise on Fever," page 21, says: "The organs affected are those which constitute the circulating system, and those which constitute the systems of secretion and excretion." And all will admit, that there can be no dropsy without the secretory or excretory vessels being implicated. We have then in this case: commencing ascites, running in the period of one week to an extent exciting the anxieties of the physician, radically removed by the supervention of the fever. The rationale is plain: the miasm of the intermittent is absorbed, it enters the circulation and produces its specific effects on the parts which were there subject to a diseased action; it substitutes for that action its own dissimilar stimulus, which in turn is superseded by a healthy action, as soon as the miasmatic influence is removed. Here nature herself seems to be teaching us the true theory of the "vis medicatrix medicinæ." Let us follow in her footsteps and let, at least the primitive source of our scientific deductions be from her self-patronized law of "similia similibus curantur."

2d. Let us notice the applicability of the Nitro-muriatic-acid in organic disease of the liver, and in cases of passive dropsy. In Janse's case the hob-nail irregularity of the surface of the liver was very perceptible to the touch, and there appeared to be almost entire functional obstruction, consequent upon the constriction exerted by the organic disease. The pressure of the contracted parenchyma of the liver upon the surrounding secretory and excretory ducts of the organ embarrassed

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and impeded their full operation, until there resulted a persistent half-congestion. And when we consider that the liver is a self-acting and self-supporting engine and depends for its nutriment upon that very blood from which it previously eliminates the bile, we can readily see how any organic derangement, if uninterrupted, has a projected abnormal action on itself, and necessarily causes a new and progressive disease. The indications then were to establish a medicinal influence which should eradicate the existing slow and morbid action; and we have no remedial agent more specific or better adapted for accomplishing this than the Nitro-muriatic-acid. Wood and Bache, p. 814, describe its action as a "stimulant to the liver," and this accords perfectly with the principle on which we gave the remedy. Besides this, however, it appears to have a decided action on the serous membranes and on the secretory system generally, as is evinced by the profuse ptyalism it has often produced, and the regulation of interrupted secretions, a reputation for which it has some time enjoyed. It is probably more beneficial when given by the absorbents of the skin, than when administered internally, for the gastric irritability characteristic of the later stages of this disease would render it badly borne. The sense of fullness and the tenderness on pressure over the region of the liver in this patient have entirely disappeared, and his countenance has assumed a better aspect than for some time before.

3d. The high value of the Apocynum in cases of dropsy when there is no organic derangement to impede its action: This, like all other remedies, will be likely to be abused and discredited for want of success, when the failure will arise from neglect in fulfilling the previous indications, and preparing the organism for its specific operation. Dr. Peters considers it most applicable to general dropsy and gives several cases of its singular efficacy in that disease. In abdominal dropsy from hob-nail liver, I believe it to be a sure, though not a rapid remedy, and hence assume the necessity of conjoining it with such other remedies as the case indicates, in order to insure that success which its reputation gives us reason to anticipate. In regard to the dose, many authors desire the nauseating and cathartic effect, but either cannot

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but be injurious: 1st, in respect to the patient's strength, which we are compelled carefully to regard; and 2d, as expending its energies merely on the secretory organs of the bowels and kidneys, when its influence should be more diffused upon all the tissues concerned. The quantity to be administered, however, must be determined by the locality of the disease, and the condition of the system, and can only be regulated by that most essential quality of the physician "common sense." Large quantities can often be taken for several weeks before the desired effect will be produced. In this case as much was given as could be perfectly well borne without disturbance to the digestive system. The stomach was quiet and the bowels moved once a day during all the time of its administration.

Article XXXII.—*On Carbuncle*, Pustule Maligne *and Furunculus, by* Dr. William Banks, of New-York.

Among the many subjects of interest which have lately attracted the attention of the medical profession, none are more worthy of investigation and comment than Carbuncle, *Pustule Maligne* and Furunculus. From some peculiar condition of the atmosphere these diseases have for the last two years been unusually prevalent, which though remarked by all physicians, have not yet received from the medical writers of this country that consideration which their importance demands, and I shall therefore endeavor by this article to make slight amends for past general neglect.

Carbuncle and Furunculus are in some respects diseases of kindred character, resembling each other in appearance, and in their early stages, though differing widely in their influence on the animal economy,—affecting the same tissue and developed by similar causes. *Pustule Maligne* is the result of the inoculation of carbuncular matter and bears the same relation to carbuncle that varioloid does to variola. Carbuncle, which is by far the most serious malady of the three, shall first occupy my attention, and to give greater lucidity to the subject, I have divided it into six heads, viz., Causes, Symptoms, Progress, &c., Anatomical Lesions, Diagnosis, Prognosis and Treatment.

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1st. Causes.—Miasmatic emanations of marshy districts; breathing for a long time an atmosphere impregnated with the effluvia of decomposing animal substances, diet deficient in quantity or defective in quality, living in damp or badly ventilated apartments, arduous and prolonged labor and all mental emotions of a depressing character. The first three of these causes not only produce carbuncle in man, they likewise produce the disease in the inferior animals by which he is surrounded. The ox, the horse, the sheep and even domestic poultry occasionally fall victims to it.

2d. Symptoms, Progress, &c.—The initiatory symptoms are characterized by unusual feelings of languor and debility with complete disinclination to either mental or physical exertion. Great depression of spirits quickly supervenes, which in some cases is accompanied by emotions of fear of some impending peril, of which, however, the patient can give no explanation. One or more pustules are now developed at the point of attack: these soon assume a dark purple color, which often deepens into a positive black. It is this latter phenomenon which gives the disease its name, from the Latin "Carbunculus," signifying a small coal. The pustules, after a lapse of time of uncertain duration, but influenced generally by the greater or less degree of malignity of the disease, the more malignant the sooner, burst and discharge a reddish serum, producing irritation of the parts with which it comes in contact. They then coalesce, forming one solitary pustule of colossal proportions, with a dense and resisting base, but only slightly elevated above the contiguous tissues. The pain becomes excessive and is unremitting, though paroxysmally augmented from time to time, and to such a degree as to produce occasionally even syncope. A sensation of tension in and around the affected part, which contributes greatly to the sufferings of the patient, is likewise eminently characteristic of carbuncle. At this period gangrene sets in, with marked tendency to invade the circumjacent regions; a fœtid discharge is established, which by inoculation, gives origin to pustule maligne. A small, frequent pulse, dry, hot skin, eyes fixed and staring, or rapidly wandering from one object to another, are the next symptoms, and then comes complete prostration. In some cases there is great thirst; in others this symptom is wanting.

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The tongue is generally covered with a brownish coat, and is tremulous when thrust out for the inspection of the physician. An irregularity of the heart's action is invariably observed, which is more strongly marked in the malignant cases than in the mild. The bowels are usually constipated, but in some cases liquid stools of an intense fetidity are involuntarily passed. If the carbuncle be situated on the head, the neck, or the superior part of the trunk, we see coma, delirium and convulsions, with tumefaction of the face and scalp. When the malady is about terminating fatally, the symptoms are intensified; the gangrene invades the adjacent parts, the pulse is extremely rapid and compressible, the delirium is low and muttering, sordes collect on the teeth, and in fact all the symptoms of the latter stages of typhus-gravior manifest themselves. When on the contrary the disease progresses favorably these symptoms gradually diminish. The usual line of demarcation, separating the sphacelated from the living tissues, appears; the pulse becomes slower and fuller; the skin natural, and finally, the dead portions are detached by the process usual under such circumstances, leaving an ordinary suppurating cavity which, in a short time, is filled by healthy granulations to the level of the surrounding surface and the disease is terminated. A well delineated cicatrix always occupies the nest of a former carbuncle, which often assumes and retains for several months, a deep purplish-red color. Carbuncle attacks individuals of every age, but very young children and the aged are the most liable to it. It always begins in the cutaneous tissue and may be situated on any portion of the surface of the body, but the neck, the back and the posterior surface of the thighs are the favorite localities.

The duration of the disease is various. In mild cases it runs its course in ten or twenty days. In severe ones, when not fatal, it generally lasts three or four weeks; in fatal cases death ensues more frequently on the third or fourth day. Sometimes, however, it takes place, as a late as the third week of the disease and at others in twenty or thirty hours. Vidal de Cassis mentions a case in his admirable treatise on carbuncle (vide Pathologie Externe, par Vidal de Cassis. Tome 1er, Page 407) which terminated fatally in six hours after the first appearance of the disease.

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3d. Anatomical Lesions—An autopsia cadaverica shows in the vicinity of the seat of the carbuncle the same disorganization of tissue subsequent to other forms of gangrene. The cellular structure beneath the skin is completely sphacelated; the skin itself, even at a considerable distance from the point of attack, is detached from the subjacent parts, or but loosely adherent to them. A general phlebitis is not unfrequently seen, and occasionally pus has been observed in the veins; the blood is black and decomposed. In a few cases, cavities filled with a purulent matter have been found in the lungs. Suggilations are always observed on the interior surface of the stomach and bowels. There are some writers who pretend to have found genuine carbuncle of the stomach in their post-mortem examinations of those who have succombed to this disease, but as Vidal de Cassis remarks, these supposed internal carbuncles, are probably, only suggillations of an unsually dark color.

4th. Diagnosis.—The presence of one or more pustules of unusually dark color and excessively painful on some portion of the superficies of the body, with great prostration of the vital force, are sufficient in most cases, to diagnosticate the disease. But it may be confounded with other maladies by the incautious. The plague has sometimes been mistaken for it; the seats of the buboes in the plague, which are very rarely the points of attack in carbuncle, and the darker appearance of the pustules of the latter malady distinguish them. There is a strong external resemblance between it and the latter stages of pustule maligne, but the absence of grave constitutional symptoms in pustule maligne marks the difference. Certain cases of furunculus may be taken for it in its early stage, but again the non-existence of grave constitutional symptoms and the excruciating pain, so characteristic of carbuncle, obviate the liability to confound them.

5th. Prognosis.—From what has been said of the symptoms, progress, &c. of the disease, a prognosis, frequently unfavorable, is necessarily inferred. There are some physicians, I know, who say that Carbuncle is not a very grave malady, that they never fail of curing it, but the aggregate of testimony is overwhelmingly against such a supposition, and the cases of that disease which they report as so readily cured were doubtlessly

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pustules malignes or furunculi, which, as has already been stated resemble carbuncle, and are sometimes mistaken for it. Others again say it is fatal in almost every case, and many of the most distinguished of the English and French surgeons are of that opinion. Vidal de Cassis states (vide Pathologie Externe, tome 1er, page 410, article Charbon) that he has never seen a case of carbuncle cured, nor its progress even momentarily arrested by any method of treatment whatever. But the truth lies between these extremes. Carbuncle, like all other diseases of a serious character varies in gravity in different cases; while in one case it may resist every effort of the physician to stay its progress, in others his remedies may produce a decisive and happy effect, and the patient be rescued from imminent danger. When the face or the neck is the seat of the malady, there is much greater cause for apprehension of a fatal termination than when it is seated in the trunk or extremities. When the old and feeble or the very young are the subjects of its attacks, the prognosis is much more unfavorable than when the vigorous or middle-aged are its subjects. It is also more fatal among women than among men, the greater flaccidity of their tissues being more favorable to the spreading of gangrene.

6*th. Treatment.*—Carbuncle being only the external manifestation of a constitutional disorder, our treatment should be directed more against the constitutional symptoms than the local; yet local treatment is sometimes so effective in inducing a speedy recovery that it merits great consideration. The remedies that have been the most efficient in this disease are Arsenicum, Carbo-vegetabilis, Rhus, Secale-cornutum and Sulphur. It is superfluous to detail the peculiar conditions under which these remedies are administered singly or in alternation with each other; every homœopathic physician, of course, being familiar with the effects of such well-known drugs, would perceive in an instant, when called to a case of carbuncle, which of the five to select. I shall only recommend caution as to the use of low dilutions. In this as in all other diseases of an adynamic character, it is easy to produce a drug-action from which it is impossible for the constitution to rally. I would never use a lower dilution than the sixth, and would rely in most cases on the twelfth.

As regards the external treatment a variety of opinions ex-

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ist. Some recommend the application of Nitric-acid, Nitrate of Silver, the Vienna Caustic or any other powerful escharotic alone; others only the application of the actual cautery. Others, again, recommend a free incision of the parts and the application afterwards of cauteries, either actual or potential, and then stimulating poultices or washes. The statistics of the hospitals of Paris show this method to be more efficacious than any other among allopaths. A complete extirpation of the pustule is warmly commended by many, but this is evidently unphilosophic, unless the line of demarcation, separating the diseased parts be formed, and then the pain resulting from the operation is hardly counterbalanced by the very little earlier exanastrophe. Before the line of demarcation is formed, it is impossible to tell how far the disease extends, and the surgeon who has performed the supposed complete excision anterior to that epoch, may have the mortification to see the lips of the wound invaded by gangrene, showing that he had excised only a part of the carbuncle when he had hoped to have completely eradicated it. In making the incisions great care should be taken to have them completely penetrate the pustule to the sound parts beneath, otherwise the operation will be infructuous. Then apply concentrated Nitric-acid or iron brought to a white heat, and when the immediate action of the cautery is spent a yeast poultice or one made of bread and wine, as is used by the French military surgeons when gangrene results from operations or gunshot wounds, or a pad of charpie saturated with aromatic wine. Boyer does not recommend incisions carried entirely through the carbuncle, but prefers, after having made superficial scarifications, to penetrate to the sound tissue beneath by means of the actual cautery. Dr. E. E. Marcy makes a deep retilinear incision and then applies a carrot poultice. Dr. A. D. Wilson, after scarifying thoroughly anoints with oil of turpentine.

In no disease is the great superiority of the homœopathic practice more clearly set forth than in this; while the most distinguished physicians of the old school agree that it is one of the most fatal maladies they encounter, it yields readily in the great majority of cases to a proper homœopathic treatment, as is illustrated in the private practice of Marcy, Wilson and others of our school.

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PUSTULE MALIGNE.

I have stated that *Pustule Maligne* is the result of the inoculation or absorption of carbuncular matter. This is the opinion of Leuret, Enaux, Chaussier, Vidal de Cassis and several other eminent French surgeons, who have made a thorough investigation of the subject, and is therefore worthy of full confidence. I shall then consider it as nothing more than *Carbuncle* modified by transmission from an animal to man, or from man to man, and it could with propriety be termed *carbunculoid.* Direct contact with carbuncular matter, or with the exuviæ of animals that have died of carbuncle, or been slaughtered when affected with it, is necessary for its transmission. Hence it is that drovers, shepherds, tanners and cooks, persons whose daily avocations bring them frequently in contact with animals, living or dead, like man, susceptible to the morbific agencies producing carbuncle, are so much oftener attacked than others. Those parts of the body usually exposed are consequently more liable to it than those usually protected by apparel, so we generally find the disease seated on the hand or the face; great stress is laid on this circumstance by those advocating the theory of its being carbuncle modified by transmission and not a constitutional disorder, and with good reason, for the hands and face, alone, can, as a general thing, directly touch an infected animal or its exuviæ.

Symptoms, Progress, &c.—The advent of *Pustule Maligne* is announced by burning and itching of the point attacked. A small vesicle is then developed, is soon ruptured by the scratching caused by the itching, and discharges a pale reddish serum. A small pink prominence appears, which the patient is very apt to attribute to the bite of an insect. This increases in size and gradually assumes a livid hue; the itching becomes more intense, the burning more pungent. A slight shooting pain is now felt; the skin surrounding the point of attack begins to participate in the diseased action; a bright areola forms around the little prominence, which rapidly increases to a tumor of respectable dimensions. It then assumes a darker and darker hue, becoming almost black; the itching now entirely disappears, the burning sensation is aggravated, the shooting pain is more intense. Constitutional symptoms generally, however, of mild

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character, set in; there are polydipsia and anorexia, frequently cephalalgia, and always febrile circulatory action and hot skin. The tumor then becomes gangrenous, and, in three or four days is thrown off, leaving an ordinary suppurating pit, which is filled by the usual process of granulation. Such is generally the course of pustule-maligne, when it attacks an individual previously in the enjoyment of full health and vigor, but when a person enfeebled by a former disease, by old age, or by any other cause is the subject of its attack, the symptoms are much more formidable, and sometimes equal in gravity, both locally and constitutionally, those of the much dreaded carbuncle.

Diagnosis.—The itching and burning sensation so peculiar to pustule-maligne, together with the absence for some time after its appearance of constitutional symptoms, render it easy of recognition. It is, I know, sometimes mistaken for carbuncle, which, as has already been stated, it resembles in its latter stages, but if the physician recalls to mind, that the development of a carbuncle is always preceded by well-marked constitutional symptoms, and that on the contrary pustule-maligne is always developed before constitutional symptoms set in, it will be impossible for him to fall into that error.

Prognosis.—The prognosis of pustule-maligne is seldom grave. Produced, as it is, by the local application of a poison, its action in most cases is almost entirely local. Vidal de Cassis states that he has never seen a case terminate fatally, though a great many have fallen under his observation. The majority of those attacked do not even lie up but continue their daily routine of business during the entire continuance of the disease. It sometimes, however, terminates fatally when the elderly or enfeebled are its subjects. Occasionally it gives rise to considerable deformities, when, for instance, it is seated on an eye-lid; in such cases the entire lid may be destroyed, and a plastic operation becomes necessary. In some portions of the South of the United States, and in the South of Italy and France, pustule-maligne is quite common. The pastures in those countries, from the heat and long continuance of the summers, are necessarily limited to the marshy districts, and the cattle constantly exposed to the deleterious miasma always emanating from marshes in hot countries, are frequently attacked with carbuncle,

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which they transmit to man under the form of pustule-maligne; but we seldom or never hear of death resulting from it in those countries, in spite of its frequent occurrence.

Treatment.—The treatment of *Pustule Maligne* should, in it earlier stages, be entirely local, constitutional remedies not being required until constitutional symptoms manifest themselves, which, as I have stated, does not take place unless the disease be permitted to run on to its latter stages, and which can be almost always prevented if taken in time. In no malady, not even excepting *chancre*, is cauterization more effective than in this. The potential cautery alone is, in most cases, sufficient to induce a speedy cure, but when that does not produce the desired impression we can with confidence resort to the actual. The best cauteries are unquestionably the *Pâte de Vienne*, the arsenical paste of the monk Pacomo, and concentrated Nitric-acid. A thick layer of the first two of these is spread on the pustule, where it should remain for two or three hours; it is then removed with the eschar which it has formed, and a wad of charpie saturated with aromatic wine applied. When Nitric-acid is used, the parts should be well painted with the escharotic, and when its immediate action has ceased, the same treatment should be observed as after the application of the *Pâte de Vienne* and the Paste of the monk Pacomo. Other mineral applications are used; of these Nitrate of Silver, Caustic Potash, Acid Nitrate of Mercury and Sulphate of Copper are the most common, but experience has shown that they do not exert a curative influence equal to the first-mentioned applications. Boyer, Vidal de Cassis and others of equal note, when the actual cautery is to be applied, scarify profoundly anterior to its application, but this seems, to say the least of it, unnecessary, for with the *iron* brought to a white heat, it is easy to burn through the pustule to the sound parts beneath without the preliminary preparation. When constitutional symptoms are developed, Aconitum completely controls the increased circulatory action and cephalalgia, and Arsenicum the polydipsia and anorexia, the only general effects observable in the majority of cases. But when there is tendency to *extensive gangrene or typhoid prostration*, the same remedies should be resorted to that are used in carbuncle, and the patient put on a generous diet. *En résumé*, I urgently

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press upon the profession the use of the Arsenical Paste of the monk Pacomo as a topical application, the effects of which, as can be seen by consulting the great work of Cazanave (his *Maladies de la Peau*) are strictly analogous to Pustule Maligne.

FURUNCULUS.

With the greater number of physicians, Furunculus is a disease of no moment, yet it unquestionably deserves comment for two reasons; the first that it is an external manifestation of a constitutional disorder; the second, that it is often mistaken for carbuncle. That it is the result of a constitutional impression is apparent to the most casual observation, those only who are brought under certain influences being subject to it, as is seen by an enumeration of its principal causes. These are malarious emanations, depressing mental emotions or great anxiety, low diet and the adynamia resulting from the protracted abuse of alcoholic drinks. Its frequent occurrence in malarious districts, especially during the prevalence of intermittent and remittent fevers, can not be denied by any practitioner. In such districts it apparently takes the place of those fevers, which has given origin to the popular delusion, "*that boils are healthy;*" those suffering from them always escaping the miasmatic intermittents and remittents. A striking exemplification of its being produced by mental depression lately fell under my observation in the person of an eminent merchant of this city. This gentleman is the senior partner of a firm having a branch establishment in San Francisco. The San Franciscan House met with such heavy losses that the failure of the House in New-York was anticipated. My friend was profoundly depressed; lost all appetite, became emaciated; at last a boil appeared, which was quickly followed by others, and then crop after crop succeeded each other, in spite of all treatment until a favorable change took place in his affairs, when the elasticity of his spirits being restored, the boils disappeared promptly. The frequent attacks of boils, to which the dissipated and the poorer classes are subject, is too well known to make observation necessary. Thus it is seen that carbuncle and furunculus are dependant, in many cases, on the same causes. But there is another relationship existing between them; boils, from the intensity of the local

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congestion, frequently assume the dark color characteristic of carbuncle which leads to error in diagnosis. A close investigation of constitutional symptoms, as well as local, will obviate this mistake. I am convinced, that it is this resemblance of the two diseases, which, leading some physicians into a false diagnosis, has made them suppose they could easily cure any case of carbuncle. Languor and listlessness, a bad taste in the mouth, defective appetite, constipation and derangement of the hepatic functions usually coëxist with boils.

The prognosis of furunculus is, in almost every case, favorable; it is only when there are a great many boils, or when they continue to form during a long period of time, that there is any ground for apprehension. In such cases, the patient becoming enfeebled, may fall into a typhoid condition, and perish.

Treatment.—The local treatment of furunculus generally consists in the application of an emollient poultice to hasten its coming to "*a head*," as the suppurating stage is called, and this in most cases is all that is requisite. But sometimes there is such congestion and tension of the parts that an incision permitting a *débridement* is necessary: this always gives relief in such cases, and should constantly be resorted to, but more particularly when the boil has a dark, carbuncular look. Hepar-sulphur, Silicea and Staphysagria are the best internal remedies; the two first of these should always be given highly attenuated, the latter in low attenuations. When these medicines do not arrest the development of boils, Sulphuric-acid, as recommended by Fosbzorké, will produce the desired effect.

Article XXXIII.—*Apocynum Cannabinum.* (*Indian Hemp.*)

By M. Freligh, M.D., of New-York.

It is to be regretted that so many remedies worse than useless occupy a conspicuous place in our Materia Medicas, to the exclusion of those having the highest claims upon our investigations and worthy of a prominent position among our medicinal gems. Among the latter the Apocynum Cannabinum appears worthy of our consideration, although it occupies but

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a brief space in the United States Dispensatory. Our Materia Medicas scarcely give it a passing notice, and it is but recently, by its empirical use as a remedy in dropsical affections, that its claims have been suggested to a few members of the medical profession. In Hull's Jahr, or Manual of Symptomatology, we have its curative results in the practice of the editor and his colleague (Dr. Gray) in two cases of ascites and one of anasarca, the former succeeding the immoderate use of Quinine, and the latter secondary to scarlatina. We have also an extract of a letter from Dr. Payne, of Albany, as regards its success and popularity in Western New-York, in the cure of diarrhœas and intestinal hæmorrhage. The mere mention (taken from Wood and Bache's Dispensatory) of its use by Drs. Parrish and Knapp, and Dr. Griscom's Essay in No. XII. of the American Journal of Medical Sciences, and the narrative closes.

The correctness of what little has been said by the gentlemen above referred to is not questioned. But how far short must it necessarily come, and how imperfect must it be in respect to its entire curative properties, when we consider its pathogenesis and the many active medicinal agents it compares with?

In quite moderate doses, allopathically considered, it exerts an influence over the nervous and vascular system, the secretions and excretions. It acts powerfully as a hydragogue-cathartic, emetic and diuretic; it is diaphoretic and expectorant, it produces dryness of the tongue and an unpleasant heat of the larynx and fauces; it diminishes the frequency of the pulse and induces drowsiness.

Its effects upon the serous secretions are very similar to those of Elaterium, Helleborus-niger, Scilla-maratima, Colchicum, Colocynth and Arsenicum.

Upon the stomach, bowels and kidneys, its effects compare with Elaterium, Colchicum, Helleborus-niger, Scillæ and Colocynthis.

With Sanguinaria, Seneca, Scilla, Mezereum and Elaterium upon the œsophagus, extending its effects to the trachea and larynx, producing hoarseness, and in some instances dryness of the tongue, and an unpleasant degree of heat in the throat.

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It also compares with many of our remedies in affections of the skin.

During the last seven or eight years I have used it with the most decided success in almost every form of dropsy. I have succeeded with it in hydrothorax, ascites and general anasarca, where Arsenicum, Apis-mel., Hellebore, Digitalis, Elaterium and the different diuretic preparations of Potash (Kali) have, together with vapor-baths and other auxilliary remedies, signally failed.

The following are a few of the many cases that I have treated successfully with it. Mr. G., aged 62, ascites and anasarca, of the inferior extremities, succeeding typhus fever. His abdomen was very much distended and painful; pulse small and irregular; skin dry and husky; urine high-colored, diminished in quantity, and voided with difficulty; and breathing very laborious.

Master P. of Waverly-Place, aged eight years. Hydrothorax and general anasarca secondary to scarlatina; face much swollen, also his neck, chest and extremities. When I was called, they thought him dying; he was gasping for breath and could not utter a syllable, although perfectly conscious, and would answer by signs.

Mrs. C., aged 49, ascites, and Miss M., aged 23, ascites. The former was referable to a cessation of the menses, and the latter arose from congestion of the liver and portal system. Within six months I treated an aged lady, who had been under treatment for the best part of eight months, by one of the professors of our city, who pronounced the case "incurable organic disease of the heart." She suffered much from difficult breathing, and was entirely unable to remain in a recumbent posture. There was œdema of the inferior extremities, across the loins and of the inferior portion of the abdominal parietes; tongue dry, immoderate thirst, and paucity of urine. Notwithstanding organic cardiac disease might exist, it was perfectly clear, that the great difficulty of the chest was hydrothorax; for in addition to the above symptoms, there was general dullness upon percussion, and the respiratory murmur was entirely wanting in the inferior part of the lungs. In four weeks she was cured of all the symptoms above detailed,

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and is now (judging from appearances) perfectly well, with not a single symptom indicating organic disease of the heart existing.

I recently treated Mr. L., aged 64, who had been under medical treatment for several months and gradually grew worse, until his symptoms were of the most alarming character, and threatened immediate suffocation. I visited him at the request of a clergymen, who supposed the old gentleman to be rapidly approaching dissolution. I found him laboring under the most agonizing difficulty of breathing, being supported in the sitting position in bed, by two or three attendants alternately. His stomach was in such an irritable condition that he could not retain even a draught of cold water; countenance expressive of anguish, abdomen distended, urine entirely suppressed, and œdema far more extensive than in the former case. It is worthy of remark that this case was also denominated organic disease of the heart by the attending physician, who is also one of the medical teachers of this city. In a fortnight from the time that I commenced the treatment, he rode out with ease and comfort, and now appears perfectly well; so if the learned gentlemen were correct in their diagnosis in the two last cases cited, the Apocynum-cannabinum will not only cure dropsy depending upon organic disease of the heart, in less time than would appear credible, but also the primary or original disease that was pronounced incurable.

I have found it equally efficient in urinary difficulties, particularly dysuria, strangury and anury, and it appeared quite immaterial, judging from its effects, whether the symptoms depended upon common catarrh of the bladder, disease of the prostate, or upon a morbid irritation of the bladder and the urethra, from gravel, or from a want of tone in the parts concerned in its evacuation. I have never known it to fail even in cases of retention depending upon paralysis, having used it successfully at Bergen Corners, where I was called in consultation, in a case of paralysis of the inferior extremities, caused by injury to the spine. Every remedy had been tried in vain, and the catheter afforded the only relief, which had been used once and sometimes twice a day for a fortnight.

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The first dose had the desired effect. Many other cases of urinary difficulty that I have treated successfully by the use of the remedy under consideration, are particularly interesting, but would prove too numerous to be detailed in this brief notice of its curative powers.

The doses administered in the cases referred to, were from two to five drops of the tincture (never more than seven), mixed in a tumbler about two-thirds full of pure cold water and a dessert-spoonful given, for the dropsical affections, every three or four hours, and in the urinary difficulty, every hour, until it afforded relief.

The above statement of facts (which can be fully corroborated,) is made for the purpose of inviting the attention of those members of the Hahnemann Academy, whose opportunities are greater than mine, to a more full investigation of the curative powers of the Apocynum-cannabium, in order that it may be incorporated among our most efficient and reliable remedies, and occupy the place in our Materia Medica that it justly merits. It has proved serviceable, according to Dr. Payne, in diarrhœa and intestinal hæmorrhage, and judging from its pathogenesis, it ought to be an efficient remedy in diarrhœa attended with copious watery evacuations, cholera morbus and cholera infantum.

ARTICLE XXXIV.—*Observations on Marasmus of Children*, by JAMES T. ALLEY, M.D., New-York.

As this is a disease which occurs for the most part during the earlier period of childhood, it is more particularly at this age we are compelled to use so indefinite a term, for the same progress of symptoms in the adult, is more easily traced to its primary disturbing cause and is classified accordingly. As known in the profession, it is spoken of as but the manifestation of some organic discordancies, often, however, so occult in nature, so insidious in approach, and so unheeded in its first appearance, as soon by its complication to draw a veil over the real locality of the disease, and to baffle the keenest pathological investigation. The extreme frequency of its occurrence is well illustrated by the fact, that of the 28,500 deaths occurring in the city of New-

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York for the year '54, more than 1700 were reported as marasmus, 1400 of which were in children under two years of age. A mortality in chronic diseases only equalled by its sister-destroyer in the adult, consumption. In its physical aspect there is no diseased condition of the system so pathetic in its appearance, and so pity-exciting in all its manifestations; the expression of countenance, the color of skin, the feeble husky half-drowned voice, the protrusion and unnatural appearance of the eyes, the mechanical movement of the almost skeleton limbs, and every indication of animal existence, seems crying in the feebleness of exhaustion for rescue from the grave.

The mental powers are undisturbed, except from the reflex nervous disturbance consequent upon the inroads of the disease. True in the latter stage, there is often a continued restlessness, but it appears more like a labored unquiet than any functional disturbance of either the sensitory or motory system. It is the gradual, constant death-flash of the flickering lamp, which seems determined to burn till every shred is exhausted. In the undisturbed progress of the disease the natural result is death by exhaustion, for whilst the absorbents are rendered inactive, and refuse to contribute to the supply which nature demands, the exhalants are rendered still more active by the unnatural stimulus which the imperfect assimilation of the food affords, and remain faithful even in the destruction of the fabric of which they form a part. It is remarkable to how low a degree the vital forces may here be reduced, and yet life be sustained; every organ and part clings to the fabric to the last, and faithfully receives the meagre pittance of nutrition, as if continually sustained by the hope of a reviving supply, till the vital cord too kind to cut "is softly disengaged." Death may, however, occur from the reflection of the existing disease upon some separate organ, in which case it is generally of short duration. Its most frequent occurrence will be found to be, like most diseases incident to childhood, among the poor, and among that class who are ignorant and careless of all the principles and practice of hygiene; the penalty for the non-fulfilment of which is weekly read in our list of infantile mortality. Not that the poor, cæteribus-paribus, have not the same fondness, and use not the same exertions for the care of their offspring as those who are in comfort or affluence, for we have often noticed that where education

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and cultivation have developed the full gush of maternal affection, the direst poverty seems but to give new vigor to the cords of attachment; but the circumstances attending protracted poverty are generally such as to blunt the finer feelings of our nature, and the society, the discouragements, the blasted hopes, the relaxed aspirations, and the dissolute and careless condition to which it leads, are such as to mar even so holy a relation as the maternal. It is to the negligence then, to which the children of this class are subjected in regard to diet and regimen, which is the principal agency in producing this disease. In fact, if we deduct the dietetic and regimenic influences, our list of its occurrence would dwindle to a point too trivial for account. True, it occurs in any and all conditions of life, even among those who are most fastidious in their discipline, but in such cases it will be observed that either there is a strong predisposition to its attack, or some unforeseen event has contributed to its premature development.

In regard to the seat and nature of the disease, the organs of assimilation are of course principally concerned, but what particular function is oftenest disturbed may perhaps be a question. The term tabes mesenterica has been so identified with marasmus, that the very mention of the last has been, and is regarded by many as an index to the existence of the first. There is no sufficient reason, however, for the indiscriminate blending of these terms. A phthisis of the general system is the result of a decaying or tubercular mesentery, but a diseased mesentery is far from being the most common cause of phthisis; on the contrary, I believe the commencement is almost uniformly in the upper primæ via, and most commonly in the chyliferous vessels themselves. When we consider the tender age of those generally affected, the wisely-ordered susceptibility of the assimilating vessels in so feeble an organism, and the perfectly bland and unirritating article of diet which nature has kindly afforded in the substance of the lacta maternis, we may easily infer how a small dietetic irregularity and indiscretion would be capable of producing an embryonic discordance, necessarily progressive, for the reason that its source is unknown and unremoved. The stomach itself is also a very common point of its origin. The vomiting of nursing children, so common, and which is considered by the careful mother whilst the child is yet fat and active, as an innocent

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safety-valve of nature, should always be heeded as the faithful flagman indicating an over-supply and an over-tax of the powers to which, in their endeavor to resist, they are often compelled to succumb. A more or less severe form of gastritis is a disease so common, that few infants escape its attack, even during the period of natural lactation, and the nutriment being deprived of its proper digestion in the stomach, not only fails of being fitted for absorption by the chyliferous vessels, but actually becomes an irritating foreign substance, and necessarily deranges each organic function throughout the alimentary canal. It is then this dyspepsia, in the true sense of the term, of the assimilating organs, and the consequent phthisical condition of the lacteal and mesenteric vessels, which is the true source of the disease. Looking at it in this light, we may reasonably hope for curative results from the timely and well-met indications for remedial assistance. I have seen cases during the past year where the physician has given the mother the kindly advice, to withhold all medicines from the young and feeble sufferer, and pay due attention to diet, &c. He has found by sad experience, that inasmuch as the patient will not bear the doses of Rhei, Pulv-Doveri, Hyd.-sub-mur., and Hyd.-cum-creta, which he would gladly give, he must dissuade from all medicines, rather than compromise the dignity, and be called less than a faithful follower of the Hippocratic school. But such advice, from whatever source it may come, is certainly most unscientific and unbecoming one who professes to be experienced in the true principle of medicine. The child of three months old requires, and as imperatively demands remedial coöperation in his ailments, as the youth or adult. True, the greatest care should be exercised in having our doses not only proportioned to the tender age, but also to the increased susceptibility to the action of medicine, in consequence of the diseased action, for without this, we but hasten the fatal termination. And it is here, as well as in every disease that the superiority of the theory of "Similia" is demonstrated by its practical results. That which the Allopathist views as an irritation of the bowels, and regards as an enemy to be smothered by the exhibition of opiates and sedatives, the Homeopathist should at least regard as but a morbid excitability of debilitated nature, to eradicate which, it is only necessary to substitute a moderate

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medicinal action. The first symptom in the commencement of the disease is a manifest indigestion of all aliment taken, whether fluid or solid; the abdomen soon becomes swollen and hard, returning at times, for a short period, to its normal size. Diarrhœa is generally present, depending in severity upon the amount and quality of food. The appetite is often capricious, though generally immoderate from the first; there is always an undue thirst, with a decided preference for cold water. Emaciation commences from the first indisposition, and continues till there seems to be nothing more to be wasted away; the skin assumes an inactive feel, and a livid hue; the eyes are encircled with a blue, desponding maze; the mouth is dry and astringed; the respiration, like every physical motion, is measured and mechanical; the mental condition is peevish and irritable, the least annoyance being resented by a labored cry. The voice becomes unharmonic from the loss of command of the vocal powers, and all the symptoms portray the distress of forsaken nature. Death may occur from the first to the twelfth month, though generally within the third. The treatment of marasmus is full of interest, yet plain to the careful observer. According to the pathology we have accepted, the indications are well-marked, and the resources of our Materia Medica offer an ample provision for their fulfilment. Our most important remedies in the various stages of the disease are Dulcamara, Ipecac., China, Mercurius, Arsenicum, Nux-Vomica, Rhus-Tox, Phosphorus, Veratrum, Carbo-Veget. and Sulphur. With these remedies properly employed I believe we may in most cases realize our most sanguine expectations. According to my own experience in the careful observation of many severe cases, Dulcamara is oftener indicated and and proves more efficient than any other single remedy, though it is always necessary to conjoin it with some of the above-mentioned, or with such others as the symptoms may demand. I will mention but one case in which it was mainly successful in establishing a cure. I was called in September last to visit a little boy nearly two years old, who had been suffering for eight or nine weeks with, as the mother said, a "wasting away;" from a state of robust health he had been reduced to an almost skeleton frailty. The symptoms were much the same as those we have enumerated as being characteristic of the disease. The

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diarrhœa of undigested food continued in spite of the large Dover Powders and opium his physician had prescribed, until he seemed near the fatal crisis; the abdomen was much enlarged, with the pale blue appearance generally accompanying such a degree of emaciation. On pressing the lip and jaw down, to see the condition of the mouth, the reactive force seemed insufficient to close them again; I gave him Dulcamara in alternation with Arsenicum, and continued them for twelve hours, at the end of which time every symptom had improved; he then took Mercurius in place of the Arsenicum, and after that China and Sulphur, as necessary, with a rapid convalescence and complete recovery within the period of three weeks. Other cases have confirmed its value, as also the value of the "Similia" medicines in producing a result which we have often and in vain looked for whilst a disciple and administrator of what is called the "regular" practice. Another remedy which we believe has not heretofore been employed in this disease, but which merits particular notice, is the Oleum-cucurbita-pepo, or Oil of Pumpkin-seed. Its vermifuge properties have been highly extolled, especially in the treatment of the tænia-solium; but whatever peculiarity it may possess in its action upon the worm, if any, it certainly exercises an extraordinary influence in the irregular condition of the bowels, attended with nervous disturbance, which is so often among the uneducated considered a sufficient index of the presence of worms. I have never observed after its operation any evidence of preëxisting vermicular disease, and believe its specific operation is to gently stimulate the whole assimilating economy, and whilst it causes an increased action of the exhalants, affords a bland nutrition for the enfeebled absorbents. I have used it in several cases with the happiest results, never exceeding two or three doses.

ARTICLE XXXV.—*Fragmentary Contributions.* By JOHN C. PETERS, M.D.

I feel impelled to put down the following crude remarks, in the hope of calling forth similar but far better scraps of experience from others of our brethren who are better qualified to make them.

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APOCYNUM CANNABINUM.

Fragmentary Proving of.

Being desirous of forming some idea of the action of Apocynum upon the healthy system, I commenced taking half wine glassful doses of Hunt's decoction, three times a day; sometimes immediately before breakfast, occasionally a few minutes before dinner, but generally at the ordinary times for taking medicine, viz., morning, noon and night.

For the first few days I noticed no perceptible effect from these doses, except an increased inclination towards constipation and decided scantiness of the urine; occasionally there was some flatulence and slightly uneasy sensations in the bowels. About the fourth day, decided distention of the abdomen began to occur, especially after a moderate dinner—all the sense of fulness seemed about the stomach, liver and spleen, while the lower bowels did not appear more flatulent than common. The sense of oppression about the epigastrium and chest was several times so great, that there was the greatest difficulty in getting breath enough to smoke a cigar, or to speak with any comfort; and this happened after lighter meals than ordinary. I am confident, that my urine diminished to one-third the usual amount; but there was no pain or uneasiness about the kidneys or bladder; on the contrary, these organs felt remarkably comfortable; they seemed simply torpid; the little water that was passed, flowed as easily as if it were oil, and there seemed to be but little expulsive power about the bladder. The urine was generally of a light golden sherry yellow color, not depositing any sediment from exposure to cold. This torpid action of the kidneys was rather peculiar, as the weather was severely cold, and I was much exposed to it; and in my ordinary state my kidneys generally act freely and rather frequently.

The bowels were sluggish, but the fæces not hard or costive; the evacuations were exceedingly scanty, although occasionally it seemed as if diarrhœa would occur, but it did not, even when a full wineglassful was taken per dose.

No perceptible influence was noticed upon the pulse.

Occasionally a sense of sinking was experienced at the pit of the stomach, with a sense of general but transient debility.—

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Hard aching was felt several times in both knees, sufficiently severe to make me fear that an attack of inflammatory rheumatism was coming on. A very peculiar catarrhal attack was experienced, viz., without any other sign of having taken cold, I would wake up in the morning with the nostrils and throat filled with thick and well-concocted yellow mucus as if I had had a severe catarrh for at least seven or ten days, and which had skipped its first stage and commenced in the second.

I was once waked up early in the morning with severe irritation of the left eye, as if several sharp grains of sand were in it, attended with much heat, irritation and redness; after lasting several hours, this disappeared as suddenly as it came on, not leaving a trace behind, although the symptoms were severe enough to make me suppose that I should have an attack of catarrhal-rheumatic ophthalmia which would last at least three or four days.

Once during the evening, and twice upon different nights I had sudden and violent attacks of hard and frequent coughing, annoying me for at least one or two hours, then disappearing without leaving a trace of cold behind.

The Apocynum was used to the extent of one pint of the decoction, taken in the course of six or seven days; on the days after ceasing the use of the drug I had loose, but not very copious bilious stools; and the urine became as abundant as in health.

APOCYNUM IN DROPSY.

Case 1.—A gentleman, aged 70, six feet two or three inches high, and splendidly proportioned, gradually became dropsical; the urine became scanty, bowels rather constipated, feet, legs and abdomen grow slower larger, and gradually great difficulty of breathing from the slightest exertion, or on lying down, ensued. From the thickness of the abdominal walls and the large quantity of fat in the omentum, fluctuation in the abdomen was long masked, but finally became very distinct; the thickness of the walls of the chest also rendered the physical signs of hydrothorax indistinct for a long time, but they also finally became very manifest. The action of the heart became very feeble, but was always distinct; the pulse often vanished down to a mere thread, was often almost imperceptible for several beats fre-

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quently so compressible that very slight pressure would obliterate it for the time, and altogether so weak, strangely irregular and intermitting, that the sudden death of the patient was expected as a matter of course.

These symptoms progressed steadily, in spite of the use of Arsenicum, Helleborus-niger, Scilla, Digitalis, China, &c., &c. Finally, at the suggestion of Dr. Gray, he was put upon the use of *Apocynum-cannabinum*, commencing with teaspoonful doses, rapidly increased to dessert- and tablespoonful doses every three or four hours. In less than forty-eight hours the patient was comparatively comfortable; was able to lie down and sleep with pleasure, whereas previously he had looked forward to the approaching night with the utmost dread and horror; the urine increased moderately and steadily, and in a few weeks the patient, who had been ill for upwards of four months, was not only well, but felt better than he had for years. The bowels remained sluggish under the use of the hemp. This state of things lasted for more than a year; then a relapse was speedily cured by Hemp; a third attack of dropsy was cured by Apis; a fourth, by Digitalis, Squills and Mercurius; a fifth, by Hydriodate of Potash. During the larger portion of this time the patient had contracted and encouraged a most invincible dislike to the Apocynum and could not be persuaded to take it longer than would barely suffice to mitigate his most urgent symptoms. A sixth attack, from which he is now apparently recovering, withstood all the above remedies, with the exception of the Apocynum; this he was finally persuaded to take, when his condition was almost hopeless and distressing in the extreme, from excessive oppression of and difficulty of breathing, inability to sleep or lie down; excessive distention of the limbs and abdomen; hydrothorax and œdema of the lungs; inability to walk or step without being thrown into the most violent and suffocative attacks, and in short, from all the numerous and complicated symptoms of general anasarca, ascites, hydrothorax, hydro-pericardium, and œdema of the lungs. After using the Apocynum three or four days, in doses of one-third of a wineglassful three times a day, the urine increased from less than a pint in twenty-four hours to fully three quarts, with a progressive diminution of all the symptoms.

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Case 2.—A man, aged 32, had suffered with anasarca, ascites and commencing hydrothorax, for many weeks, under active allopathic treatment by means of Cream of Tartar and Digitalis, Elaterium, &c., &c. When I first saw him, his largest pantaloons would not meet by upwards of five inches; the legs of the pantaloons had to be cut open and tied with strings, to accommodate his elephantine limbs; he was utterly unable to lie down or to sleep; urine excessively scanty, and bowels costive. The Apocynum was commenced in tablespoonful doses, gradually increased to a wineglassful every four hours, by night and day; this was continued for upwards of ten days without any unpleasant effects; the urine slowly commenced to increase, and finally became enormous in amount. In less than a month he was entirely well; was soon able to go to sea; and remains well until this day, upwards of two years after, as I have lately heard from his family.

Case 3.—A gentleman, aged 67, had gradually been becoming dropsical for eleven months; he had first been treated homœopathically in the country by an exceedingly able, but excessively high-dilutionist homœopathist; he then fell into the hands of two of the most distinguished allopathic professors of this city; then he was again treated for several weeks with high dilutions by one of our oldest and best known homœopathists; finally, he came into my hands and was immediately put under the use of Apocynum; one dessert-spoonful per dose, every four hours; his urine which had been excessively scanty for months, and finally had decreased to a small half pint in twenty-four hours, thick yellow and turbid, as if yellow clay had been dissolved in it, increased to upwards of two quarts in one night; two large chamber-potsful were passed in one day, in less than forty-eight hours after commencing the Apocynum; the urine also became clear and of a light straw yellow color. All the signs of anasarca, ascites, hydrothorax and œdema of the lungs disappeared in less than ten days, after using about one pint of Hunt's preparation of Apocynum.

I could relate two other equally successful cases. But that is unnecessary. Apocynum is utterly useless in Bright's disease, except to remove the dropsy. I ought to add that albuminaria was present in none of the above cases. It is also com-

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paratively useless when inflammation is present. When pneumonia or pleurisy exist in conjunction with dropsy, the Apocynum will fail unless aided by other remedies. I commenced the use of the Hemp in the first case with great reluctance; I had always regarded it as a most potent and dangerous remedy; my prejudices against the large doses which seemed to be required, were greater than many will suppose; I had witnessed bad effects from it in the hands of others in inappropriate cases, and knew that the decoction of the *dried root* often failed in hospital practice. To Dr. John F. Gray, of this city, is due the credit of fairly introducing this remedy in the treatment of dropsical affections; I have not the least doubt, that Dr. Gray could if he would, make known upwards of forty or fifty cases of dropsy successfully treated by the Apocynum. But the Doctor seems to have an invincible dislike to making his great and varied experience public. He is now somewhat advanced in years, no longer very firm in health, and his adroit and astute application of many empirical remedies may soon be lost to the world, or else be only dimly remembered by a few of his more immediate medical friends. Young and generous-minded physicians are often obliged to publish their comparatively new and crude experience, because their more aged and more experienced colleagues are deterred by want of time or inclination, or by selfishness, or love of mystery or power, or absolute indifference to the ordinary demands of humanity, from frankly and honorably making known their best points of practice to the medical world. It must not be supposed for an instant, that the above remarks are specially directed to Dr. Gray; on the contrary, he is always willing to communicate all his experience to every one who asks it, even if the asker be notoriously unworthy of his confidence, or scarcely competent to follow his suggestions. But it would be far better for the world, if all our aged and experienced physicians would publish, not merely relate their experience. Drs. Hering, Rosman, of Brooklyn, Vanderberg, of Rhinebeck, Davis, of Natchez, Fisher, of Montreal, Pulte, of Cincinnati, Smith, of Chicago, Gregg, of Boston, and a host of other aged and experienced physicians must have an immense mass of practical facts which should not be lost to the world.

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LIQUOR-POTASSÆ IN FATTY DISEASE OF THE HEART AND ANGINA PECTORIS.

A gentleman, aged 65, about five feet eight inches in height, immensely large about the abdomen, with rather slender legs and arms, had suffered for several months with attacks of angina pectoris during the day, and severe suffocative attacks during the night. For many weeks he had spent a large portion of the night out of bed, sitting up in a chair, on account of suffocative attacks, which prevented his lying down; and frequently during the day, especially soon after breakfast, violent attacks of angina pectoris would occur. A careful examination detected no dropsy of the chest or pericardium, but revealed enlargement of the heart without valvular disease; the weakness and slowness of the pulse, heavy, sluggish action of the heart, the smallness of the chest and limbs, and largeness of the liver and abdominal organs generally, with the presence of extensive general adiposis and of a premature arcus senilis rendered it almost certain that the heart was enlarged and fatty. One half drachm doses of Liquor-potassæ were given in iced milk three times a day; he lost flesh rapidly, was soon able to lie down in comfort all night, his nocturnal suffocative attacks and diurnal paroxysms of angina pectoris soon left him, and he has for several months been able to attend to his daily duties.

LIQUOR-POTASSÆ IN ADIPOSIS.

A lady, aged 40, suffering from excessive corpulence took one drachm doses of Liquor-potassæ iced, in milk, three times a day. She soon commenced losing flesh at the rate of seven to ten pounds per week. Her general health improved, many dyspeptic symptoms disappeared, she was not only able, but enjoyed the greatly increased amount of exercise she was enabled to take.

COLOCYNTH IN LUMBAGO AND COXALGIA.

A gentleman who had been crippled for several years with the above complaints, took one drop doses of Tinct.-colocynth, three times a day; in a few weeks he recovered the use of his limbs entirely, and was enabled to dispense with canes and

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crutches. He still continues well. His patient lived at a distance, and the Colocynth was prescribed at the request of one his friends without my seeing or hearing directly from the patient himself.

Pulsatilla in Catarrhal-rheumatic Pharyngitis.

A lady who had suffered severely for several days with pains in her back and all her limbs, severe headache, and catarrhal-rheumatic-sore-throat, which had withstood the use of strong doses of Aconite, Bryonia, Mercurius, &c., recovered rapidly under the use of Pulsatilla, 2d dilution, in divided and frequently-repeated doses.

HEPAR.-SULPHUR IN TONSILLITIS.

Two cases of severe quinsy sore-throat, one in an adult, the other in a young girl, which had progressed steadily in spite of the use of Mercurius, Belladonna, &c., recovered with great rapidity, when suppuration seemed inevitable, under the use of Hepar-sulphur, 2d dilution.

Tartar-emetic in inflammation and suppuration of Glands.

A boy, aged nine years, was attacked with inflammation of the parotid and cervical glands; in spite of the use of Belladonna, Mercurius, &c., the case progressed for three or four weeks until fluctuation and pointing took place on the surface of the greatly enlarged glands. Then Tartar-emetic was given, a quarter or a half grain, in a tumblerful of water, a tablespoonful per dose every four six or eight hours; the swelling and induration rapidly subsided, all signs of fluctuation and suppuration disappeared, in the course of seven or eight days after commencing the use of Tartar-emetic. No nausea or any other unpleasant effect was ever produced, and the child was in better general health when the Tartar-emetic was stopped than before the attack. I have repeatedly removed inflammation, inflammatory induration and commencing suppuration of the mammary glands with Tartar-emetic.

RHUS IN SOFT NODES.

A gentleman, aged 32, fifteen years after an attack of syphilis, was seized with syphilitic rheumatism and the formation of

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large fluctuating nodes, on the vertex, sinciput, forehead, eyebrows, and lower jaws. He was treated allopathically for several months and went to the South early in the winter, but soon returned frightened and discouraged by the severity of his sufferings, especially at night. Mercurius-corrosivus, Staphysagria, Mezereum, &c., were given with little or no effect; then one of the largest nodes in the centre of the forehead opened, discharged a large quantity of glutinous serum, the skin sloughed, and the frontal bone was laid bare; another node on the temple was opened to prevent sloughing, and Rhus was given, 1st dilution, every four hours; five other nodes disappeared entirely, leaving a depression where they had been, evidently from absorption of the bone; all the nocturnal pains ceased; the appetite became ravenous; and the patient from having been almost a wreck and a stiffened skeleton, became plump, limber, hearty and cheerful in the course of two or three weeks.

Kali-hydriodicum in Dropsy of the Chest, and Pleurisy with effusion.

Case 1.—A gentleman, aged 36, was attacked with sub-acute pleurisy and effusion into the chest; he was treated for several weeks by undoubtedly our most pains-taking and faithful, and by far the most modest and experienced of our high-dilutionists, without decided benefit. The left side of the chest was nearly two-thirds filled with fluid. Kali-hydriod. was given in two grain doses, three or four times a day; the case progressed rapidly and steadily towards a recovery, which was not only completed in several weeks, but the patient who had long been exceedingly thin and delicate, and had been pronounced almost certainly consumptive by one of our most competent stethescopists, Professor Alonzo Clark, gained fifteen or twenty pounds more of flesh than he had ever had before, and is still active and almost robust, fully eight years after his recovery.

Case 2.—A little girl, aged 5 years, after a feverish cold, treated allopathically, was left with great difficulty of breathing, inability to lie down in comfort, and not at all on the right side; the heart was so much displaced and beat so violently that she was pronounced as incurable, with disease of the heart. On examination, I found the whole of the left side filled with fluid; there was complete dullness and great resistance on per-

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cussion; the whole left chest was enlarged and bulging; there was entire absence of respiratory sounds, &c. Kali-hydriod. was given in one grain doses every four hours, and a cure was completed in a few weeks.

Case 3.—A boy, aged 9, had been sick for several months, and was treated both allopathically and homœopathically in the country. The whole right side of the chest was filled with fluid; hectic symptoms had long been present, and the case had been regarded as one of consumption. Kali-hydriod., Mercurius, &c., &c., &c., all failed to produce the slightest relief; the chest was then tapped, and several quarts of purulent fluid were evacuated, after which the boy recovered rapidly and permanently, under the use of Iodide of Iron.

Case 4.—A boy, aged 7, was attacked with acute disease of the chest, and treated homœopathically, by a physician of Newark; the case progressed unfavorably from day to day, until violent hectic fever, great emaciation, cough and obstinate diarrhœa occurred. He was then treated by one of our oldest and most experienced eclectic homœopaths, who regarded the case as one of undoubted tubercular consumption, arising from tubercular hepatization of the right lung. When called in counsel I found all the well-known physical and rational signs of pleurisy with purulent effusion. Paracentisis was not permitted, but after six months' treatment, at times favorable, at others unfavorable, with Kali-hydriod. in- and externally, Iod.-hydrarg., Hepar-sulphur, Iod.-ferri, a final cure was effected. As I saw the patient but three times, I can give no farther details of the treatment.

Case 5.—A clergyman, aged about 30, resident in Brooklyn, was treated for several weeks for pleurisy with effusion, by one of our most prominent high-dilutionists; I then saw the patient, but the remedies I suggested were given in minute doses; finally his physician voluntarily resigned him into my hands. A not very rapid and not very perfect cure was effected with Kali-hydriod., in full doses. After a season spent at the South, he returned with some signs, which I interpreted as indicative of the remains of a purulent effusion, but which the late lamented Dr. Swett pronounced dependant upon thickening of the pleura. He finally died under allopathic treatment, which he had adopted

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at the urgent solicitation of some of his congregation, with all the signs of consumption.

Case 6.—A young lady, aged 18, resident in Harlem, was attacked while absent in the country, with sub-acute pleurisy, followed by great difficulty of breathing, which gradually subsided, although her general health steadily failed. She began to have slight paroxysms of daily hectic; her menses were suppressed; she progressively lost flesh, strength and color, and had been pronounced consumptive, when she fell into my hands.

A careful examination, corroborated by that of my friend Dr. Stewart, now of Natchez, revealed extensive effusion into the left side of the chest. Stibium and Mercurius rapidly allayed the febrile symptoms, and the effusion was rapidly and permanently removed by Kali-hydriod., in two grain doses, three times a day, followed up until about two drachms had been used. The young lady is now in good health; her color, which had always been sallow and somewhat unhealthy, is now clear and pure; she is also stouter and stronger than before her sickness.

Case 7.—A lad, aged about 14, had been sick between three and four months with an obscure affection of the chest, under the treatment of one of our very oldest and most experienced high-dilutionists. When called in consultation, I found a moderate effusion in the lower half of the left chest; from the presence of cough, daily paroxysms of chill, fever and sweat, emaciation, scanty and turbid urine, &c., I inferred the presence of purulent effusion, with or without more or less of tubercular deposit in the lungs, as there were some cracking sounds at the apex of the left lung.

We decided to commence with Wurmb and Caspar's treatment, with Arsenicum and Sulphur, in the 30th dilutions, to be followed if necessary, by the 12th, and then successively by the 6th and 3d; if these failed, Kali-hydriod. was to be tried. The result remains to be seen.

QUININE-FEVER AND AGUE.

In the month of September last, I was requested to take charge of a hopeless case of consumption, in the person of a lady who had been using for several weeks, one powder per day, consisting of Quinine two grains, and Morphine $\frac{1}{4}$th grain; she insisted so strongly that she had received such comfort and

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benefit from the use of these powders, that I finally consented that she should continue to use them. In the course of a few weeks more, she earnestly requested permission to take two of these powders per day, viz., one in the morning, to make her comfortable during the day, and the other in the evening, in order to render like assistance during the night. In a short time she began to have violent shaking chills in the morning, commencing about ten or eleven A. M. and lasting from one-and-a-half to three hours, followed by fever, lasting for three or four hours, succeeded by profuse perspirations towards evening. These chills soon became so violent that she was always obliged to go to bed, to cover herself up warmly, and to take warm drinks. Much to my surprise, a request that she would give up the use of the powders was followed by the most urgent entreaties that I would allow her to take three powders per day; to this I finally consented for experiment sake, but the chills recurred with redoubled severity, so that at the end of a week more I had no difficulty in persuading her to discontinue their use, especially as I promised her that the chills, fever and sweats would subside soon after their discontinuance, or at least would become much more amenable to treatment. The chills lessened from the day the Quinine was stopped, and in the course of a week or ten days they became so slight that they were never alluded to by the patient, except when especially inquired after; nor have they returned to this day, some two months after the Quinine was stopped. This patient had been consumptive for at least two years; had never been exposed to fever and ague; had taken Quinine daily for at least six or eight weeks before the chills, fever and sweats set in; and these chills, &c., ceased very shortly after the Quinine was omitted, and they have not returned in any marked degree since. Several patient attempts to elicit the symptomatology of this Quinine fever and ague resulted in failure; the patient seemed utterly unable to say any thing more than that she was exceedingly cold, shivered, her teeth chattered, headache, to which she was very subject, was increased, she had thirst, both during the chill and fever, much nausea and malaise, great debility, was obliged to lie down, &c., &c. The Morphine, too, apparently produced peculiar effects, viz., strange illusions of vision, distant objects would often seem to be but two or three inches

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distant from her; huge processions of men, animals, &c., would seem to pass before her eyes while open; they were seen as distinctly, although somewhat shadowy, as if they were actually present. The patient did not place much stress upon these visions, as she had had them several years before, during an attack of measles, and occasionally since, whenever feverish.

I know of but few other remedies which are decidedly homœopathic to fever and ague: these are Nux-vomica, Arsenicum, and perhaps Ipecac.

Dierbach and Geil (both allopathic authorities) say that Strychnine will cause attacks like those of true intermittent fever; it and Nux. are most homœopathic to the spinal form of this disease.

Arsenicum causes attacks which resemble those of inflammatory intermittents.

Ipecac., causes effects which resemble those of gastric intermittent fever, viz., nausea, chilliness of the surface, followed by reäction and fever.

The hundred other remedies which are said to be homœopathic to fever and ague, are homœopathic only to some of the accidents of this disease.

ARTICLE XXXVI.—*Homœopathic Cures, translated from Hirschel's Journal, with additions, by* Dr. FÜLLGRAFF.

[Continued from page 344, No. XV. N. A. H. Journal.]

GONORRHŒA.

A case of gonorrhœa in a young man, aged 22 years, after eighteen months' unsuccessful allopathic treatment, was cured in two weeks by the use of Nitr.-ac. $\frac{1}{4}$ gr. ij. at night, Sulph. 1 gr. ij. in the morning, and injection of one part of claret-wine to three parts of water from two to four times a day.—FÜLLGRAFF.

Several cases of gonorrhœa, after the acute symptoms had subsided, were cured in ten to twenty days by two drops of the pure Petroleum, three times a day, and injections of Hydr.-sub.-mur. in Oleum-oliv. night and morning.—FÜLLGRAFF.

Two cases of gonorrhœa were treated by Cannab-sat. 1, Nitr.-

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ac. ♃, Sulph. 1, and very weak injections of Oleum-copaiv. at first, night and morning for a period of a week, after the expiration of which, in the morning only, for two or three days, completing the cure by simple injections of cold water.—Füllgraff.

In a chronic case of gonorrhœa in a man, 40 years of age, a cure was accomplished in two weeks by the internal use of Acid.-nitr. ♃, gr. ij. three times a day, and injections of Acid-nitr. ♃, night and morning.—Füllgraff.

DISEASES OF THE MUSCLES AND JOINTS.

RHEUMATISMUS MUSCULORUM ET ARTICULORUM ACUTUS.

Aconit. is indicated, when rheumatism is accompanied by severe synochal fever, and then for the fever only;—in endo- and pericarditis, Aconit. will not suffice, but Spigelia will, even when there is much serous exudation.

Bryonia is a perfect specific in affections of the fibrous and serous membranes, and will mostly effect a cure alone.

Rhus-tox. also is a very important remedy in these conditions.

Rhododen. is a very valuable remedy in chronic, tearing pain without fever, worse at night, during stormy, rainy weather, with occasional numbness of the extremities, stiffness of the joints, brought on by repeated colds, getting wet, or from living in damp dwellings.—Trinks.

Müller says: Rhus is only indicated, in chronic articular rheumatism, with feeling of lameness, growing out of neuralgic affections.

Galvanic Baths.—Several cases of sub-acute rheumatism, affecting different parts of the body, were cured by one, two or three galvanic baths of ½ to ¾ of an hour's duration each,—the water in the bath-tub acidulated with ʒvi. to viii. Hydro-chloric-acid.—Füllgraff.

RHEUMATISMUS ARTICULORUM.

In twelve cases, treated with 3d and 6th dilutions, the duration was shorter, than by allopathic treatment, or in the treatment by higher dilutions. The feverish symptoms and the morbid symptoms of the heart disappeared quickly, the pains in the joints more slowly. The author regards the following as the best remedies, viz.; Aconite, Bryonia, Rhus, Puls., Arn., Nux-

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vom., Merc., Colch., then Bell., Cham., Led., Lach., Sulph., Kali-bichrom, Hydriod. and Nitr. Rhus is of service, when the pains are increased by exercise, and become slighter when the patient is at rest. Puls., in continued pain (? the experience of others leads to a totally different opinion.) Colch., in rheumatic gout, if the acute form becomes chronic, and when there are stinging pains in the joints, the limbs and in the neck, with profuse sour perspiration, a feeling of constriction about the head. Ledum, rather in acute gout, with effusion in the joints, than in rheumatic. In pericarditis: Aconite and Bry. in alternation;—in the more advanced stage of the disease, with friction-sounds, Merc.-sol.; in more violent affections of the endo-cardium (with sharp, cutting pains) Spigelia; when there are signs of exudation, Ars. 3. and 6.

In endo-carditis first give Aconite, Spigelia, Ars.,—when there is threatened paralysis of the heart, Lachesis, Barytacarb. and Verat. are recommended. Glonoine ($\frac{1}{100}$ gr.) will diminish the action of the pulse.—BLACK.

Pulsatilla.—A man of plethoric habit, subject to attacks of rheumatic gout, was attacked by rheumatism in the joints of the hand, with redness and swelling. Two doses of *Puls.* 6, relieved him entirely in two days of the pains, redness and swelling.—METCALF.

Tartarus-stibiatus.—A strong, hearty man, 35 years of age, who had previously suffered for a long time with a violent rheumatism in the limbs, which after his recovery still left a stiffness and weakness in the limbs, was again attacked by the same disease in consequence of a cold which he took. The pain went from one joint to another, they were swollen, red and hot, almost immoveable, and very painful when in motion, the tongue thickly coated, evacuations few and difficult, urine scanty, with a sediment resembling fine brick-dust; want of appetite; general raised temperature of the skin, in connection with very profuse night-sweats. In five days the patient took twenty-five grains of the second trituration of *Tart.-stib.* whereupon all the symptoms of the disease quickly disappeared.—ARNOLD.

RHEUMATISMUS MUSCULORUM.

Six cases of acute muscular rheumatism, either in the muscles of the fore-arm, shoulder, or in some of the muscles of the lower

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extremities, accompanied with the ordinary symptoms, were cured in from five to fourteen days by the exclusive use of Galvanism, in conjunction with a watery extract of Pinus-sylvestris, by means of an ordinary sponge attached to the positive pole, moistened with the extract, and passed downwards, over the parts affected; if, per example, the muscles of the fore-arm were affected, the patient would hold the negative pole in his hand, while the operator passed the positive pole from above downwards for a period of thirty minutes, each application; if the muscles of the lower extremities are affected, the patient's bare feet are placed on a sheet of zinc (moistened) attached to the wire of the negative pole, and the positive pole passed as above. Six to twelve applications of about thirty minutes each were generally necessary to effect a cure.—Füllgraff.

Pulsatilla.—In the case of a lady, after an attack of influenza, there remained tearing drawing pains in the right calf of her leg, increasing in the evening, and from the warmth of the bed. *Puls.* 6, very quickly affected a cure.—Metcalf.

Rhus and Bryonia.—April 28, 1850. Mr. Schmid, 60 years old, had always, with the exception of a slight feeling of constriction of the chest during exercise, enjoyed good health. Left calf of the leg and ankle swollen and hard as a stone to the touch, the skin dark-red, little inflammation, but much pain, especially in beginning to walk. The patient continued his occupation (in a wine-cellar) and applied several remedies, among which Mercurial-salve: the difficulty increased. The parts had never been bruised. Hep.-s.-calc. 3, 4 P. April 28.—Merc.-sol. 3, 8 P. May 5.—Sulph. 6, 4 P. May 13.—Silic. 6, 8 P. May 22.—Iod. 3, 4 P. May 30.—Notwithstanding this treatment the disease increased, the muscles of the knee became stiff; the hardness, swelling and blue color reached to the thigh and pelvis. From the middle of May the patient was obliged to keep the house. While, however, the underpart of the left leg became softer and of a more natural color, though much reduced in size, the same symptoms began to show themselves in the same degree on the right leg. At the same time a bad appetite, attacks of fainting, and pressure on the chest. June 2, the patient took Arn. 3, ℥. and 0 externally. June 8, Rhus 3, and Tinct. externally. With occasional applications of Olive-oil upon the knee. The un-

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natural color almost entirely disappeared, but the hardness and stiffness remained as formerly, both legs very much attenuated; the patient otherwise improving. June 16, Bryon. 3, and Tinct. externally. The Tincture, x.—xx. gr. in a wine-glass of water, to rub in. *Bryon.* continued till July 30, worked so effectual a cure, that the patient as early as July 9, walked around his garden with the aid of a cane, and in the latter part of the month was able to take long walks of several leagues.—LEMBKE.

Tartarus-emeticus.—W. Arnold calls attention to the pathogenetic symptoms of Tart.-em., which resemble rheumatic pains. According to his experience, the very first doses take effect in rheumatism of the muscles, and in 24—48 hours a cure is often effected. Where this is not the case, it is of no use whatever. The remaining symptoms may be conquered by *Bryon.*, *Nux-v.*, *Puls.* It is quite the same thing, where the seat of the disease is, and whether fever exists or not. The perspiration often disappears with the pains. The author made use of it in the 2d, or at most 3d decimal trituration, one grain every third or fourth hour. The primary results (vomiting) took place sometimes. In very robust persons, the author gave one-fourth grain in five ounces distilled water, every third or fourth hour. One table-spoonful ($\frac{1}{10}$ gr.) In this case vomiting seldom occurred.

PARALYSIS RHEUMATICA.

Rhus-toxicodendron.—A young fellow, aged 17 years, took a severe cold, whereupon immediately pains of a rheumatic character in the right hip joint set in, and the leg, particularly in the hip-joint became lame. Notwithstanding all the various remedies tried, the leg remained lame. After the lapse of two and a half years, the patient called in the assistance of Dr. Bolle of Paderborn. The case was as follows: tearing pains in the hip-joint, with grating noise on moving. Increase of pain in standing after long sitting, in sitting down, in the cold, by the exertion of the leg in walking, in the autumn, in every change of weather. Diminution of pain; by warm stoves, in the sunshine, by continued, gentle exercise. The leg was so lame that the patient had to raise it with his hand and set it forward in walking; knee-joint bent, endeavors to straighten it were painful and impossible, hip-joint also stiff. Dr. Bolle gave the pa-

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tient one dose Rhus 12, in eight days the patient walked twenty miles without exertion; a subsequent similar dose of the same medicine, took away entirely the very smallest vestige of the lameness.—Bolle.

Case 2.—A boy, ten years old, formerly affected with the itch, sprained his ankle-joint while playing with other children. Five weeks of allopathic treatment had benefitted him only in as much, that he had no pain in the limb while kept at rest; upon attempting to walk (upon crutches) violent grasping pains seized it, which only in a measure ceased after continuing to exercise a while. Three doses of Rhus 2, one dose every evening, improved the condition visibly, but an ezema-labialis made its appearance. Sacch.-lact. was now ordered, one powder to be taken for ten successive nights; then Rhus 2, caused the reappearance of eczema-labialis, which had disappeared by the use of Sacch.-lact. Sugar of milk was given again, with the above effects, after which Rhus 2, was once more ordered for seven days, but the eruption did not come again, and the patient was cured.—Bolle.

Case 3.—August 8th, Dr. Bolle was called to a lady, a slender brunette, nearly forty years of age, mother of many children, suffering under the following symptoms for the last six months; a stiff, swollen, painful wrist; increased pains after quiet (in the morning, after a night's rest,) in beginning to exercise the limbs, after washing in cold weather, in cold generally, from changes of the weather, in feather-beds, during the evening, by exertion. Rhus 2, in pellets, one dose every morning for four days; in the course of a little more than a week not a vestige of the disease was left. Several similar cases are reported by Dr. Bolle, of Paderborn, treated with the same remedy, and followed with the same good results.—Bolle.

See also Dr. Peters' report on rheumatism in *General Chronicle of Medical Science.*

LUXATIO SPONTANEA FEMORIS.

Silicea.—A case of spontaneous luxation of the head of the femoris backwards, in a babe, eight days old. After unsuccessful allopathic treatment, followed by shortening of the limb of half an inch, it was perfectly cured by Silicea 5th, trituration in three-and-a-half months.—Schnappauf.

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DISEASES OF THE (PERIPHERAL) NERVES.

ANÆSTHESIA NERVI BRACHIALIS.

Electro-magnetism.—A young man, thirty years of age, perfectly healthy in other respects, brought upon himself through continual writing, the following state, which lasted during four years. The whole right arm weak, unfit for use, sense of touch affected; he writes with a trembling hand (contracted writing), and trembling of the whole arm at every stroke; daily application of electricity (+ pole below the occiput,—pole on the arm and axillary plexus of nerves,) cured him completely in four weeks.—HILBERGER.

ANÆSTHESIA NERVI ISCHIATICI.

A waiter, 25 years old, had previously always been healthy, was found suffering from the following symptoms: trembling and weakness of the left foot, after great exertion, almost unable to move the same at night, with a feeling of numbness, flying pains in the ischiatic nerve only in sudden changes of the weather. A cure was effected in three weeks by means of electro-magnetism.—HILBERGER.

DISEASES OF THE SKIN.

ERYSIPELAS NEONATORUM.

Case 1.—A child, three weeks old, with erysipelatous spots in the region of the pelvis and anterior part of the thigh, growing larger and hard rapidly, red streaks in confluent patches extending to the umbilical region; Bell. and Aconite,—fever increasing notwithstanding, pulse frequent, slight convulsions; on the third day opisthotonus of two to three minutes' duration, evacuations thin, green, slimy. Camphor two grains, Spir.-Camph. in ʒj. diluted milk of almonds, one teaspoonful every two hours. The spasms ceased immediately, then the fever by Aconite. Pulsatilla for the green evacuations and the pain in the bowels.

Case 2.—A girl, eight days old, affected with a green slimy diarrhœa (Pulsatilla) and during a persistent fever, erysipelatous spots made their appearance, first on labii externi pubis, a firm hard swelling, extending over the thigh, abdomen, back and breast, of a brownish red color.—Bellad. was given without benefit; for convulsions and sopor, Camphor. In twenty-four hours, the fever, convulsions and eruptions ceased; Camph. at longer intervals, gave relief till the fourth day, when a scrofu-

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lous abscess, and inflammation of the toe set in, which were cured by *Silic.*—Goullon.

ERYSIPELAS BULLOSUM.

Rhus.—A strong, stout woman, of 55 years of age, subject to erysipelatous swellings of the face, after having been treated for ten days by Aconite, Bell., Bry. and Rhus 30, without any benefit, the author saw her. The spots had spread over the fore-part of the scalp, and entire face covered with large blisters; heat, swelling and pain intense, tongue smooth, very red, much thirst, anxiety, restlessness, sleeplessness, very quick pulse. Rhus 2, one grain, in one ounce of water, a teaspoonful every two hours to be taken; was followed by a rapid cure.—Goullon.

ECZEMA.

A case of eczema, affecting the lower extremities, of four weeks' standing, in a gentleman, aged about 55, was cured completely in four days by one galvanic bath, of forty-five minutes' duration,—(the water acidulated with eight ounces of Hydrochloric-acid.)—Füllgraff.

PUSTULÆ SYPHILITICÆ.

A case of syphilitic pustules affecting the head, trunk, &c., in a gentleman, aged 34, after having apparently been relieved of several chancres, was cured of the eruption in the course of twelve days by three galvanic baths of forty-five minutes each, at intervals of two or three days.—Füllgraff.

HERPES MERCURIALIS.

A case of herpes-mercurialis in an officer, thirty years of age, was cured in five weeks by Nitric-acid $\frac{1}{10}$, gr. ij. three times each day, and six galvanic baths (acidulated with Hydro-chloric-acid) during the above named period.—Füllgraff.

MORBILLI.

Aconite was the principal remedy during the violent symptomatic fever occurring in this disease; likewise in conditions bordering on croup. Aconite also prevented the progress of pneumonic infiltrations, when the bronchial tubes even to its minutest ramifications were affected. Pulsatilla neither proved to be a prophylactic in this disease, nor did it show any specific action. Bryonia stopped short the slow development, and the agitation in the vessels and nerves; also acted very beneficially in dry cough and inclination to vomit. In one case, where Aconite failed, notwithstanding there was hot dry skin, fever, erup-

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tion well developed, delirium, violent pains in the chest and head, was cured by Belladonna in twenty-four hours. Phosphor was indispensable, even during the violent febrile symptoms, when pneumonia developed itself, but still only specified in the stage of hepatization; useful also in small children, when the bronchial tubes were filled with mucus, with rattling in the tubes during the act of inspiration and coughing. Euphrasia is useful in inflammation of the eyes (also as external applications of twenty drops of the tincture in two ounces of water). Spongia and Hepar-sulph. for the often remaining hoarseness. Threatening anasarca of the joints, by Helleborus.—Füllgraff.

SCARLATINA.

Belladonna does not prevent scarlet-fever, neither does vaccine prevent variola; so says Dr. Winter.

Aconite and Belladonna are not sufficient in every instance; if there be fever, restlessness, irritation of the brain (cramps) in a severe degree, Sulphur will be found very useful. Swellings of the parotid glands, were cured either by Baryta, Calc. or Hepar-sulph. Helleborus is good in dropsy in consequence of scarlet-fever; it failed, however, in one severe case, where vomiting occurred after each attempt to swallow some water, which was completely removed by Arsenic. Colchicum in two cases, where the urine was almost as black as ink, also containing much albumen.—Müller.

A child, 2½ years old, somewhat of scrofulous habit, whose sisters were down with the scarlet-fever, received some Belladonna, on account of its having a violent fever, hot and dry skin. In the night it was taken with twitching of the limbs, shocks through the whole body, violent screaming, face pale and sunken, forehead cold, covered with clammy perspiration; skin cool and dry, pulse small, quick, easily compressed, breathing short and quick, stool involuntary. Zinc-met. 2, one grain every two hours, relieved the condition as described above, towards the next evening. During the process of desquamation the child took cold; the following night the skin was hot and dry, muttering during sleep; symptoms of convulsions, urine scanty, brown; face œdematous; all these symptoms were completely cured in three days by Zinc.

A similar case occurred in one of the sisters, who was also cured by Zinc-met.—Meyer.

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General Record of Medical Science.

1. FOOD AND DIET.

Alcohol is antagonistic in its action to that of water and salt. Dr. Böcker has found that the metamorphosis of his tissues was greatly increased by the use of water in excess. This is a very important fact; for it follows that a person who drinks largely of water must have an extra allowance of food to supply the place of the tissues which are, as it were, washed away by the water. Hence to a poor man, as Dr. Chambers says, an extra allowance of water can only be viewed in the light of an extravagance. It is the same with *salt*. Salt in proper quantity is an important element in the process of digestion, for it is a solvent of the albumen of the food; but in excess it favors the solution of the tissues of the body, and necessitates a corresponding addition to the amount of food taken; hence a poor man ought not to take much salt, for the same reason that he ought not to take much water.

On the other hand, alcoholic drinks, and tea, coffee and chocolate possess powers antagonistic to, or contrasted with those of water and salt, and the direct consequence of their use is to economize the amount of food required by the wants of the system. (11.)

DIET IN URIC-ACID DIATHESIS.

The influence of the composition of the food on the quantity of urea is beautifully shown be the experiments of Lehmann. He examined the quantity of urea secreted by his kidneys whilst living for some days on a strictly animal diet, as well as when he restricted himself to vegetable food, then to a mixed diet, and finally to one quite free from nitrogen, consisting of starch, gum, oil, sugar, &c. The mean weight of the urea obtained from the urine of twenty-four hours under these circumstances is expressed below in grains.

Diet.	Animal.	Vegetable.	Mixed.	Non.-nitrogenized.
Quantity of urea.	819.2.	346.5.	500.5.	237.1.

Hence animal food is the worst; a mixed diet, partly animal and partly vegetable, the next most injurious; a vegetable diet is passably good; and a non-nitrogenized diet, the best of all in chronic Bright's disease. (11.)

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2. MATERIA MEDICA.

ACORNUS CALAMUS.

CALAMUS AROMATICUS (*Sweet Flag.*)

AUTHORITIES.

Waring's Therapeutics (44.) Pereira Mat.-Med.

Clinical Remarks.—In flatulence, flatulent colic and atonic dyspepsia it often proves very serviceable, especially in gouty subjects. (44.)

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In *intermittent fevers* it was formerly held in high estimation, and is still a popular remedy in many parts of the world. Dr. A. T. Thompson says it sometimes succeeds when Quinine fails to produce any influence; and Royle says he has frequently used it with success as an antiperiodic in Agues. (44.) The dried root powdered is used by the country people of Norfolk, England, in fever and ague.

In continued *asthenic* fevers, accompanied with much prostration of strength and greatly weakened digestive powers, it has often been employed with success. (11.)

ADANSONIA DIGITATA.

Baobab.

Remarks.—This remedy is obtained from a tree of enormous magnitude, which is a native of Africa, extending quite through that continent from Senegal to Abyssinia; it has also been introduced into the West Indies. The leaves and bark are the useful parts, and although they have little taste or smell, yet extraordinary virtues are ascribed to them.

Clinical Remarks.—Adanson found the leaves very useful in preventing fevers; and they are employed habitually by the native Africans with a view to their diaphoretic property.

In fever and ague.—Dr. Duchassaing of Guadaloupe has published a statement of his experience with the bark in the miasmatic diseases of the West Indies; out of ninety-three cases, chiefly of intermittents, he failed only in three. Pierre has employed it successfully at Bourgogne in France.

It has the advantage over Cinchona that it is almost without taste, and is quite acceptable to the stomach; it produces no perceptible effect except some increase of appetite, increased perspiration, and diminished frequency of the pulse; an infusion of an ounce in one-and-a-half pints of water, boiled down to a pint, has been used per day. (11.)

COCCULUS INDICUS.

Toxicological Effects.

Christison thinks that it exhausts the functions of the brain so as to cause coma, and at the some time irritates the spinal cord so as to excite convulsions.

Case 1.—An apothecary took some by mistake; in a short time he was overpowered with the most frightful fearfulness, which increased every second; he became cold all over, his limbs became paralytic and stiff, with drawing pains in the bones and back. These effects increased in severity for six hours, when he was anxious, stupified, stupidly dumb, and immoveable; his expression was rigid and irritable, his forehead and hands were covered with a cold sweat, he had

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the greatest disinclination for all food and drink, also against the slightest increase or diminution of the temperature of the room (which was 75° F.;) every loud word also annoyed him. It seemed as if his brain were bound together with a band; inclination to vomit; he had no thirst, or any other wants; he wanted to sleep as he had a great inclination thereto, but as soon as he closed his eyes he was obliged to open them on account of a most frightful sensation in his brain like that produced by the most dreadful dreams. Pulse small, but natural in frequency. Camphor relieved him entirely.

Case 2.—A lad aged 12, delicate and cachectic, took two scruples of Cocculus; he soon had a nauseous taste in the mouth, burning in the throat and stomach, then vomited ten times without relief, for the pain spread over the whole abdomen.

On the third day he had: confusion and stupefaction of the head, vertigo, anxiety, and great restlessness; his forehead was hot and covered with a sticky perspiration; his eyes were turned upwards; countenance earthy, with a very painful expression; tongue coated white, and dry upon the edges; bitter taste, unquenchable thirst; frequent vomiting of a thin greenish fluid; carotid arteries beating violently, breathing very quick, but no pain in the chest; stomach exceedingly painful to touch; he complained of heat and persistent burning in the stomach and bowels, especially about the navel; the whole abdomen was distended, hot and exceedingly painful; he had frequent whitish yellow and thinly fluid stools; urine red, without sediment; skin dry; general and excessive heat; pulse very quick. (120.)

In four days more he had alternations of diarrhœa, vomiting, sopor and delirium, when the whole mouth became filled with aphthæ, which quickly became gangrenous so that the soft parts of the mouth were soon destroyed and the teeth fell out. The abdomen was excessively distended, very putrid stools were discharged, and finally death ensued on the nineteeth day.

Pathological Appearances.—Discharge of dirty reddish blood from the mouth; swelling of the mouth; vessels of the pia-mater crowded with dark fluid blood; dark serum between the dura- and pia-mater; clear serum in both ventricles; and two ounces of reddish serum at the base of the brain. *Softening of the brain*, especially of the convolutions of the cerebrum. Some clear serum in the right side of the chest; a thick ash-grey sanies on the left side; the right lung almost hepatized; the pericardium filled with clear serum. When the abdominal cavity was opened there was a very offensive cadaverous smell; *the bowels were completely agglutinated together and to the walls of the abdomen by false membranes;* there were four pints of ash-grey thick and cheesy serum in the abdomen; the stomach was discolored, its walls thin and brittle, the internal surface towards its base, very much reddened; the small bowels had thin and fragile walls, the lower third was ash-grey in color, and its internal surface covered with a slimy, dark and cadaverous smelling substance; the

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large bowels were greatly distended with air, and contained yellowish white soft fæces; the whole mesentery was covered with false membranes to such a degree that complete cavaties were found containing turbid serum.

Case 8.—An infusion applied to the head of a child aged six, with porrigo, caused tetanic spasms in half an hour, the pupils being excessively contracted; as the spasm abated the pupils gradually dilated to their fullest extent, but again became contracted on its recurrence; the spasms could be induced at any time by touching the eyelids. The boy's sister aged four, was affected in the same way.

When given to dogs and cats it almost always causes vomiting; always induces diarrhœa, and sometimes convulsions.

A decoction of the seeds produces intoxication; London porter and ale often owe their intoxicating properties to a decoction of these berries; it was formerly used by robbers to intoxicate their victims, and to this form of intoxication the term hocussing is applied.

The seeds contain two per-cent. of Picistoxin, which Dr. Gloon thinks acts specifically upon the spinal cord; under its use the animal temperature is much increased; it always causes congestion of the base of the brain; from its intoxicating properties it is often used for entrapping game and fish. PETERS.

ALLOPATHIC EXPERIENCE WITH NUX-VOMICA.

On the Tincture of Strychnos Nux-vomica. Dy H. G. DAVIS, M.D.

In the November number of the AMERICAN MEDICAL MONTHLY, are given several prescriptions of Strychnos Nux-vomica, but there is no mention of the alcoholic tincture of the rasped seeds. This preparation, in my hands, has proved itself preferable to any other for many purposes, but particularly for its power to give tone to the nutritive system. In many forms of dyspepsia, there can hardly be found an individual article to excel it. Its effect upon the cerebrum is as valuable as that upon the alimentary canal, for by its exhilarant power it overcomes that mental despondency so common in this disease, changing the gloomy melancholy into high hopes of recovery. The mental exhilaration is of itself a promoter of digestion. The old adage of "laugh and grow fat" is founded upon correct philosophy. In costiveness, and piles arising from this cause, the extract (for convenience,) combined with the Argenti-nitr., is a most valuable prescription. The strychnos appears to increase the motor power of the muscular fibre, while the nitrate arouses the sensibility of the mucous membrane of the alimentary canal, so that the parts take cognizance of any accumulation of foreign substances and removes them.

The remedy should be given in sufficiently large doses, and so often repeated, that it will, after a day or two, produce a lax state of the bowels, and a sensation of heat about the rectum on going to

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stool; the dose then may be diminished, and continued in sufficient quantities to give one or two stools a day for several days.

In neuralgia, the alcoholic tincture has been more potent, and a form more readily varied to meet a case, than any other preparation. I have mentioned its exhilarant quality, and it is this power that renders it so efficacious in neuralgia, for there are many cases of the disease in which the pain will subside, while under the influence of mental excitement.

In neuralgia it has been my custom to combine it with morphine, not only for the anodyne effect of the salt, but because it prevents tetanic spasms, that large or often-repeated doses of strychnos will produce.

From observation, I am satisfied that we occasionally fail to relieve this difficulty by not making our remedies of equal power with the disease. As a general rule, I think it is safe to push our remedial agents until we control the pain, or get their specific effect. As an illustration, allow me to relate a case:—Miss F., from Charlestown, Mass., had been severely afflicted with facial neuralgia for some months, and for the last two had not been able to get an hour's quiet rest in the twenty-four. She had received the best medical advice, both in Boston and Charlestown, without obtaining any relief. She was then advised to travel. While on her journey, I was called in the night to visit her, the pain being so insufferable, although a lady of extreme fortitude. I administered forty drops of Tr.-Strychnos, with one-sixth of a grain of Sulph.-morphine, every fifteen minutes, until she had taken five doses; she then remarked that she was becoming easy, and inclined to sleep. She afterwards informed me that she had no more pain for five days, then only slight, and finally recovered, without other medication.

The tincture is valuable for its power to diminish the secretions from the serous and mucous membranes, a power which would indicate it in diarrhœa, and any lax or leucophlegmatic state of the system. Its effect upon the nerves of involuntary motion would render it available in cases of impaired respiration from this cause; also in that strumous affection of the muscle of the heart which results in dilatation.

It has checked the paroxysm of intermittent fever, in conjunction with Quinine, where the latter had failed.

It is a preparation of strychnos that will well repay any practitioner to investigate.

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3. PATHOLOGY AND THERAPEUTICS.

Report on Dropsy, compiled by J. C. Peters, M.D.

In the Leopoldstadt Homœopathic Hospital Drs. Wurmb and Caspar treated

18 cases dependant on Bright's disease,
7 " " " Malarious cachexia,

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4 cases dependant on chronic pulmonary catarrh and emphysema,
3 " " " disease of the heart,
2 " " " " " " liver,
3 " " " scarlet fever,
1 " " " chlorosis,
17 " " " unknown causes.

The most useful remedies were *Arsenicum* and *China*, especially the former.

BRIGHT'S DISEASE.

This occurred seven times in the acute form, and eleven times in the chronic; of the acute cases two died with all the signs of œdema of the lungs, but two others in which pulmonary œdema had also occurred were cured by *Tartar-emetic;* the three other acute cases were also cured.

In the *chronic* cases it happened several times after the use of *Arsenicum* that the albumen diminished rapidly and finally disappeared entirely, while the dropsical symptoms also subsided so that the patients could be regarded as cured. These cures were effected several times after the disease had reached a very high degree of intensity. Among others Wurmb refers to:

Case 1.—Of a woman, aged 40, whose legs were very much swelled, and who also had a considerable quantity of fluid in the chest and abdomen.

Case 2.—Also to that of a man, aged 70, who suffered with a high degree of anasarca and ascites in consequence of albuminous degeneration of the kidneys. *Arsenicum* 30 was given, and on the very first night the old man was enabled to lie down in bed, which he had been unable to do before for several weeks. At the end of eight days there was a marked decrease in the quantity of albumen in the urine, and in eight weeks every trace of the disease had vanished. The patient still remains well; one year after the cure.

Wurmb states that there is no other remedy which is so clearly homœopathic to the chronic form as Arsenicum; later experience has proved that it not only acts specifically and powerfully upon the kidneys, but also that it produces albuminaria; hence he relied upon it as the main remedy and all the most brilliant cures were effected by it. Still it failed occasionally, and then no other remedies proved useful with the exception of *Aurum-muriaticum.*

Case 3.—Professor Henderson also reports a case cured by Arsenicum, in a boy, aged ten years; his face, body and extremities were anasarcous to the utmost degree; the abdomen was also distended by a large peritoneal effusion, and the right side of the chest was two-thirds full of fluid, as evinced by the dullness of percussion and absence of respiratory murmur; his breathing was accelerated and short, yet he could lie down in bed; he spoke like one in want of breath; urine scanty, pale and coagulated strongly by heat; bowels loose, four or five times per day; pulse 100. The disease had been com-

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ing on for three months, and had been treated by a highly intelligent allopathic surgeon and afterwards by Christison; but the dropsy continued to increase and the urine to become scantier.

Treatment.—One drop of Fowler's solution, three times a day; at the end of four days the boy continued much the same, although his family thought that the urine was increased in quantity; shortly afterwards the urine increased to a full flow, the quantity of albumen steadily decreasing, and in fourteen days more there was no trace of it in the urine. All swelling had disappeared and the patient was pretty well, although much emaciated. The urine became of the usual healthy color, density 1018. slightly hazy by heat, but immediately cleared again by Nitric-acid.

According to Wurmb, *Terebinthina* and *Prunus-spiniosa* were useful several times when there was suppression of urine. Occasionally hot air-baths were very serviceable; they produced perspiration, lessened the anasarca, relieved the breathing, and were followed by refreshing sleep.

In the British Journ. of Hom., Oct. 1855, Dr. Kidd says that the medicines which he has found most useful in Bright's disease are: Terebinthina, Cantharides, Arsenicum, Mercurius, Nitric-acid, Phosphorus, Ferrum.-sulph. and China.

Cantharides, Arsenicum and Mercurius only produced palliative relief in Kidd's hands; this led him to try *Terebintha* which is homœopathic to hæmaturia, frequent micturition, albuminuria, aching pain and weight in the loins, depression of muscular power, vertigo, stupor, and also increased secretion from the bronchial and gastro-intestinal mucous membranes. The symptoms indicating its use are: scanty evacuation of urine, rather deep colored, and occasionally containing blood, coagulating abundantly with heat and Nitric-acid, *extensive anasarca*, irritability and relaxation of the bowels, loss of appetite, abundant mucous expectoration.

Case 4.—A lady, aged 28, had been treated unsuccessfully by Dr. Christison; Dr. Kidd found her very much emaciated, weak, much depressed in mind, appetite poor, nights disturbed by dry tickling cough, and urgent dyspnœa from œdema of the lungs; feet and legs much swollen; urine pale, with a light flocculent deposit; specific gravity 1010; reaction neutral, Urea- and Uric-acid nearly quite absent; albumen in proportion of twelve grains to fluid ounce of urine.

Treatment.—For one month Dr. Kidd gave *Cantharides*, 1st and 3d dilution, under which the proportion of albumen lessened, and her nights became less disturbed; but she soon grew rapidly worse and the dyspnœa excessive. Arsenicum 3, 2, 1, were given without benefit. She died in a few months.

Case 5.—A lady, aged 26, after an attack of pleurisy with severe pain across loins, and secretion of thick white urine, was left after allopathic treatment, with anasarca and great prostration of strength. At the end of eight months she came under Dr. Kidd's care; her limbs were enormously swollen, so that she could with difficulty move

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and step; the skin of the abdomen and chest was universally anasarcous; great weakness, appetite good, bowels regular, menses absent for four months; urine smoky and opalescent, specific gravity 1018, average quantity from thirty to thirty-five ozs. per day; from boiling and Nitric-acid it became a nearly solid mass of albumen, so that it would not run out of the test tube when inverted.

Treatment.—Cantharides was given for three or four weeks, but she gradually became worse, so that she could scarcely leave her bed from the enormous size of her limbs.

Then *Terebinthina* was given, in doses of four drops, three times a day, of the pure spirit; occasionally the 1st and 2d dilutions were substituted. The most marked improvement resulted; the quantity of albumen lessened; the dropsy steadily diminished as the amount of urine increased from thirty-five to forty-five, fifty and even sixty ounces per day; her strength and activity were soon restored. The same medicine was continued for three months, when the most careful examination failed to detect albumen or blood globules in her urine; every vestige of dropsy was removed, the catamenia were restored, and she remained well at last accounts, two years after.

Case 6.—A gentleman, aged 59; of bilious temperament, deep sallow complexion, and of a family in which kidney-disease had carried off several members of about his age; for years past had been accustumed to pass bloody urine; in Jan. 1854, after a severe kick on his loins from his horse, bloody urine was again passed, with severe aching pains across the loins; was confined to his house and treated allopathically for four months, during which dropsy gradually came on and steadily increased. When Dr. Kidd took charge of him in May he had much suffered from dyspnœa, was propped up in bed, scarcely able to breathe, with his legs and body œdematous, the entire posterior inferior region of right chest perfectly dull on percussion, and in the upper and middle parts moist crepitating rales. The same on the left side, but to a slight extent. The heart's action muffled and indistinct. On the least exertion, or on lying down in bed, sudden faintness and oppression of breathing came on; tongue dry and red; bowels costive; no appetite; extreme prostration of strength and lassitude; urine abundant, from three to four pints in twenty-four hours, pale, specific gravity 1010, reaction neutral, freely coagulated by heat and Nitric-acid.

Treatment.—Terebinthina, three or four drops, three times a day, for a few days; these doses caused bilious diarrhœa, although he formerly required very large doses of Calomel to act on his bowels; hence the quantity was reduced to one drop, and continued for three months, twice a day, occasionally substituting the 1st and 8d decimal dilutions. The most rapid improvement followed; all dropsy was gradually removed; the breathing became good; appetite and strength increased; bowels acted regularly once a day; in six weeks he was able to walk as well as ever and seemed in perfect health, and continued so for one year, when he had a slight return of dropsy. Under

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Terebinth, one drop night and morning for ten days, he became quite restored to his usual activity; but the urine is still albuminous and of low specific gravity.

Case 7.—A gentleman, aged 50; general exhaustion, nervous irritability and debility; urine pale, opalescent, like freshly made whey, specific gravity 1014; on standing it deposited much flaky debris, which contained casts of tubes visible to the naked eye; heat and Nitric-acid caused a fine granular deposit.

Treatment.—Notwithstanding the most careful general management and the persevering use of Cantharides, Terebinth and Nux-vom., the frequent irritation to pass urine by day and night increased, and the proportion of albumen also; he became weaker and œdema came on about the legs. Ferrum, Sulph., China and Phos.-acid were given without permanent benefit. In the winter he suffered sadly from cold, and cramps with rigidity of the muscles, and neuralgic pains disturbed his sleep; these symptoms were easily relieved by Cuprum-acet., 1st dilut., or 2d, but not by the 3d, nor by Cuprum-metalicum 1st trit. Œdema of the lungs came on, obliging him to sleep in a chair; the urgent dyspnœa was not relieved by Arsenicum, Bryon., or Phosphor. He finally died.

Case 8.—In the Jan. 1856 No. of the Brit. Journ. Hom., Professor Henderson reports a case occurring in a girl, aged six, cured by Aconite and Terebinth. The albumen disappeared in about ten days.

Case 9.—In a chronic case every trace of the disease was removed by doses which had to be reduced from two to three drops, to a half drop.

Henderson thinks, that it is not only in recent cases that Turpentine may be used with the happiest results, although it is peculiarly adapted to the early stage, at which period it is that blood is the most liable to appear in the urine, at least in any notable quantity.

Turpentine causes a frequent, almost incessant desire to pass water, passing only a few drops at a time; the water scalds very much and contains coagulated blood, and a large quantity of albumen. In other cases it has caused a copious flow of milky, whitish, very offensive and strongly ammoniacal urine; or a large quantity of urine, with much burning. Or, it may cause all the signs of great intoxication, the patient lying in a deep sleep, with profuse perspiration; recovery takes place under the copious discharge of urine, smelling of violets. —Peters.

Henderson thinks, that Cantharides, Mercury and Arsenicum deserve attention in Bright's disease.

On account of the prominent part which an excess of urea in the blood plays in Bright's disease, it is proper to devote a short space to the consideration of that substance.

Urea.

In the Old School it is generally thought necessary to antidote the excessive quantity of urea which exists in the blood in Bright's dis-

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ease, or to favor its expulsion from the body through the bowels or kidneys. Dr. Golding Bird has detected urea abundantly in the copious evacuations from the intestines produced by the action of Elaterium—while Colchicum produces an excessive discharge of Uric-acid from the kidneys. But these are only temporary expedients. Lehmann says, it is now established, that urea is not primarily formed in the kidneys, but in the blood, and that it is produced from materials that have become effete, the detritus of tissues, as well as from unserviceable and superfluous nitrigenous substances in the blood. No animal tissue presents such vital activity, is so much used, and so rapidly worn out, as muscular tissue; it is in this tissue that the metamorphosis of matter proceeds most rapidly and abundantly, and yet in the large quantities of muscular fluid, on which Liebig worked, he could detect no trace of urea, *although he found substances from which he could produce urea artificially*, viz. creatine and probably Inosic-acid. Hence, we may assume, that these substances are decomposed in the blood by the action of the alkalies and of free oxygen into urea and other matters to be excreted. Moreover, Lehmann's experiments show that the superfluous nitrigenous food which enters the blood perceptibly increases the amount of urea in the system. It is impossible to suppose that this nitrogenous food is first converted into tissue, and subsequently into urea; hence the conversion of this matter can occur in no other place than in the circulatory blood, and therefore it is here that the urea must be formed.

Hence the indications in Bright's disease are to cut off the supply of nitrogenous articles of food as much as possible; to check or moderate the excessive formation of urea from the muscular tissue; and to neutralize the excess of urea in the blood.

We do not yet know how to neutralize the excess of urea in the blood; Nitric- and Oxalic-acids form insoluble salts in conjunction with urea; while Natrum-muriaticum and Muriate of Ammonia form soluble salts. Johnson gives several cases in which great and extraordinary benefit was derived by the subjects of Bright's renal disease, from a long sea voyage, and that, too, under circumstances apparently the most unfavorable. A part of the good effects may have been owing to the constant exposure to the Chloride of Soda, or Natrum-muriaticum in the Salt-air.

Iron is said to be a medicine which is plainly indicated by the pallor of the skin and other appearances of anæmia, which occur in Bright's disease; and Johnson says, his experience has abundantly proved the value of the remedy. He says, it is not to be supposed, however, that the use of Iron will be as efficacious in restoring the coloring matter of the blood in cases of Bright's disease, as when given for the cure of chlorosis; since in the latter condition, there appears to be a simple deficiency of some of the constituents of the blood, whereas in the case of renal disease, this defective composition of the blood is associated with, and is partly a consequence of the retention of poisonous excrement in the blood. It is therefore impor-

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tant while administering Iron for the purpose of restoring the normal constituents of the blood, not to neglect any available means of freeing the blood from its accumulated excrement. Johnson believes, that the Muriate Tincture of Iron is one of the most valuable preparations in Bright's disease. The free acid which it contains often appears to exert a beneficial influence upon the stomach, relieving many of the dyspeptic symptoms, which are the most troublesome accompaniments of renal disease; and when absorbed, it tends to restore to the blood its coloring matter; while, in passing through the kidneys, it appears to exert an astringent influence and check the drain of albumen.

Handfield Jones says, that in a great majority of cases, in which the symptoms announce degeneration of the kidney, it may reasonably be anticipated, that a considerable part of the organ remains in a state which is capable of restoration more or less complete. As long as the tubes are undestroyed, we may have hopes of being able to reproduce a healthy condition of their epithelial lining. He entertains no doubt that the right method of treating the chronic form of Bright's disease is to improve the general vigor and power of the system, and thereby its nutrition in every possible way. We must not be satisfied with the removal of the dropsy and restoration to apparent safety; but we must go on in the task of corroborating the system, till the urine has recovered its healthy condition, and the blood again imparts a ruddy hue to the complexion, and the muscles are toned to strength and vigor. He does not says, that we will always, or often be able to do all this completely, but this is what we should perseveringly aim at; and he has good grounds for believing that such persevering effort may make all the difference to many of our patients, between an early death and many years of tolerable comfort and enjoyment. He of course relies mainly on Iron to effect this; yet *Natrum-muriaticum* may accomplish the same end, for from careful chemical analysis of the blood of those who take this remedy in large quantities, it is found to diminish the quantity of water in the blood quite decidedly, thus rendering the blood thicker; it also increases the quantity of blood globules in a marked degree, viz., from 130.08 to 143.00; and these effects were always most decided in feeble and lymphatic subjects. It increases the quantity of fibrin in a slight degree, and diminishes that of albumen in about an equal proportion; it also slightly augments the quantity of Iron and fat in the blood. It increases the appetite, but its most frequent and certain effect is increase of strength, while the heat of the body is more readily generated. M. Plouviez increased in weight under its use to the amount of 13½ lbs. troy in about two months, and repeatedly became so plethoric, with fulness about the head, that had himself bled.

Corrigan believes that in many cases the use of *Iodide of Potassium* will remove steadily and certainly the dropsy that accompanies albuminuria, and will very much improve the quality of the urine, while it has the power not only of arresting, but to a great extent of removing the peculiar interstitial deposition that is found in the kidney in some

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forms of Bright's disease, especially when this organ is much enlarged in size, pale yellow in its substance and on its surface, smooth and brittle in its texture, with its capsule loosely attached and readily peeling off; attaining its size and deriving its appearance from the interstitial deposition, as far as we know, of a mixture of fat and morbid fibrin. In some cases it seems to effect a cure, while in many instances it will remove again and again the secondary dropsy. In some cases it removed the albumen entirely from the urine in the course of two months.

In Frank's Magazine, Vol. 2, we find four cases radically cured with the Iodide of Iron. Also one case cured in a month with Lactate of Iron. Also one case cured with *Solidago virgaurea*, after Iron and Cochineal had failed. The Solidago is said to be astringent and to possess lithontriptic powers; the leaves have a fragrant odor, and a warm, aromatic, agreeable taste; it is aromatic, moderately stimulant and carminative; it may be used to allay pain arising from flatulence, to relieve nausea, and to cover the taste and correct the operation of unpleasant and irritating medicines. In Bright's disease it has proved useful; in the course of two days, it diminished the dropsy, increased the urine three-fold, and lessened the quantity of the albumen; in seven days it has entirely removed the albumen.

Also four cases were cured by Cochineal.

Of the seven cases of dropsy *occurring after mal-treated or neglected fever and ague*, and treated by Dr. Wurmb, one died in consequence of subsequent laryngeal abscess; four were perfectly cured, and two much improved. Two of the cured cases at first became dissatisfied with the slow progress of their recovery and left the Leopoldstadt Hospital for the allopathic institution, but they returned again in a much worse condition and then patiently awaited their cure, which was effected with *Arsenicum*. A third case was cured by *China;* in this instance the preceding fever and ague had not been treated with Quinine. The fourth case was cured by Natrum-muriaticum.

The majority of those cases, arising from emphysema, or disease of the heart or liver, proved incurable; still many of the symptoms were relieved in several cases by Arsenicum; while Spigelia and Digitalis allayed many of the heart-symptoms.

Of the dropsies occurring after scarlet fever, one case was cured by Natrum-muriaticum and two by Arsenicum.

The cases dependent on Chlorosis, were relieved or cured by Ferrum-carbon.

In those cases in which no cause could be discovered for the dropsy, no good effects were witnessed from any other remedies than China and Arsenicum, both when the disease occurred in the form of anasarca, or of hydrothorax, or ascites.

Dropsy of the knee-joint was cured at times with Graphite and Baryta-muriatica; still in one case these remedies failed and Iodine and Merc., effected a cure.

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In Frank's Magazine a number of cases of dropsy are reported as cured by Aurum-muriaticum.

Apocynum-cannabinum should always be borne in mind in dropsy.

REPORT ON RHEUMATISM,

Compiled by Dr. John C. Peters.

In the Leopoldstadt Homœopathic Hospital, 260 cases of acute rheumatism were treated; of these, 113 were joint-rheumatisms, the rest, examples of muscular rheumatism. Dr. Wm. Arnold, of Heidelberg, first called attention to the use of *Tartar-emetic* and *Nitrum* in inflammatory rheumatism. Drs. Wurmb and Caspar speak most highly of the first mentioned remedy in this disease; they gave Tartar-emetic in from 55 to 58 cases, of which 29 were treated exclusively with it; eight cases were so rapidly benefitted that they have not the slightest doubt that it will often be found a specific and curative remedy; in others of the twenty-nine cases, the attacks were evidently shortened by this medicine; in twelve cases, it excited little or no influence. In those cases, in which the Tartar-emetic was used in conjunction with other remedies, in one instance an almost instantaneous cessation of the symptoms was noticed; in four other examples the disease took a favorable turn, which was followed by a cure in a few days. It seems to be most useful the acuter the attack, the more recent the seizure, the stronger and more youthful the patient, and the more fixed or less apt to wander, the disease is.

They have quite a different report to give of *Nitrum;* they gave it in twenty-five or twenty-six cases and did not witness beneficial results in a single instance.

Laennec, it is well known, was a strong advocate for the administration of Tartar-emetic in full and repeated doses; he says, there is no inflammation except that of the lungs in which Tartar-emetic is more efficacious than in articular rheumatism. The medium duration of the disease under the influence of this remedy is from seven to eight days, while it continues from one to two months under the expectant treatment and that of bleeding. Basham prefers Tartar-emetic to all other remedies; Fuller thinks that more extended observations have not tended to verify the extraordinary curative powers ascribed to it by Laennec; but I have certainly used it quite successfully in alternation with Tinct. Rad. Aconite, in many instances.—Peters.

Fuller says, Nitrum, or Nitrate of Potash, has been largely employed in doses varying from a few grains to two or even four drachms three or four times a day; but he cannot confirm the favorable report of its action; he has watched its administration to the extent of about an ounce daily in seventeen cases of acute rheumatism, and to a smaller extent in others, and in one instance only did it appear to exercise any decided control over the course of the disease.

The humoral pathology of rheumatism has lately received much

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attention; some physicians think that cold, by suspending cutaneous secretion, and so giving rise to the retention of effete matters in the blood, will explain all the varied phenomena of the disease; by others, rheumatism has been referred to the irritation of a morbid matter in the blood, which though possibly derived in part from stoppage of the perspiration, is to a far greater extent generated in the system, as a product of impaired or perverted assimilation, or of vicious metamorphic action.

A suggestion was thrown out some time ago by Dr. Prout and has been adopted and enlarged upon by Dr. Todd, that all the phenomena of rheumatism are referable to the presence of *Lactic-acid*, which is developed too freely in the system in consequence of imperfect assimilation, and accumulates in the blood by reason of defective cutaneous action.

The persons most prone to rheumatism are those who are peculiarly sensitive to atmospheric vicissitudes, disposed to perspire, while their perspiration has a *sour* disagreeable odor, and their urine, though usually clear when passed, not unfrequently deposits on cooling, a red brick-dust sediment, consisting of lithatis and *lactates*. So constantly are these symptoms associated with a tendency to rheumatism that they have been recognized as indicative of a "*rheumatic diathesis*."

In the gastric or bilious variety of rheumatism it will generally be found that the patient has been "out of sorts" for some time prior to the full development of the attack; he has probably felt languid, chilly and uncomfortable; his appetite has been capricious; he has had a *sour* or bitter taste in his mouth, and has experienced dull aching pains in his limbs. Pulsatilla and Colchicum are the best preventive remedies.

Thus, it would appear that cold and other external agencies are only predisposing and exciting causes of rheumatism, and that the primary, proximate or essential cause of the disease, is the presence of a morbid matter in the blood, generated in the system as the product of a peculiar form of mal-assimilation.

In addition to the excess of *acid* in the system the blood is also charged with an excessive and a most abnormal quantity of fibrine or coagulable lymph. The fibrin in acute rheumatism ranges from a mean of 6.7 to 10; in only four cases out forty-three, was the quantity less than 5.0, while in the natural stage it ranges but a little over 2. 0.

This excess of fibrin is not developed all at once; we have already seen that it is a common but erroneous opinion that attacks of acute rheumatism are often sudden and unpreceded by any premonitory symptoms. In the fibrinous or pneumonic variety of the disease it will always be found that for several weeks, or even months previous to the seizure, the patient has been affected not only with flying pains in several of the joints, but also with headache, vertigo, flushing of the face, *and not unfrequently with cough, tightness of the chest*, and a

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general feverish state of the system, denoted by thirst, disturbed sleep, constipated state of the bowels and scanty urine, which is dark and strong; digestion is passably good and the appetite does not suffer very much—but during all this time, the blood has been becoming richer and more fibrinous, and a rheumatic fibrinous dyscrasia has been developing. *Aconite* and *Bryonia* are the best preventive remedies.

On account of the prominent part which Lactic-acid plays in the pathology of rheumatism it is proper to devote a little time to the consideration of this substance.

LACTIC-ACID,

Is very often formed during the fermentation of fluids containing sugar or starch, and it may as well be maintained that there is a specific lactic fermentation, as that there is a distinct acetic or butyric fermentation.

Lactic-acid exists naturally in the gastric juice, and notwithstanding the assumed neutralizing properly of the bile, the contents of the small intestines of herbivorous, carnivorous and omnivorous animals always exhibit an acid reaction, which, however, diminishes towards the ileum; this acid reaction is strongest in the duodenum and depends on the presence of Lactic-acid. Tiedemann, Gmelin and Valentine attribute the acid reaction of the mucus of the small bowels to Lactic-acid.

Lactic-acid is accumulated in large quantity *in the muscular tissue* and is found in the chyle and lymph, and like urea, may collect abnormally in such quantities in the blood as to be capable of detection by chemical analysis. Lactic-acid does not occur in the healthy milk of men and animals, but is easily developed therein; it is only in an abnormal state, or after a strictly animal diet, that milk which reddens litmus paper and contains Lactic-acid, is secreted. While it is only after exposure to the atmosphere that healthy milk acquires an acid reaction, from the conversion of its sugar of milk into Lactic-acid, by a process of acetous fermentation.

It is now forty-two years since Berzelius recognized the existence of free-Lactic-acid in the muscular fluid; Liebig at first doubted, but finally could no longer question its presence in the muscular fluid, and even asserts, *that the free Lactic-acid exists in so preponderating a quantity in the muscles that it is more than sufficient to saturate the alkali of all the alkaline fluids of the animal body.*

Anselmina, Thenard and Berzelius have found Lactic-acid and Lactate of Ammonia in the sweat.

Lehmann says that in all cases where the supply of Lactates to the blood is very great, whether this depends upon *an excess of acid being formed in the muscles*, or on the use of a diet tending to produce it, or on an imperfect process of oxidation in the blood, Lactic-acid may be detected in the urine with all the certainty which in the present state of chemistry can be expected in such researches.

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Lactic-acid has a double origin in the system; 1st, from the amylaceous and saccharine matters contained in the food being converted into Lactic-acid in the same manner as takes place in the fermentation of milk. But the true genesis of the Lactic-acid which accumulates normally in such large quantity in the muscles is not so immediately obvious, although we may assume that the Lactic-acid found in the *primæ viæ* is especially attracted to the muscular tissue and is accumulated there to serve certain definite purposes. But a certain amount of the Lactic-acid of the juice of flesh is supposed also to be a product of metamorphosis which is formed while the muscular tissue is in action. Liebig supposed that an electric tension influencing the function of the muscles is established by the Lactic-acid in the fluid saturating the muscles and the alkaline contents of the capillaries.

These extracts will suffice to show the great prevalence of Lactic-acid in the human system and its especial affinity for the muscular and fibrous tissues.

Lactic-acid Rheumatism.

In rheumatism the quantity of Lactic-acid in the blood and system is very much increased; it is not properly neutralized in the muscles and nature attempts to eliminate it from the body is various ways; thus the skin is commonly bathed in a profuse acid perspiration which emits a peculiar, sour and disagreeable odor, eminently characteristic of acute rheumatism; the saliva, which in health is alkaline or neutral, becomes decidedly acid; the urine extremely acid and loaded with lactates and lithates.

Fibrinous Rheumatism.

The excess of fibrin in rheumatism may be explained in the same way; it would seem that the fibrous tissues lose their power of selecting or eliminating the fibrin from the blood, hence this fluid remains overloaded with it; so little tendency is there in rheumatism to effusions of fibrin or plastic lymph, that although all the actions and movements of the disease are as rapid and forcible as possible, yet it does not go beyond the first stage of inflammation; all its energy is expended upon one stage and there is no apparent progression beyond it; a fortnight ago there was great heat, and nervous and vascular excitement and great pain and swelling of the joints, and to-day we have nothing more; there is no more sign of inflammatory exudation, or suppuration, or of parts disorganized, or parts destroyed now, than then.

There are several other varieties of rheumatism—

1*st Form.*—One or more joints are the seat of pain, tumefaction and redness extending over the surrounding parts, the swelling, however is *external* to the joint, the hollows and protuberances of which are obscured, apparently from effusion into the subcutaneous cellular tissue. This is the form which rapidly shifts its seat. *Pulsatilla* is the most homœopathic remedy, although *Rhus* may prove equally so, and *Tartar-emetic* may be required.

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2*d Form.—Capsular rheumatism*; the swelling evidently depends upon effusion *into* the capsule; the bursæ of the tendons are frequently implicated and become distended. *Colchicum* is the most suitable remedy, but it may have to be aided by *Kali-hydriod.* and *Tartar-emetic.*

3*d Form.—Muscular rheumatism.* This disease is located in the muscles and their aponeuroses; the pains are frequently absent when the parts are quiescent, but become intensely aggravated on the slightest motion. *Bryonia* is the most homœopathic remedy in acute attacks; *Ammon.-murias* in obstinate and chronic cases. Belladonna is the best palliative for pains increased by motion.

4*th Form.—Periosteal rheumatism. Kali-hydriodicum* is the most important remedy, although Mezereum and Mercurius may be required.

5*th Form.—Neuralgic rheumatism.* Aconite is the most homœopathic remedy.

6*th Form.—Hot rheumatism.* In this variety the pains are aggravated by the heat of the fire and of the bed clothes; they are relieved by cold, by uncovering the parts and in some cases even by cold applications.

7*th Form.—Cold rheumatism.* In this form the pains are increased by cold, and are relieved by warmth, by approaching the fire, by flannels and by abundant clothing; the patient often feels chilly, complains that he never can get warm; his skin is often pale, and surface cool.

N.B. In both the hot and cold varieties the pains are worse at night than during the day, and the patient when asked if the pains are worse when warm, often replies that they are worse when warm in bed at night; but this answer is not enough; we must inquire about the effect of heat and cold during the day. Again, the hot and cold rheumatism must not be confounded with the acute and chronic varieties; acute rheumatism is always hot, but hot rheumatism is not always acute; cold rheumatism is generally, but not always chronic.

Pathology of Rheumatism.

1. According to Alderson the action of cold or other depressing influences upon the muscles, fibrous tissues and joints prevents the neutralization of the large quantity of lactic acid which normally exists in the muscular fluid and tissues, and stops the elimination of fibrin, from the arterial blood by the fibrous tissues.

2. Nature attempts to expel the excess of acid by means of profuse acid perspirations, &c., but the fibrine which ought to be consumed in the peripheral capillary system, is transmitted in excess to the veins and from thence back to the lungs and heart.

3. This highly acid and fibrinous blood is excessively stimulating to the lungs, heart and arteries, and produces increased action in all of them, and all the phenomena of rheumatic fever.

4. The capillary vessels in the fibrous tissues are in the natural state of necessity compressed within and between bundles of inelastic

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white fibrous tissue, and are, in a manner bound down by it. This is an arrangement of vessels and tissues especially liable to become the locality where circulating fluids may be obstructed; as the inelasticity of the white fibrous tissues of the tendons, ligaments and joints are eminently calculated to increase the dense packing of the accumulating fluid. The combination of parts is precisely such as would offer obstruction to the transmission of thickened and excessively fibrinous blood, and the resistance which is offered to distention is calculated not only to create obstruction, but also to cause great pain.

5. In consequence of the distention of the capillary vessels of the fibrous tissues, the thinner parts of the blood are forced through the coats of the vessels either into the surrounding cellular tissue, or into the synovial cavities. When the fluid is of a purely serous character, as it almost always is in the joints, the fluid is poured out by simple exosmosis through the free surface of the synovial membrane.

6. The redness which we perceive in rheumatic swellings may be accounted for by the fact, that when blood is delayed in vessels and not submitted to the action of oxygen, the metamorphosis of the blood globules does not proceed; and hence the blood globules are not consumed and there is an accumulation of the coloring-matter of the blood, or hæmaphæin.

7. The so-called *metastatis*, that most interesting, especially characteristic and most important symptom of rheumatism, which has hitherto evaded all satisfactory explanation, now remains to be considered. When delay of blood takes place in the vessels, the fibrin in the parts becomes dissolved, and in consequence of the stasis or congestion of the vessels no more fibrin, for the present, can be supplied to the part from the general circulation; the fibrin is in the blood in excess, but the existing stoppage or stasis in the fibrous tissues hinders its approach. The solution of the fibrin, therefore, proceeds in that quantity of blood which is delayed and accumulated in the neighborhood of the joint, and tends to restore the balance towards the normal proportion in that quantity of delayed blood. Blood, therefore, which has been accumulated in the fibrous tissues by this stasis, is subjected to a sort of purifying process, and the fibrin finally being no longer in excess, the capillaries no longer resist the transmission of the thinned blood and a free circulation about the rheumatic part is once more obtained, and the disease deserts that point of attack, perhaps to fall upon another unguarded joint. In fact, the general overfibrinated state of the blood still continuing to pervade the system throughout, and having experienced but very partial relief from the small quantity already restored and depurated, it is naturally to be expected that other joints, either in turn, or several simultaneously, may offer a similar obstruction to the abnormal blood, which will then and there go through the same renovating or depotentizing process.

All these suppositions agree with the known symptoms of the disease; and thus, that which has been considered as an occult and mysterious peculiarity, showing as if what has been called the "morbid in-

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fluence," delighted in arbitrary and sudden selections and abandonments of its points of attack, may be regarded as a regularly consecutive and simple event, governed by one simple law, and that law marked by the same beautiful simplicity which may be traced through all the government of the universe.

8. The ankle joints and knees are most frequently attacked by rheumatism, simply because they are most exposed to cold, and are most easily strained or compressed by walking, standing or bearing the weight of the body; hence they readily become the weak or irritated points upon which rheumatism pounces by preference. The wrist- and elbow-joints are next most frequently attacked by rheumatism, because they are easily somewhat strained in lifting, &c., and are also much more exposed to cold than the hip and shoulder joints.

9. Rheumatic inflammation of the heart rises to a much more severe and disorganizing extent than that of the joints, simply because the heart is constantly in motion, and cannot be kept at rest like a joint; farther, the excessive fibrinous state of the blood acts as a special irritant upon it.

Alkalies in Rheumatism.—Fuller says of the value of alkalies and their salts in acute rheumatism it is impossible to speak too highly. Whether regard be had solely to the facts that the normal alkalinity of the salina disappears, that the acidity of the perspiration is excessive, that the urine is surcharged with acid, and that the alvine evacuations are also loaded with acidulous matters; or whether the question be viewed with reference to the excess of fibrin in the system, alkalies in either case cannot fail to prove useful. They are not only active depurating agents, and corrective of the abnormal condition of the blood and the excretions, but they are in great measure antagonistic to excessive formation of fibrin. Administered alone, however, and in ordinary doses, they are indequate to effect a cure. The system is so surcharged with acid, that no ordinary doses can restore its alkalinity; and even when given in doses sufficient to effect this purpose, alkalies fail to arrest the disease, *because they are unequal to prevent the further formation of acid in the system.* Of this Fuller is fully satisfied by experience. The pain may be greatly alleviated, and the force of the febrile and inflammatory symptoms checked, but the disease will rarely be arrested or shortened in its duration without the addition of other medicines. This is because alkalies do not reach the cause but only some of the effects of the disease.

REPORT ON TYPHUS-FEVER,

Compiled by J. C. PETERS, M.D.

In the Leopaldstadt Homœopathic Hospital Drs. Wurmb and Caspar have treated from the year 1850 to 1854 (inclusive), 599 cases of typhus; of these sixty-seven died; a mortality of 11,4 per-cent. This result must be regarded as a favorable one; still we should also like

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to save the 11 per-cent., especially as some of our best friends may occasionally happen to be included in the dark list.

The longest duration of the disease was between four and five weeks; and in those cases in which the symptoms did not run very high in the course of the first few days, they rarely took an unfavorable turn afterwards.

The treatment was very simple. *Rhus, Acid-phospher., Carbo-veg., Arsenicum and Veratrum* were the remedies most frequently used; *Cocculus* was employed occasionally.

During the first two years *Rhus* was mainly relied upon; during the cholera season of 1850, *Veratrum* often came in play. In 1853, *Acidum-phosphor.*, was generally employed; *Arsenicum* was always a favorite remedy, especially in 1854. These remedies were not used arbitrarily, but according to the varying characters of the different annual epidemics.

Rhus-toxicodendron, was employed most frequently; it was given in nearly 290 cases, in all of which there was never any excessive reaction in the nervous and vascular systems. In about 160 or 170 cases it was relied upon exclusively, without the aid of any other remedy. In the remainder, *Arsenicum* (most frequently), and more rarely *Acidum-phosphor.*, and *Carbo-vegetabilis* had to be used intercurrently.

Acidum-phosphoricum, was preferred in adynamic cases of moderate intensity; in nearly 160 cases it was relied upon exclusively; in about sixty other cases, other remedies had to be used.

Veratrum, was given in twenty-five cases during the cholera season, and always in the later stages of the disease, after the previous use of other remedies. Several of the good results following its administration were among the most satisfactory and striking that Wurmb ever witnessed in the management of typhus.

Arsenicum. This powerful remedy was invariably given when the vital powers were much depressed, when there were unmistakable signs of alienation of the blood, malignant deposits, or ulcerations. It possesses a wide sphere of action against the typhous process in general, but especially against many of its after-effects, such as ulceration of the bowels, purulent deposits, and putrid decompositions.

Carbo-vegetabilis, was given in the worst cases where the vital powers were greatly prostrated, and paralysis of vascular or nervous energy had already, or was about to set in.

Cocculus, was used where the irregular manifestations of animal life bore the stamp of a torpid state of the nervous powers, whilst the rest of the organism sympathized but little.

Besides the above remedies, the following were given *symptomatically*:

Opium, in deep soporose states, and not unfrequently with astonishingly rapid results;

Hyosciamus, was given in coma, when the torpid state of the vascular and nervous systems did not seem to call for Opium.

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Coffea, was almost always useful against sleeplessness from nervous irritation.

Belladonna, was of extraordinary use in one case of typhomania; and decidedly so in several other instances. The same holds true of Stramonium, which was given in a few instances only.

Phosphor, came in play when pneumonia was added in a decided degree; still slight signs of lung-trouble, were often disregarded when Rhus and Arsenicum were already in use, as these remedies are also applicable against typhoid pulmonary affections. Of nineteen cases of typhoid pneumonia treated with Phosphor, two ended fatally.

Arnica afforded most extraordinary relief in one case of typhoid pneumonia in a girl who was very low indeed.

Tartar-emetic deserves particular attention when all the signs of œdema of the lungs are present, viz., very profuse moist rhonchus, and great difficulty of breathing; in five severe cases, Stibium was given with the best results.

Pulsatilla and Cantharides, were useful against the urinary difficulties which occur in typhus.

Merc.-sol. and Belladonna, were relied upon against the affections of the parotid glands.

Arnica and Calendula, were used externally against decubitus.

China, was given against the debility and peculiar soreness of the limbs which sometimes last many weeks after typhus.

ALLOPATHIC STATISTICS OF TYPHUS-FEVER.

Of late years great improvements have been made in the allopathic treatment of typhus and typhoid fevers, especially in Sweden.

Of 3186 cases treated from 1840 to 1852, by Huss at the Seraphim Hospital at Stockholm, the average loss was 339, or 10 6 per-cent.; in 1846 and 1849 the loss was only 7.5 per-cent.; in 1840 and '43, 8.5 and 8.8 per-cent.; in 1850 and '51, 10.2 and 10.3; in 1841 and '44, 11.3 and 11.7; in 1843 and '45, 12.1 and 12.5; in 1847, 15.9; and 1848, 18.2 per-cent. Our Fleischmann of 3165 cases treated homœopathically, lost 368, or about 45 more than Huss.

Huss says that this per-centage of deaths, varying from the minimum, 7.5 to the maximum 18.2 proves that the disease occurs in different degrees of intensity in different years. It is also singular that in the years when the largest epidemics have prevailed, the mortality has by no means been the greatest; on the contrary, during the very extensive epidemic of 1846, the mortality was at the minimum, or 7.5, but during the two years which succeeded the epidemic of 1846, the per-centage of deaths was greatest, being 15.9 in 1847, and 18.2 in 1848.

Huss very modestly remarks that the average per-cent. of deaths for the whole twelve years was only 10.6; which is very small in comparison with the reports of the other allopathic hospitals; hence this small number of deaths must either indicate that typhus is less severe in the North, than in other countries of Europe, or else the treatment adopted must have a share in the happy results.

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The smallest number of deaths occurred in July, (8.2 per-cent.), October (8.4)—December, (8.6)—and April (8.7);—the medium loss of life, was in June (10.0),—September (10.4),—February (10.5), and November (10.8 per-cent.);—the largest number of deaths, occur in August (11.0),—May (11.7),—March (12.9) and January (15.7 per-cent.)

He also found typhus fever, on an average more fatal to men than women, in the proportion of 11 to 8.

The mortality also varies greatly according to age, thus:

Age.	No. of Patients.	Death.	per-cent.
8 to 10	23	1	4.3.
10 " 20	568	46	8.0.
20 " 30	1741	146	8.3.
30 " 40	596	78	13.0.
40 " 50	187	44	23.5.
50 " 60	64	17	26.5.
60 " 70	6	6	100.0.
72	1	1	100.0.
Total.	3,186.	339.	10.6.

At almost every age the per-centage of deaths in typhus is less in women than men:

Age.	Men.		Women.	
8 to 10	8.	per-cent.	9.	per-cent.
10 " 20	8.2.	"	7.8.	"
20 " 30	9.1.	"	6.3.	"
30 " 40	14.0.	"	11.4.	"
40 " 50	38.4.	"	10.1.	"
50 " 60	44.0.	"	15.5.	
60 " 70	100.0.	"	100.0.	"
72	100.			

Males recovered on an average of twelve years, in 26.1 days; women in 31.5. The lowest average for one year in males, was 21.4 days; females in 25.4,—both these results happened in 1846. The highest average number of days for males was 34.7, days; for females 38.2, both in 1849. The average number of days for both sexes was 27.89.

The whole number of deaths from typhus and typhoid in the United States for 1850, was 13,330.

BEST ALLOPATHIC TREATMENT OF TYPHUS.

The treatment of Huss in the Seraphim Hospital at Stockholm has been in force for twenty years: as all the physicians of Sweden get their clinical instruction at this hospital, all who have completed their studies during the last fifteen years have adopted and in general followed this plan of treatment.

Emetics, cathartics and blood-letting are generally condemned; leeches were applied occasionally for congestion of the head, spine, bronchial tubes, and to the ileo-coccal region. Ice, and cold water

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were occasionally applied to the head, and the latter frequently to the abdomen. Mustard poultices and hot embrocations with turpentine were sometimes used; blisters, only when there were signs of effusion at the base of the brain.

Pathology of Typhus.

The proximate cause of typhus and typhoid is an alteration in the blood, consisting in a diminution of fibrin and increase of the carbonated salts, especially of the soda. Numerous experiments have shown, that in animals which have for a long time been submitted to the use of alkalies, the blood has become destitute of fibrin and rich in carbonated alkalies. On the other hand it has been shown by means of equally numerous experiments, that the blood of animals, to which mineral acids have been freely given, has become rich in fibrin and almost destitute of the carbonated alkalies. Hence acids may concur in aiding the restoration of the blood of typhus fever patients to a more natural state; and acids must be considered as rationally indicated against the proximate cause of the typhous process.

Acidum-phosphoricum. This is the mildest of all the mineral acids employed in medicine; its use may be continued longer than that of other acids without injurious effects; and it possesses more enlivening or invigorating or regulating powers over the nervous system than any other acid, owing to its containing phosphor. Huss places this acid in the first and most eminent rank of all the remedies which he has tried in the treatment of typhus fever, especially on account of the general and frequent benefit derived from its use and the few contra-indications against its employment.

It is most beneficial during the first stage, either of the abdominal, petechial, or the intermediate forms. It is of service whether the tongue be furred or clean, bright red, its epithelium peeled off, or natural; the abdomen and epigastrium may be tense or not, tender or the reverse; there may be diarrhœa or constipation. It is only in somewhat copious bleedings from the bowels that it has proved too weak. Neither is it contra-indicated as long as the chest symptoms are confined to the larger bronchi, but as soon as capillary bronchitis sets in it is no longer useful. When the pulse is strong, full and tense, *Muriatic-acid* is more indicated; but when it is or becomes weak and small, Phosphoric-acid is thoroughly indicated. Congestion to the brain and delirium furibundum do not contra-indicate the use of this acid, nor does clearness of the intelligence, drowsiness or stupor; but if the congestion becomes considerable and the delirium very violent other means will have to be used. The skin may be dry and hot, or soft and moist, on the seat of eruptions or not; still when a petechial eruption has a bluish hue and is ecchymotic, *Sulphuric-acid* is to be preferred.

Phosphoric-acid will not cure severe cases, unaided by other remedies, but it will cure the slighter cases, and aid in rendering the course of the severer ones milder.

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Acidum-hydro-chloricum, is the best remedy in the first four or five days of the severer cases, especially when there is congestion to the brain, with or without delirium, the pulse being not only more or less strong and full, but also more or less tense. In the course of four or five days, under the use of hydro-chloric-acid the pulse becomes slower and weaker, and the phosphoric-acid comes in play. Hydro-chloric-acid is contra-indicated in all cases of severe irritation of the bronchi, and of congestion of the lungs; also when the tongue is red and devoid of epithelium; and when there is tension in the epigastrium and meteorism.

Acidum-sulphuricum, is most useful in the second and third stages. If given in the first stage it will sometimes render the tongue dry and raspy, the epigastrium tense, the intestines filled with gas, the breathing hurried with a feeling of oppression and the pulse more frequent.

It is, however, the best remedy against all profuse hæmorrhages; such as bloody diarrhœa from ulceration of the bowels, or venous congestion with rupture of some of the capillaries. When the urine contains blood; in hæmorrhage from the womb; profuse epistaxis; when the petechiæ become ecchymotic, with suggellations; in profuse and exhausting perspirations.

It may be used by mouth, by injections, or as a wash to sponge the surface with.

Ipecac., will remove not only very severe attacks of diarrhœa, allay preëxisting nausea and vomiting; but benefit a dry, furred or bright red tongue, and meteorism. When there is a troublesome cough with ropy mucus in the bronchi, it will appease the irritation to cough and reduce the congestion of the mucous membrane of the air-tubes.

Ætheroleum-terebinthinæ, may be given against simple diarrhœa, even if the abdomen be tense and tender, the tongue dry or moist, the pulse slow or frequent, the skin dry and hot, or warm and moist, and when there is slight delirium or stupor. During the use of Turpentine the irritation to cough is lessened, the mucus in the bronchi is loosened, the catarrh is resolved, the fever lessened, the pulse becomes more full, the urine is increased and the skin becomes less hot and dry. It is one of the best remedies against pneumonia-typhoides; it prevents the congestion from passing into hepatization; resolves hepatization with a rapidity that could not be anticipated until it is tried. Huss thinks that the use of Turpentine in some cases of typhus is one of the greatest steps forward which the medical art has of late made in the treatment of these forms of disease.

Wood (see Practice of Medicine) says in typhoid-fever, when the tongue remains dry and the abdominal tension undiminished, the Oil of Turpentine will prove an excellent remedy. He cannot too strongly impress upon the profession his convictions of the importance of this medicine. It may employed in all cases, in the advanced stages of the disease, when the tongue is dry and the pulse not strong. But there is a particular condition, and that not an uncommon, and sometimes a very dangerous one, in which he has often employed it, and

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never known it to fail, viz., when the tongue instead of cleaning gradually from the edges and tip, often parts with its fur quickly and in large flakes, generally first from the middle or back part of the surface, which is left smooth and glossy as if deprived of its papillæ, or as if glazed or varnished. If after this process, the tongue remains moist, a slow convalescence may be pretty confidently expected; but if it becomes dry again, there will generally be an increase of tympanitis, and an aggravation, or certainly no abatement of the other symptoms; this state of things frequently depends upon an active state of the ulceration of the bowels, and Turpentine will almost unfailingly prove useful. In the course of twenty-four or forty-eight hours some amelioration of the symptoms will be observed; the tongue becomes gradually moister and covers itself with a whitish fur, the tympanitis ceases to augment, and after a time diminishes; the pulse becomes less frequent, the skin less dry and harsh, and the patient enters slowly but regularly into convalescence often without the aid of any other remedy. Wood has known such cases run on for a considerable time, without material change, under various treatment and has seen them yield immediately to the Turpentine. He has as much confidence in it as a uniform experience of more than twenty years may be considered a ground of confidence.

Opium.—Dr. Fort, of Milledgeville, Georgia, says, Opium is a great remedy in typhus; it is useful in all the forms and varieties of this disease. How should it be otherwise? Typhoid fever prostrates the powers of life, deranges the nervous energy, produces local irritation in a hundred ways, and sometimes deprives the sufferer of all sleep and rest. For all these evils, what remedy is equal to Opium?

In the highest, most congestive and dangerous forms of typhus, Opium is our sheet-anchor. If the patient is struck down with *coma*, or has delirium, with rapid pulse and tossing from side to side; and if these symptoms occur on the 1st, 2d, 3d, or 4th, or any other day of the disease, give Opium. If your patient is too *comatose* to swallow remedies, give Opium by way of injection. Give this remedy a fair trial; give a second full dose, if necessary; perhaps your patient may fall into a profound sleep, or *run out of coma* into a sleep for life, and not for death. If he sleeps let him rest, and hope that he will awake with better symptoms. If this will not relieve him, nothing else will; he must take his fate. I (Fort) know that many other remedies are showered down on patients in these unhappy circumstances; they are bled, leeched, cupped, and fomented; they are bathed with cold water on the head, and hot water to the feet, tormented with blisters, pepper and mustard, and I (Fort) know not what else; but I (Fort) would not give a single dose of Opium for a thousand such remedies.

In milder cases of this disease Opium still has its place; when there is a rise of fever and restlessness at night, give Opium when the fever is declining. The doses may be enlarged and repeated in cases of great restlessness. If the fever runs an even course without much rise at night, it may be given during the whole course of

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the disease. For many days during the first stage of typhoid fever, Fort often gives no other remedy but some preparation of Opium.

When the fever is high, pulse full and strong, and the patient's strength not yet exhausted, though the pain and restlessness may be great, there is doubt in some minds about the propriety of giving Opium. The question is often doubtful and embarassing. Writers say it may heighten all the symptoms of fever and render coma fatal; but this is the view of those who see inflammation in every heated body. Fort's opinion is, that the error has been in withholding Opium, for the excitement of typhus differs from that of inflammation, and is especially allayed, quieted and subdued by Opium.

And, now I (Fort) am to make my last appeal in favor of Opium in typhoid fever. I (Fort) come to the great argument in every contest of this kind, my own experience. I have for thirty years, given Opium; I think my practice more successful than a different course would have been. The immediate effect is most soothing to the sufferer, and its ultimate ill effects I have not seen. True, it does not always relieve delirium, or *coma;* it does not always still the agitation of the system. But it is also true, that in a great many cases, it affords the most obvious relief; it removes the wakefulness, restlessness and muscular pains, so troublesome at night in slight cases, like a charm. It often allays the graver symptoms of delirium and throbbing pulse, and *I* (FORT) *have seen it successful in removing the deepest coma in the first stage of the complaint.* The error has been in withholding Opium in these cases.

Costiveness too, is not always an evil in typhoid fever; the disease is one of universal torpor; mind, body, limbs and intestines are torpid; the patient will lie on his back for days and never rise to evacuate the bowels, or discharge urine unless he is urged. I (Fort) early learned to dread cathartics, and bad nurses and poverty-stricken patients taught me not to fear costiveness. I have attended many who could not procure the administration of an injection and have seen them lie from one to three weeks without a discharge from the bowels. Such persons in almost every instance recovered, and it was so long that he had never seen a patient who was costive in typhus-fever fail to recover, that he came to the conclusion that there was no danger while the bowels were fast. And, even now, he can say, that the best symptoms which can be found in typhus, is a constipated state of the bowels.

I (Peters) have generally relied upon Opium and Arsenicum, for eight or ten years, as the main remedies against typhoid fever; the former against the derangements of the vascular and nervous systems; the latter against all the symptoms which arise from irritation and ulceration of the bowels. In profuse hæmorrhages from the bowels, Sulphuric-acid by mouth and injection, is a perfectly reliable remedy, although Aloes sometimes comes in play. In typhus versatilis, Agaricus is the main remedy and far superior to Belladonna. Beef-tea and wine whey I have always used early and freely.

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Bibliographical Notices.

1) *Yellow Fever and its Homœopathic Treatment*, by Wm. H. Holcombe, M.D., of Waterproof, La. Wm. Radde, 322 Broadway, p. p. 71.

In this exceedingly well written pamphlet we find the experience of the widely celebrated Dr. Davis, and of our colleague Dr. Holcombe in the treatment of yellow fever at Natchez, Miss, in the years 1853 and 1855. We know of no better introduction to the study of this formidable disease than is contained in the pages devoted to its etiology and symptomatology; while the novice in its homœopathic treatment will find every encouragement to follow that laid down by Dr. Holcombe, when he finds that Drs. Davis and Holcombe have treated 1016 cases with only fifty-five deaths. It is pleasant to notice the graceful manner in which our colleague alludes to Dr. F. A. W. Davis, the able pioneer of homœopathy in the South-west. He says: It is both just and proper for me in this place to express my obligations to Dr. Davis for many practical and valuable suggestions in the treatment of yellow fever, with which the epidemics of 1837 and 1839 had made him intimately acquainted. He presents the rare spectacle of a medical man, who had acquired a large fortune and wide reputation by the practice of one system, becoming in the middle of his life a convert to another, and sacrificing the repose to which his wishes and his circumstances invited him, to withstand the odium and misrepresentation which always accompany the propagation of truth.—Peters.

2) *The Philadelphia Journal of Homœopathy*, March, 1856.

We know not whether to rejoice or regret that the publication of the Philadelphia Journal ceases with the present Number. We once often welcomed the appearance of its pleasant and profitable pages upon our table, but lately quite frequently have regretted that its editors have repeatedly plunged into unnecessary and unprofitable personal controversies. It has greatly contributed to render our house fearfully divided against itself; there seems to be but one opinion in the profession, that the pages of a scientific Journal should not be occupied by personal controversies to the partial or total exclusion of practical matter. So much regret has been felt and expressed about these matters that the editors of the N. A. Journal of Homœopathy have firmly come to the determination that they will not be tempted advertently to admit, or to enter themselves into any offensive personal discussions. While they must reserve to themselves the right of fair and even severe criticism when it is called for, they never will stoop to personal recriminations, much less enter themselves or allow others to enter into prolonged and frequently repeated personal attacks.

With these views and determinations it is with some reluctance that I even allude to Dr. Hempel's unfortunate attempt to give me a lesson in auscultation. I had objected to his using the term "bellows-murmur" in the place of "bronchial-respiration," "bronchial-souffle," or "bronchial blowing sound;" and the lesson in auscultation which I am to learn is that "the blowing sounds which are heard in valvular disease of the heart, and the blowing sounds which are heard in pneumonia, originate in the same cause, are the same in essence, and only differ quantitatively, not qualitatively," for, "in a healthy heart where the orifices are exactly covered by their valves,

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these latter are raised sufficiently at every contraction of the heart, to admit of the passage of the current of blood, and the AIR *which is expelled from the* INNER *heart simultaneously with the blood*, is so intimately mixed up with this fluid that its passage" (i. e. of the AIR) is not perceived *by the external ear*. But when the valve is shortened or entirely obliterated, the case is different; then ATMOSPHERIC AIR *in a free state is expelled from the heart at each contraction*, and IT IS THE PASSAGE OF THIS AIR *through the uncovered orifice of the heart* that causes the blowing sound."

Shade of Harvey look down in mercy upon Dr. Hempel.

Before parting with the Philadelphia Journal we cannot, and would not, if we could, avoid acknowledging the handsome compliment paid us by Dr. Geary. We can do no better than transcribe it word for word.

"And now, gentlemen, before we part, one word to you who can pay, have paid, and would still pay for a useful and necessary periodical, what shall we do? Many of you can write, and I trust shall write to the advantage of our school and cause. We *need* a Journal for our information and improvement—a literary, liberal, truthful, and scientific periodical—where shall we find it? It will not do to fling our money away, and what is worse, give *our sanction* to any abortive spawn that may be flung into our midst by any two or three men who may be tormented with that miserable disease called the "scribbling itch," merely to flourish as "editors" upon the strength of what they can *provide* with that very ready and useful "*pen*," which every dunce can wield, a *pair of sharp scissors*. Let us not lend ourselves to this literary claptrap, this "picking and stealing" business, let us throw all our influence into the scale of *two periodicals* that do honor to our cause, and justice to our claims; they are already established, and need no commendation from my pen. You who are educated, cannot help seeing that "*The British Journal of Homœopathy*," and "*The North American Homœopathic Journal*," are all that they should be, conducted by gentlemen and scholars who know their profession; that they have been thus far replete with valuable information and useful suggestions; that they challenge even the approbation and respect of our medical opponents;—and we have heard with our own ears, no measured praise from their lips. Let us support these, and sustain them by our contributions and our cash. With the latter, I have thus far given them my small aid. I shall continue to do it still:—and my present recommendations are equally spontaneous, and doubtless, unsought. I never exchanged a word or a thought with the parties concerned in either, nor am I indebted to them *even for the gratuitous copy* which usually "lies on the editor's table." They *are books, our books, the books we require*, and those *we all need*; therefore I praise, recommend to others, and buy them myself."

"I have the honor to remain
Your obedient, humble servant,
JOHN FITZGIBBON GEARY."

3) *The Quarterly Homœopathic Magazine, edited* by Drs. J. H. PULTE, H. P. GATCHELL, and C. D. WILLIAMS, Cleveland, Ohio.

We have missed this able periodical from our table for a long time past. We have made frequent inquiries about it, but without success.

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4) *On the Constitutional and Local Effects of Diseases of the Supra-Renal Capsules.* By THOMAS ADDISON, M.D., Senior Physician at Guy's Hospital. 4to., pp. 43. London, 1855.

The profession is much indebted to Dr. Addison for this volume, the views put forward in which are not only quite original, but of great interest. The obscure class of cases of which the author treats, must be familiar to all who have closely observed disease in any large hospital, but an explanation of their cause and origin has been hitherto wanting. We have read this book with pleasure, yet, at the same time, we cannot but feel some regret that the talented author has not done himself more justice by taking the utmost advantage of his position at Guy's Hospital; he would then have given us a perfect treatise, with indisputable facts and logical deductions thereform, rather than the present sketch, which, with all its merits, is still imperfect, and apparently hastily executed. Indeed, the path of research which Dr. Addison has entered upon must be still further explored, either by himself or an observer with more leisure time, before we can place implicit confidence in the views promulgated as to the effects of disease of the supra-renal capsules.

To the anatomist and physiologist the supra-renal capsules have long been, and still are, objects of great interest; for though they evidently perform some important office in the animal economy, yet at present that office has been but vaguely guessed at. Hence we must be content for a time with believing, as Dr. Addison does, that they serve in some way to minister to the elaboration of the blood, in common, probably, with the spleen, thymus, and thyroid glands, though the exact object of their function, or the manner in which they perform it, cannot even be surmised.

Dr. Addison commences his book by explaining the manner in which he was led to his present convictions. Having observed that cases of anæmia occasionally came under his care, generally terminating fatally, and presenting certain prominent characteristics, such as pallor, faintness on the least exertion, great debility, loss of appetite, sickness, emaciation, and a peculiar discoloration of the skin; and finding that no adequate cause—as, *e. g.* loss of blood, diarrhœa, chlorosis, purpura, or renal, splenic, strumous, or malignant disease, existed, or rather could be discovered, for these important symptoms, he gradually seems to have imagined that the fault existed in the supra-renal capsules; and hence his present volume. As in most cases of anæmia, so in the present form, the disorder commences almost imperceptibly with symptoms of failing health and debility, the patient becomes languid and weak, the pulse feeble, the appetite impaired, the stomach irritable, the whites of the eyes pearly, the body emaciated, while occasionally there is urgent gastric disturbance with vomiting, and sometimes indications of disturbed cerebral circulation. With all or most of these symptoms, for which no adequate cause can be found, there is a characteristic discoloration gradually taking place in the skin, most marked usually about the face, neck, superior extremities, penis, and scrotum, and in the flexures of the axillæ and around the naval. The skin appears of a dingy or smoky hue, the depth of color being variable, sometimes slightly marked, and occasionally—as in one instance—"so universally and so deeply darkened, that, but for the features, the patient might have been mistaken for a mulatto."—p. 5. It is worthy of remark that the discoloration gradually increases, becoming more marked as the other symptoms acquire greater prominence, and as the disorder approaches to its fatal termination. In one case only does the blood seem to have been examined miscroscopi-

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cally, one which occasion a considerable excess of white corpuscles—leucocythemia—was found to exist.—LANCET.

5) *Obstetric Clinique*, by Prof. BEDFORD.

We have perused this volume with much pleasure, and most cheerfully commend it to the attention of our school. The book is so eminently practical, and the various topics are handled in a manner so lucid and comprehensive, by means of illustrative cases, that all may derive profit from its perusal.

As a hand-book for the medical student, it is superior to any work of the kind with which we are acquainted.

In the treatment of diseases we differ from Prof. Bedford; but we have a high respect for him as a gentleman, a scholar, and for his labors in the speciality to which he has devoted himself.—MARCY.

HOSPITAL AND DISPENSARY REPORTS.

Report of the Mississippi State Hospital for 1854.—*Physicians, Drs.* F. A. W. DAVIS, and Wm. H. HOLCOMBE of Natchez, assisted by Wm. H. SPRAGUE, S. M.

Disease.	Cured.	Left improved.	Left unimproved.	Died.	Total.	Disease.	Cured.	Left improved.	Left unimproved.	Died.	Total.
Abscess	1				1	Hæmorrhoids	1				1
Bronchitis	1				1	Hypertrophy of Heart				1	1
Contusions	3				3	Insanity		1			1
Caries	1	1			2	Injuries	5	1			6
Cholera	2			4*	6	Intoxication	3				3
Diarrhœa	3		1		4	Jaundice		1			1
" Chronic	8				8	Mania à Potu	7				7
Debility	1				1	Phthisis Pulmonalis			2	1	3
Dislocations			1		1	Pleurisy	2				2
Dropsy	3			1	4	Pleurodynia	1				1
Dysentery	4				4	Pneumonia	2				2
Enuresis	1				1	Rheumatism	2	1			3
Erysipelas	1				1	Scalds	2				2
Enteritis	4	1			5	Sprains	1				1
" Gastro	1				1	Syphilis Secondary	2	2			4
Fever	5				5	Ulcers, Chronic	5	4			9
" Gastric	2				2	Wounds	3			1	4
" Intermittent	21				21	Fever Intermittent and Diarrhœa Chronic	2				2
" Remit. Bil.	8				8	Diarrhœa Chronic and Dropsy		1		1	2
" Typhoid	2			1	3	Dropsy and Debility			1		1
" Typhus	6			2	8						
Gonorrhœa	1	1			2	Total	120	14	5	12	151
Hepatitis	3				3						

* The four fatal cases of cholera were hopeless when admitted.

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Report of the Mississippi State Hospital for 1855. Physicians, Dr. F. A. W. Davis, of Natchez, assisted by Wm. H. Sprague, S. M.

Diseases.	Cured.	Left improved.	Left unimproved.	Died.	Total.	Diseases.	Cured.	Left improved.	Left unimproved.	Died.	Total.
Abscess	1			1	2	Hypertrophy of heart				1	1
Anasarca	1	1			2	Intoxication	2				2
Caries	1				1	Insanity			2		2
Cholera	3			2	5	Jaundice	1				1
Diabetes	1				1	Lead Colic	2				2
Diarrhœa	18				18	Mania à potu	7			1	8
Dysecœa			1		1	Nettlerash	1				1
Dysentery	3				3	Ophthalmia	1				1
Dysuria	1				1	Paronychia	1				1
Enlargement of spleen		1			1	Phthisis		1		1	2
Erysipelas	1				1	Pleurodynia	1				1
Fistula in ano	1				1	Pleurisy	1				1
Fever	1				1	Pneumonia	4				4
" catarrhal	7				7	Ptyalism	1				1
" hectic	1				1	Rheumatism	5				5
" intermittent	17				17	Sprains	1				1
" remit. bil	6				6	Stricture	1				1
" typhoid	1			1	2	Syphilis secondary	3				3
" yellow	24			17*	41	Urticaria	1				1
Gastritis	2				2	Ulcers chronic	11				11
Gonorrhœa	2				2	Wounds	7				7
Hæmorrhage of Lungs	1				1						
Hepatitis	1				1	Total	145	3	3	24	176

* Nine of the fatal cases of yellow-fever were in a hopeless condition when brought in.

Natchez, March 10th, 1856.

Dr. Peters,

Dear Sir,—

I send you the reports for the two years that the Mississippi State Hospital has been in our hands. Two cases of typhus fever were in articulo mortis when they came in; one dying in forty hours, the other in twenty-nine.

The report compares favorably with the former reports of the Hospital when under the old regime. Many of the worst cases we get are left by the boats passing up and down the river.

Your Friend,

F. A. W. Davis.

We have the State Hospital for another year, or only got it by one vote in the city council. The statute says it must be farmed out to the lowest bidder. Dr. Davis put in for $2300, while Blackburn (allopathic Doctor) offered to take it for $1500; but the selectmen of our school looked at the matter in a conscientious light, and thought that they had no right to subject the poor to a different practice from that which they used in their own families.—W. Stewart, M.D., *Natchez, Miss.*

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The Chicago Homœopathic Hospital.

It affords us great pleasure to state that the Chicago Homœopathic Hospital is placed upon a permanent basis. A sufficient amount has been pledged to preclude the idea of its failure. For its support thus far, great credit is due Drs. Shipman and Boardman, and their especial friends. But the days of their doubt in reference to the continuance of this institution are over, and its friends say, let it prosper and fully accomplish its mission to the distressed. For the suffering poor, for for the stranger, for the benefit of any who may choose to occupy its wards and receive the aid of Homœopathy, it *must* prosper. For the credit of the Garden City, flourishing in every other respect, and so proverbial for benevolence, it will prosper. Who gives one, two, three, five hundred dollars for this object? It will be but casting our "bread upon the waters," which will return again.

Let all be notified that the Hospital is open for the reception of the sick. Please direct thither those who may need care, whether of your acquaintance or strangers. The Hospital building is located at No. 18, Kinzie-street, North side of the river. The Board of Physicians is fully organized, holding regular meetings at the Hospital Room, once a fortnight.—*Chicago Homœopath.*

Report of the Central Homœopathic Dispensary of New-York, at No. 15 East 11th St., between 3d and 4th Avs., from May 1st, 1854, to April 1st, 1856, by Drs. Kellogg and Joslin, Jr.,

Diseases.	Cured.	Left improved.	Called but once.	Still under treatment.	Result unknown.	Died.	Total.
Abscess	5		1	2		2	10
Alopecia			1				1
Amaurosis		1	1	2			4
Amenorrhœa	2	1	2	3	2		10
Anæmia	2			1			3
Angina faucium	9		3	1			13
Aphonia	3	1	1	2			7
Aphthæ	4		1	1			6
Ascarides	5			5	2		12
Ascites	1						1
Asthma		3		2	2		7
Atrophia inf	2			1			3
Bright's kidney			1		1	1	3
Bronchitis acutus	39	3	15	4	2	2	65
" chronic	4	7	9	10	10		40
Bunion	1						1
Burns	2						2
Cancrum oris	1						1
Caries of spine	1		1	1			3
Cataract				1			1
Catarrh chronic		1		1			2
Cephalalgia	5	3	2	2	3		15
Chlorosis	1	1					2
Cholera Asiatica	1						1
" Inf	7	1	4		2		14
" Morbus	2						2
Chorea	1			1			2
Colic	5						5
Congestio cereb	2		1	1	2		6
Conjunctivitis	5	4	2		1		12
Constipation	4	1	3	1	2		11

Diseases.	Cured.	Left improved.	Called but once.	Still under treatment.	Result unknown.	Died.	Total.
Convulsions	1						1
Croup	6		2				8
Diarrhœa acut	23		5		1		29
" chronic	1	1					2
Dysecoa				1			1
Dysentery	11		2				13
Dysmenorrhœa	4	3	1	1	3		12
Dyspepsia	4	9	6	3	4		26
Dysuria			2				2
Eczema		3		3			6
Emesis	2						2
Enuresis	1		1				2
Epilepsy		4	1	2			7
Epistaxis	1						1
Erysipelas	3		1	1	1		6
Fever catarrhal	6						6
" intermittent	7	2	5	1	1		16
" remittent	6	1	1	1	1		10
" scarlet	1						1
" typhoid	1						1
" typhus	3					1	4
Fistula ani			1				1
" lachrymalis	1						1
Foreign bodies extracted by operation	2						2
Furunculus	2		1				3
Gastric Disorder	16	2	6	2			26
Glossitis			1				1
Hæmatemesis	2						2
Hæmoptysis			1	3			4
Hæmorrhoids	1	3	2	2			8

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Diseases.	Cured.	Left improved.	Called but once.	Still under treatment	Result unknown.	Died.	Total.
Hepatitis			1				1
Hernia		1			1		2
Herpes	1						1
Hydrocephalus	2		1			4	7
Hypertrophia cordis			1	1			2
Inflamed glands	2						2
Lachrymal sac. infl.		2					2
Leucorrhœa		1	2	2	1		6
Lichen	2						2
Mammary inflam.	2						2
Mania á potu	1						1
Mechanical injuries	6	3		2			11
Menopoesia		3	1	1			5
Menorrhagia	5		1	1			7
Metritis	1						1
Miscarriage	4			2			4
Necrosis of jaw							2
Nephritis	1						1
Nervous debility		3	3	2			8
Neuralgia	4	3	5	6	5		23
Œdema from gestation	1						1
Odontalgia	10		1				11
Opacity of cornea			1				1
Ophthalmia		1	1	2			4
" scrof.	5	1	1	1			8
Orchitis	1						1
Otitis	1		1				2
Otorrhœa	1		1	1			3
Ovarian disease				1			1
Ozœna		1		1	1		3
Paralysis				3			3
" viscæ	2						2
Panaris	2			1			3
Paronychia			1	1			2
Pericarditis			1				1
Pertussis	1		1				2
Phthisis pul.		1	4	10	7	6	28

Diseases.	Cured.	Left improved.	Called but once.	Still under treatment.	Result unknown.	Died.	Total.
Pleuritis	3	1	1	2			7
Pleurodynia	4		7	2			13
Pneumonia	4						4
Porrigo	1		5	3	1		10
Prolapsus Ani			1				1
" Uteri		2		2	1		5
Psoriasis				1			1
Rectum, schirro-contracted		1					1
Retroversio Uteri				1			1
Rheumatism acut.	4	1	1	2			8
" chron.	2	5	9	4	3		23
Rubeola	5						5
Scrofula	3	8	4	1			16
Sore nipples	2						2
Syphilis tertiary	1		1	2			4
Ulcers, chronic	1	1		1			3
Ulcerated os-uteri				1			1
Urticaria	2						2
Vaginitis				1	1		2
Varicella	2						2
Variola	2						2
Vertigo	3			1			4
Vicarious menstruation				1			1
Total	314	94	144	125	63	14	754

Accouchements	7
Vaccination	25
Prescriptions in Dispensary	2119
Prescriptions at patients' homes	930
	3049

The following are records of some of the cases treated.

Chorea.—Eunice B. aged 10½. June 1st, 1854. Has been subject to severe pains in the head for four or five years past, more at night and on rising in morning. Chorea appeared a year since, first affecting the right, now affects both sides; occurs in paroxysms; sensibility of scalp to touch, especially on occipital region. Pricking in occiput. Sharp shootings in the forehead with lachrymation. Appetite poor. Sulph. 30.

Aug. 19th. Much improvement. Has had very little headache. Paroxysms of prickings have been rare. Have continued Sulph. 30. and 200. Some return of the headache with weakness; poor appetite and offensive breath. Puls 30.

Sept. 3d. Has been improving. Headache to-day with vomiting; is too sick to come to the Dispensary, sent Ipec. 30, to be followed by Puls. 30.

Visited her several times from Sept. 7th to 14th. Had severe pains in the head. Having mislaid pocket-case-book for this time, am unable to record treatment.

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Saw her several times in 1855. There had been no return of headache or chorea.

Chorea.—Ellen P. aged 6. Dec. 29th, 1855. Chorea for a month past. Tremor constant during day; sleeps quietly at night. Cannot speak so as to be understood since he has had this affection. Cough since she was two years old, worse at night shortly after lying down and on rising in morning. Constant flow of saliva for two weeks past; mouth sore; has taken no medicine since this attack.

Jan. 17th. Bell., Hyos., and Cupr. have been given without benefit. Nux 6. three times a day.

Jan. 24th. Somewhat better. Continue Nux.

Feb. 12th. Improving. Can speak so as to be understood. Continue Nux.

Feb. 21st. Can speak very well. Chorea almost gone. Continue Nux 6.

Caries of Spine.—J. F. P. aged 44. Varnisher. Dec. 12th, 1854. Gradual emaciation for a year past. Projection of spinous processes of several dorsal vertebræ, with sensibility on pressure. Appetite good. Bowels regular. 1 Calc.-c. 30.

Jan. 16th, 1855. Much better. Sach.-lact.

March 13th. No sensibility of spine.

Feb. 5th, 1856. Called in consequence of slight gastric trouble. Has had no return of the sensibility of spine; general health has been good and he has gained flesh.

Ascites and Dysentery.—Feb. 19th, 1856. I was requested to call and see Michael C. a laborer of some forty-four years of age, who had been ailing most of the winter. Found him in bed, complaining much of a swelling in his bowels, and much alarmed, as he had a brother who died of dropsy. Examination showed great tension of the abdominal walls, navel much sunken, and percussion every where dull, except over a small part of the transverse colon: for several days urine has been very scanty and high-colored; bowels regular. Gave Ars. 30. in water.

Feb. 22d. I was sent for in a great hurry, found C. in much distress, constantly going to stool, with violent tenesmus, stool small, slimy and at times streaked with blood; was continually groaning about the burning pains in his bowels, said that his urine had been more copious since the administration of the Arsenicum. Merc.-corros. 3. in water.

Feb. 23d. Somewhat easier, stools still very frequent and painful, slept none all night. Continue.

Feb. 29th. Has continued to improve under the action of Merc.-corros., so that for two days has had but one stool a day, and that normal. Abdominal swelling reduced, though still considerable. Ars. 30. in water.

March 7th. Came to Dispensary, and reported the swelling gone, urine free and bowels regular. Was going to work in three days.

Erysipelas faciei.—J. D. a painter, presented himself, Dec. 10th,

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1854, with a bright erysipelatous inflammation of face, extending from the bridge of the nose across the right malar bone; eye partly closed; complains much of the burning, and has been very feverish and restless all night. Gave Acon. and Bell. with injunctions to remain quietly in the house.

Dec. 11th. Feels better to day, eruption less brightly colored, though it has spread a little over the left cheek. Continue.

Dec. 12th. Not so well to day, pulse has risen, was restless and light-headed during the night, inflammation has spread across the left cheek and into the hairy scalp. Rhus-tox. 3. in water every two hours.

Dec. 13th. Much better, inflammation has ceased to spread and is less intense in color. Continue Rhus, every four hours.

Dec. 14th. To-day reports himself as having had a good night's sleep, and feeling quite well, eruption almost entirely disappeared.

Dec. 15th. Eruption entirely gone.

Glandular Inflammation.—Mary G. aged eight years. Oct. 28th, 1854. On the 24th inst. observed swelling of a lymphatic gland, on left side of neck, sensibility of tumor to touch. Headache, with buzzing in left ear. Acon. 30. and Bell. 30.

Oct. 31st. Reported to have been relieved almost immediately.

Intermittent Fever.—Mary K. aged 34. Sept. 21st, 1855. Intermittent fever of five weeks' standing. Has been taking Quinine, which suspended chills for two weeks. They returned a week ago. Chills occur every day. Pains in back, left hypochondrium, and during cold stage. Constant nausea; no appetite. Ars. 6.

Sept. 25th. Chills have been lighter since. Continue Ars. 6.

Oct. 18th. No chills; is gaining strength. Four months afterwards, no return of chills.

Oct. 15th, 1854. Catharine D., unmarried, aged 22, has been suffering from *intermittent fever* for the last fifteen months. Contracted it in Ohio, and has suppressed the attacks for several weeks and at a time with Quinine. Every second day for a week past, has had a chill, ushered in with great pain in all her bones, and violent vomiting and retching, followed by fever and sweat, the fever predominating. Is thirsty only during the fever. Skin quite yellow, bowels costive, is much debilitated, being hardly able to walk to the Dispensary, and is very despondent in regard to being cured. Gave one dose of Nux.-vom. 30. to be dissolved in a glass full of water, a teaspoonful every hour.

Oct. 19th. Has had no chill since. At times has had nausea; complains of a severe frontal headache, which prevents sleep. Bowels are pretty regular, though the appetite has not improved. Continue Nux.

Oct. 22d. Feels and looks much better, skin is rapidly clearing; no more nausea; and headache only when she coughs. Has a tickling cough, which troubles her mostly at night, especially on lying down. Ars. 30.

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Oct. 29th. Feels quite strong again, no more headache, calls herself well.

This case was heard from three months after, and there had been no return of the disease.

Remittent Fever.—Jane B. aged 7, Oct. 4th, 1854. Unwell for three days past. Complains of pains in abdomen and in head. Fever at times with thirst, sweat at night. Abdomen swollen at times. Pulse 124. Micturation frequent with increased quantity of urine of a whitish color. Sulph. 30.

Oct. 15th. Improved. Pulse 106. Less pain in abdomen. Heat followed by chill. Burning in abdomen during heat. Evacuations rather frequent. Nux 30. Subsequently reported cured.

Fistula Lachrymalis.—J. C. Nov. 13th, 1855. Fistulous ulcer from the lachrymal sac, from the opening of which upon the cheek, is discharged pus and tears. Has had this affection for four months. Inflammation around fistula. Calc.-c. 30.

Nov. 20th. No inflammation about fistula, it is almost closed, slight discharge of whitish matter. Sacch.-lact.

Nov. 27th. Return of trouble, probably in consequence of getting her feet damp. Discharge of pus and tears from fistula. Bitter taste in mouth in morning. Puls. 30.

Dec. 20th. Continues about the same. Sepia 30.

Jan. 15th, 1856. Was better until yesterday. Sep. 30.

Jan. 21st. She says her eye is better than at any previous time since first attack. Sep. 30.

Feb. 12th. No trouble about the eye, excepting lachrymation on exposure to cold. Fistula entirely closed. Sacch.-lact.

March 13th. Eye quite well.

Whilst this patient was under treatment, a prominent allopathic surgeon, after personal examination of the case, pronounced it incurable except by an operation.

Œdema during Pregnancy.—Mrs. D. Feb. 15th, 1856.—In the eighth month of her pregnancy. Is much annoyed by œdematous swelling of the feet and ankles. Bry. 30.

Febr. 17th.—Reported the swelling as entirely gone. Was no return subsequently.

Orchitis with Epistaxis.—Patrick L., aged 22, married. Aug. 24th, 1854. For three months past has had epistaxis, of dark-colored blood, it has ceased during past two weeks. For about the same period has had swelling of the testes, hard and sore to the touch. Pulse 112. Arn. 30.

Aug. 31st.—Less sensibility of the testes, still swollen; epistaxis this morning; color of the blood bright. Pulse 92. Arn. 30.

Sept. 12th.—No epistaxis since. Pains in the wrists with sensibility at night. Testes improving. Sulph. 30.

Sept. 19th.—Feels stronger. Wrists still painful. Pulse 76. Merc. 30.

Sept. 23d.—Wrists less painful. Pulse 84. Merc. 30.

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Sept. 30th.—Improving. Testes well. Continue Merc. 30.

Metritis.—March 15th, 1854. Mrs. G. Confined six weeks ago, since then has had pain and sensibility of the hypogastric region. For eight days past pains have been constant, and so severe, that according to her statement she has not slept during that time. She has been under allopathic treatment, and has been continually taking Opium without the slightest mitigation of her sufferings. She is now suffering agonizing pains in the region of the uterus, with excessive sensibility to pressure. Nausea. Pulse 90. Whitish leucorrhœa since confinement. Nux. 30. Sol. 4h.

16th. Slept after the first dose of Nux, and during most of the night. Less sensibility or pain in the hypogastrium. Complains of severe pain in the small of the back as though it would break. Two evacuations to-day of a dark greenish color. Tongue dry and coated white. Thirst. Pulse 86. Sulph. 30.

17th. Severe pain in the small of the back and the hypogastrium with bearing down. Urine scanty. Frequent inclination without evacuation from the bowels. Leucorrhœa yellowish and fœtid. No sensibility of the hypogastrium, nor nausea. Pulse 88. Puls. 30.

18th. Less pain. Slept pretty well. Increased leucorrhœa seems to relieve the back. Tongue white. Trembling in the back and sensation as though it would break. On the 11th inst. purple spots appeared upon various parts of the body. Pulse 80. Continue Puls. 30.

19th. Much better. Pulse 80. Continue Puls. 30.

No more medicine was given and she remained well until April 2d, when, apparently in consequence of the exposure to cold, she had severe shootings in the left hip and in the hypogastrium extending down both thighs to the knees. Leucorrhœa yellow and thick. Urine fœtid. Nux afforded partial relief, then gave Bell. 30.

April 4th. Somewhat better. Still has pain in the hypogastrium and in the left hip and thigh. Sensibility in the right illiac region. Sep. 30. Was relieved rapidly. No more medicine was given.

Menorrhagia Lochialis.—Mrs. H., aged 35. Nov. 21st, 1854. Confined three weeks since. Rose on the first day after and did a a heavy washing on the sixth day. Since then has had severe pains and sensibility in the back and loins, pains worse on lying down. Pains in the stomach on inspiration and on coughing. Constant discharge of dark blood from vagina, increased after any exertion, on coughing, after any excitement and at night. Cough, more in the morning with retching and vomiting of blood. Had vomiting of blood during pregnancy. Bell. 30.

Nov. 28th. Reported cured.

Acute Bronchitis.—Mrs. Ellen S., aged 29. April 19th, 1855. Cough for three weeks, more in morning, excited by tickling in the chest. Expectoration yellowish and greenish. Stitch in the right chest, extending to the left. Weight in the chest. Dull pain in the vertex. Phosph. 30.

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April 25th. Better in every respect. Has rather severe palpitation. Phosph. 30.

April 30th. Improving. Dyspnœa. No cough at present.—Sacch.-lact.

Acute Bronchitis.—Mary McM., aged 26 years. Nov. 10th, 1855. Cough for three weeks. Expectoration difficult. Vertigo on walking. Pulse 88. Micturation difficult and scanty. Urine dark. Ars. 30. Nov. 13th. Considerable improvement. No medicine. Reported cured.

Panaris with Extension of Inflammation to the Hand.—June 10th, 1854. Bridget M., aged 20. Inflammation of the right hand, mostly affecting dorsal surface, commenced on the ulnar surface of the index finger. Pricking, stinging pains in the inflamed parts, great swelling and sensibility, soreness extends to the forearm. Rhus-rad. 30.

June 13th. No inflammation now, excepting of the right index finger. Free discharge of pus from opening on palmar surface of the first phalynx. Shootings from the affected finger to the fore-arm. Continue Rhus-rad. 30. Reported cured.

OBITUARY.

We regret to hear of the death of our friend and colleague, Dr. James W. Metcalf, late of the city of New-York, and son-in-law of the Hon. Samuel R. Betts, who died at Westfield, Mass., on the 14th inst., in the 40th year of his age. The doctor was a distinguished Homœopathic writer and practitioner, and a highly cultivated man. Two years since he was constrained by failing health to relinquish his practice, and retire to the country, where he gradually sank under a combination of deep-seated maladies, which were aggravated by a severe attack of cholera in 1849. While in practice his skill and means were liberally devoted to the advancement of the favorite system of medical treatment to which he was devoted. He was also a cheerful attendant upon the poor, who had nothing but gratitude with which to recompense their physician. There are many of the friends and acquaintances of Dr. Metcalf, who will now recall, particularly during the last years of his life, many wise, well-meant, most gently directed and influential suggestions interposed by him for the purpose of exempting the Christianity, in the practice of which he lived and died, from that irreverence and levity into which the young and thoughtless, and even matured yet not profane persons, are too apt inadvertently to fall during the ardor and excitement of discussion. Good and indelible impressions are known to have been often the result—and thus the kind and considerate monitor, unknown to himself, was earning that most invaluable commendation and reward (evidenced as sustaining the closing scenes of his existence) promised by a common Savior to the labors of the "good and faithful servant."

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Report of the Bond-street Homœopathic Dispensary, by Drs. FÜLLGRAFF and WM. BANKS, New-York.

Form of Diseases.	Number of Cases.	Cured.	Relieved.	Called but once.	Result not known.	Died.	Remaining under treatment.	Total Number of prescriptions.
Abscess	6	6						
Amenorrhœa	9	2		1	2		4	
Anæmia	7	2					5	
Angina nasalis et faucium	4				1		3	
Anorexia	2	1					1	
Aphthæ	1	1						
Ascarides	1	1						
Ascites	2	1			1			
Asthma, acutus et chronicus	10	2	1		1		6	
Bronchitis, acutus et chronicus	37	19	2	1	3	2	10	
Bunion	1		1					
Calculus	1					1		
Cardialgia	1	1						
Caries	2	1		1				
Cephalalgia	4	2			1		1	
Chlorosis	1						1	
Colica pictonum	1	1						
Colonitis	1			1				
Congestio cereb.	1				1			
Cophosis temp.	2	1			1			
Constipation	17	7		1	2		7	
Conjunctivitis	24	20			2		2	
Contusion	1	1						
Convulsion	1	1						
Coxarum morbus	3	1		1			1	
Cystitis	2	1					1	
Dementia	2				1		1	
Dentition	2	2						
Diarrhœa, acute and chronic	39	38			1		1	
Dysmenorrhœa	1	1						
Dysenteria, acute and chronic	25	23			1	1		
Dyspepsia	18	10			4		4	
Dysuria	2	2						
Eczema acute and chronic	9	4			2		3	
Eczema rubrum	1						1	
Ecthyma	3	2					1	
Emesis, intermittent	4	3			1			
Emphysema	1	1						
Enteritis	1	1						
Enuresis	1						1	
Epilepsy	1			1				
Erysipelas	2	2						
Furunculus	1				1			
Gastritis	13	5		1	4		3	
Gastro enteritis	2	2						
Glossitis	3	1					2	
Gonorrhœa	10	9					1	
Hæmorrhoids	7		1		1		5	
Helminthiasis	5	3		1			1	
Hepatitis	8	5			1		2	
Herpes	7	5					2	
Hydrarthrus	2				1		1	
Hydrocele	1	1						
Hypertrophia cordis	1						1	
Hysteria	4	1		1	1		1	
Intermittent fever	35	30			2	1	2	
Intertrigo	1	1						
Laryngitis	14	6		1	2		5	
Leucorrhœa	3	1					2	
Marasmus	2				1		1	
Menorrhagia	2	2						
Metritis	2	2						
Nephritis	2	1						
Neuralgia	21	11		1	1		8	
Odontalgia	2	1		1				
Œdema	1	1						
Ophthalmia	2	1			1			
" scrofulous	3	2					1	
Otitis	1			1				
Otorrhœa	2				1		1	
Paralysis	3			2			1	
Periostitis	1	1						
Pertussis	7	5		1	1			
Phthisis pulmonalis	9		3	1	2	1	2	
Pityriasis	1						1	
Pleuritis	3				1		2	
Pleurodynia	3			1			2	
Porrigo granulata	2	1			1			
Pregnancy	6	6						
Prolapsus uteri	3				2		1	
" recti	3				1			
Prurigo	1	2						
Ptyalism	1						1	
Remittent fever	2	2						
Rheumatism, acute and chronic	31	14	2	3	4		8	
Rupia	1	1						
Scabies	1			1				
Scarlatina	1	1						
Sunstroke	1	1						
" consequence of	1							
Scrofula	11	2		4	3		2	
Syphilis, primary	3	1					2	
" secondary	3			1	1		1	
" tertiary	3	1			2			
" inherited	1						1	
Tænia	2	1					1	
Tonsillitis	1	1						
Tinnitus aurium	1						1	
Ulceration chronic	1	1						
Vaccination	2	2						
Vaginitis	1	1						
Varix	1						1	
Total Number.	521	296	10	30	59	5	121	
Number of Prescript.								1895

In order to make this report more useful to our reader it is necessary to point out the treatment pursued in the more prominent diseases, in order to show the comparative success of our mode of treatment.

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In our circular a year ago when this dispensary was established, we mentioned that Inhalation should take a prominent part in the treatment of morbid conditions whenever we thought it practicable. Bronchitis being one of the diseases where inhalation is particularly useful, we shall begin with a brief description of the same.

Of bronchitis acute and chronic we had thirty-seven cases, of which nineteen were cured, two relieved, one called but once, three results not known, two died, and ten remaining under treatment.

Tar, Petrol., Iodine, Phosphorus, Conium, Hyoscyamus, Ipecac., Lupulus, Nitric-acid, were the chief remedies used by inhalation in this disease, in doses as follows: Tar, from a half to a teaspoonful, Iodine from ten to twenty-five drops, Phosphorus from six to twelve drops, Conium, Hyoscyamus and Ipecac. from thirty to six y drops, Lupulin from ten to twenty-five drops, Nitric-acid ½, from fifteen to thirty drops. These doses were dropped into the inhaler containing about four tablespoonfuls of pure water. The lower dilutions were usually employed.

During the day the patient was ordered to use the inhaler four to six or eight times, from five to fifteen minutes each time.—Iodine, Phosph. Tar, (Petrol.), during the day, and Conium, Hyoscyamus, Ipecac., Lupulin and Nitric-acid during the evening and at night, in strict accordance with *similia similibus curantur* in each case.

Conium, Hyoscyamus, Ipecac., Lupulin acts especially well in irritating night cough, Nitric-acid in the above dose by inhalation, has relieved in several instances troublesome night-sweats.

In most cases however we have prescribed remedies to be taken in the usual way, in conjunction with inhalation.

Now it may be asked, whether the patients would not have been relieved or cured, in as short a time without the aid of inhalation? We hope not to appear presumptive, when we reply in the negative; for in nearly all cases the patients expressed themselves in the most decided manner in favor of the superiority of this mode of medication, especially in troublesome coughs.

In asthma, we found most benefit from Ipecac., Lobelia, Lactuca-virosa, Phosphorus and Strammonium, in doses as above mentioned.

Laryngitis was most successfully treated by the inhaling of Iodium, Kreosotum (from six to ten drops of the strong solution) Phosph. and Ipecac.

Phthisis pulmonalis, the last disease we shall speak of where inhalation was resorted to in conjunction with the ordinary mode of treatment. If we did not succeed in curing any cases of confirmed consumption, we certainly gave them great relief by the use of: Petrol., Iodium, Phosph., Ipecac., Conium, Hyoscyamus, and Nitric-acid by inhalation.

Of intermittent fever, we had thirty-five cases, of which number thirty were cured, two called but once, one case, result unknown, and two cases still under treatment. Twenty cases out of the number were cured by Cedron ℥ and ℞ alone in most instances; in fact it

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seemed to be homœopathic to every variety of types, whether quotidian, tertian, or quartan, whether of long standing or not; although Teste in his Materia Medica gives as pathogenetic symptoms, a predominance of shuddering, little or no thirst, cold feet, prickling in the palm of the hands, flushed face at times, with cold nose, congestion to the head, violent headache, feeling of tightness about the head, &c.; notwithstanding this high authority, we have cured most of our cases where, other groups of symptoms presented themselves;—the remaining ten cases were cured by Ars., Ipecac., Nux., Bry., Chinin.-sulph., Quininæ-tannas and Pulsatilla.

Of neuralgia were treated twenty-one cases, of which eleven were cured, one called but once, one case result unknown, and eight remaining under treatment. In every case the seat of the disease was confined to some ramifications of the fifth pair of nerves. Some out of the number were cured exclusively by Electro-magnetism, Galvanism, either by these agents alone or in alternation with Zinci-valerinas $\frac{1}{0}$ or $\frac{1}{10}$. We deem it necessary to mention, that we make use of the positive pole, whenever applied to the hairy scalp, constructed in a peculiar manner consisting of a pole enclosed in a metallic band in which are inserted about twenty-five needles, which pass more readily through the hair on the scalp, or else we use a sponge moistened with water.

Rheumatism. Of this disease we had thirty-one cases under our care, of which number we cured fourteen, relieved two, three called but once, four results not known and eight remaining under treatment.

The principle remedies were: Galvanism, mostly in conjunction with a watery extract of Pinus-sylvestris, with which the parts affected were moistened by a sponge saturated with the same, and fastened to either the positive or negative pole as circumstances required, and then passed over the parts affected. Sometimes this alone would suffice, at other times we gave the usual remedies such as Rhus-rad., Bry., Pulsat., Colchic., Actea-racemosa, according as we thought any of these homœopathically indicated.

Otto Füllgraff, M.D.
Wm. Banks, M,D.
Ernst F. Hoffmann, S.M.

Miscellaneous Items.

YELLOW-FEVER IN NEW-ORLEANS, By Dr. Vail.

New-Orleans, Sept. 29th, 1855.

Hon. C. H. Sigourney,—

Dear Sir,—Your questions in regard to the treatment of yellow-fever in New-Orleans I shall endeavor to answer.

The homœopathic practice has triumphed in the treatment of yellow in New-Orleans, as it has every where in the South, where it has been used in that disease.

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In this City for the three years the yellow-fever has prevailed here, our loss has been six per-cent. We had in 1853 and 1854 five Homœopathic Physicians in full practice, this year we have four more, but they have not had much practice. The cases have been less numerous this year in consequence of a less number of unacclimated persons, but in character the disease has been more violent. A typhous constitution of the atmosphere prevailed all winter and spring, and into summer, and for a month after the yellow-fever appeared to an extent never known before in New-Orleans, and it held its ground with such tenacity, that yellow-fever frequently ran into a typhous form if it continued beyond five or six days, and it usually terminated fatally under allopathic treatment. Under homœopathic treatment this seldom happened, as the fever was cured in three days, and sometimes in two or three was the outside with me, and typhus did not ensue unless by a relapse and then did not terminate fatally, in consequence of the great saving of the strength. Under homœopathic treatment our patients can stand one relapse, those of the allopaths seldom or never recover if they relapse.

The allopathic practice consisted of three methods:

1st. The Quinine, ten to forty grain doses, according to the hardihood of the doctor, given in the height of the fever or absence of it indiscriminately, whenever the doctor chanced to see the patient.

2d. The sweating-practice, putting the patient under from three to six blankets and quilts, closing the doors and windows, putting the feet frequently into hot water, and hot drinks. In this condition they were kept till they died, which took place sometimes in twenty-four hours. Some would continue six days and then die. If they recovered they were not permitted to receive change of linen or fresh air under nine days. The condition of the patient, as you may imagine, was filthy and distressing in the extreme; the heat increased ten-fold beyond what the fever made it, breathing the impure and heated air behind the musquito bar, the sweat so profuse as to wet the mattress through. I have seen them at the end of six days dying, and the heat of skin greater than I should have supposed human flesh could be.

The third mode of practice consisted of a mixed course. Some of the blankets, &c., with blood-letting, cupping and leeching, and calomel, &c. This year the confidence in the Quinine has fallen off, and they seem to be utterly at a loss what to do, and are making various experiments. In comparative results of the above allopathic modes of practice, the Quinine was the most fatal, being about seventy per-cent. I think the average of deaths about thirty to forty per-cent. in private practice; in the Charity Hospital, by their own report, in 1853, it was sixty-six per-cent.. Contrast that with the Hospital at Rio in 1851 and 1852; under similar circumstances they treated about the same number homœopathically, with a loss of six per-cent. Homœopathy has been equally successful every where in the South, at Natchez, Havana, Barbadoes, and Rio Janeiro.

The potencies I use are the third, generally; some use higher. I be-

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lieve the potence is not of importance, provided the remedy is given strictly homœopathic to the disease in all its changes.

Excuse bad writing and errors; I have written in haste, amid pressing professional business, not aiming at any thing but to give you the facts. Yours, J. VAIL, M.D.

Our treatment is strictly homœopathic, as we would treat any fever without regard to name, and let common-sense prevail in the nursing department, free admission of air, light covering, &c. The first stage is fully covered by Acon., which frequently subdues the fever in one or two days, and no other remedy is needed. Bryonia is next in value, scarcely second to Acon. in the second or nervous stage, which is attended with pain in all parts of the body, accompanied with soreness and slight fever, sometimes tenderness over the region of the stomach. Bell. is sometimes useful, if indicated by brain affection; Nux for neuralgic pains in spinal column extending across the abdomen or chest; Ars. is rarely called for: it is useful in black-vomit and that state of the stomach which precedes the vomit; to wit, red tongue, burning at the stomach, great thirst and tenderness of the stomach, and great debility. Veratrum is sometimes useful in vomito. The above are the usual remedies. If any special or unusual symptoms appear, they are to be met homœopathically. Many of the southern physicians are in the habit of a routine practice of giving remedies in quick alternation; say Acon. and Bryon. in alternation of one or two hours, then Bell. and Ars. in the same way; but I do not think with advantage, but on the contrary, positive injury; the pure effects of Acon. being interrupted in the first instance, and Bell. in the second, and besides no routine practice should be adopted, but each remedy prescribed strictly homœopathic to the disease, and one at a time. That is my method, and my success will not suffer in comparison with any one. As to the use of water, I give it freely as the patient desires for drink, and sponge the forehead and face with cold water. Some of my brethren have in some few instances used the wet sheet they say with benefit, but I have never resorted to it. The homœopathic treatment is so triumphantly successful when used with skill and judgment, that I have never resorted to any other, and I practice homœopathy pure and unmixed. I do not give Castor-oil or any allopathic contrivance whatever.—VAIL.

In our next No. we hope to give a full notice of a most interesting work, by Professor Jaeger, assisted by Henry C. Preston, M.D., on North American Insects. Subscriptions for the 1st and 2d vols. will be received by the Professor at his residence, No. 156, 1st-st.

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Senate Chamber.

ALBANY, March, 1st March 1856.

My dear Doctor,—As an evidence that there is progress in liberality of opinion, I send you with this a copy of an act which to-day passed the Senate, authorising the formation of Homœopathic Medical Societies in the various counties of the State, with the same powers and rights as county societies of the old school practice have enjoyed.

We have two physicians of the old school in the Senate, Doctors Lee and Bradford, who opposed it stoutly, but without avail.

Yours very truly,

WM. KELLY.

J. VANDERBERGH, M.D.

State of New-York.] [No. 103.

IN SENATE,

February 7, 1856.

Introduced on notice by Mr. J. A. SMITH—read twice and referred to the committee on the judiciary—reported favorably from said committee, and committed to the committee of the whole.

AN ACT

TO INCORPORATE HOMŒOPATHIC MEDICAL SOCIETIES.

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

SECTION 1. It shall and may be lawful for the homœopathc physicians in each of the counties of this state, to meet together on the first Tuesday of May next, at the place where the terms of the county court are appointed to be held in their respective counties, and organize county homœopathic medical societies, in the same manner as is provided in the act entitled "An act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this state," passed April 10, 1813. And whenever a society shall be organized as aforesaid, in either of the said counties, it shall be known by the name of the Homœopathic Medical Society of the county where it shall be founded, and shall have all the powers, rights and privileges, and be subject to all the duties and responsibilities now by law given to or imposed upon a county medical society organized under the act aforesaid.

§ 2. If the said physicians shall not meet and organize themselves at such time and place as aforesaid, it shall be lawful for them to meet at such other time as a majority of them shall think proper; and their proceedings shall be as valid as if such meeting had been at the time before specified.

§ 3. This act shall be, and hereby is declared to be, a public act.

NEW-YORK, March, 17th, 1856.

Hon. W. KELLY,—

My dear Sir,—I have at length received your letter and its enclosure with no little surprise and pleasure.

What shall we render for such a service? you have abolished the

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sentence of outlawry, confirmed by the approval of three generations against us; you have legalized a profession that has borne the finger of scorn for fifty years, and have given us the consolation of knowing that when the pilgrimage of this life is ended, we may be buried in consecrated ground.

As I look back among the conflicts and collisions of my professional life, and contemplate its first infinitesimal beginnings, and review the once unequal contest in this city, of two physicians, Dr. Gramm and myself, against twelve hundred; it seems passing strange that I should have lived to witness this triumph. When I enlisted in this cause I abandoned a lucrative practice, and had no other expectation, than to live and die in obscurity; yet I struggled on with the confiding assurance, that half a century would come to the rescue of a purpose that never wavered, and of a resolution, that was never for a moment shaken. This noble act of the Senate has imparted new warmth to my blood, that the frosts of many winters have been trying to cool; and the renewed stream of life is harnessing me up with expectations, that we may soon walk our own hospital, and establish a standard medical school, that may radiate its light in other medical institutions that are now covered with the dust of ages.

Very truly your friend,

To Hon. Wm. Kelley. J. Vanderbergh.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW-YORK.

The regular annual meeting of this Society, for 1856, was held at the City Hall in the City of Albany, on Tuesday the 12th of February, Dr. S. S. Guy, of Brooklyn, President, in the chair.

At ten o'clock A. M. the roll was called, and a quorum being in attendance, the minutes of the semi-annual meeting were read and approved.

Election of Members.

The following physicians having been regularly nominated and approved, were duly elected members of the society.

Charles F. Harris, M.D, of *Balston, Spa.*

D. F. Bishop, M.D., of *Lockport.*

Several other propositions for membership were offered, but the certificates being imperfect, they were necessarily laid over.

Reports and Communications.

The account of receipts and expenditures was presented by the Acting Treasurer. The report exhibits an accumulated deficiency in the receipts, of about $115., the larger part of which is due the Treasurer.

The report was accepted and ordered on file.

Dr. H. Robinson offered the following resolution:

Resolved, that the secretary is hereby instructed to send to each

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member in arrears, a statement of his indebtedness to the society, with an earnest request for the speedy payment of the same; and further, that the names of those who are delinquent after six months notice, shall be erased from the list of members. Adopted.

The committee to whom was referred certain charges affecting the character and standing of Dr. F. Humphreys as a member of this society, presented a report sustaining the allegations preferred by the committee of inquiry at the semi-annual meeting.

A communication from Dr. Humphreys was here read by the secretary, giving notice of his withdrawal from the fellowship of the society; which communication was, on motion, laid upon the table, as improper to be considered at this time.

The report of the committee was then accepted and the following preamble and resolution were unanimously adopted:

In view of the facts set forth by the committees in the case of Dr. F. Humphreys, our unwillingness to countenance the vending and prescribing of his so-called, "New Era, or specific Homœopathic remedies," his discourteous letters to the officers and of the society, and his insulting allusions to its members, be it—

Resolved, that Dr. F. Humphreys be and is hereby expelled from this society.

A communication was read from Dr. J. L. Sullivan, on the subject of a Hospital for consumptives, which was referred to a committee consisting of Drs. Sullivan, Guy and

A communication was read from Dr. B. F. Joslin, which was ordered on file.

A number of clinical reports were presented and read, among which were:

By Dr. L. B. Wells, several cases of intermittent fever.

By Dr. E. D. Jones, cases of mental aberration treated with stramonium.

By Dr. J. W. Cox, cases of resuscitation from apparent death effected by artificial respiration.

AFTERNOON SESSION.

Motions, Resolutions, &c.

On motion, it was ordered that a committee be appointed to revise and remodel the schedule of committees and subjects of medical inquiry. The chair appointed as such committee, the secretary, and Drs. Jones and Pratt.

Dr. L. B. Wells was appointed to fill a vacancy in the committee on Dr. Clary's resolution (see proceedings of semi-annual meeting) on the subject of books and medicines for domestic practice; and the committee were requested to report at the next meeting.

An assessment of one dollar upon each member was voted, to defray the expenses of the society, and the secretary was directed to give notice of the same to members not present.

Dr. H. Robinson offered the following resolution:

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Resolved, that the second section of Article IV. of the Constitution be so amended as to read as follows :—"This constitution may be amended by a vote of two-thirds of the members present at any regular meeting."

The resolution was adopted.

Dr. H. D. Payne proposed the following:

Resolved, that a committee be appointed to consider the expediency of so changing the organization of the society as to make it a representative body, composed of delegates from county or district societies.

Carried, and Drs. Jones, Pomeroy and Bryan were appointed as such committee.

On motion of Dr. ——— the following resolution was adopted:

Resolved, that a committee be appointed to memorialize the Legislature, in case the erection of a new Lunatic Asylum in this State should he determined on, that those patients admitted to the institution, for whom it is desired, may be placed under homœopathic treatment.

Drs. S. A. Cook, L. B. Wells and H. D. Paine were designated as the committee.

A semi-annual meeting of the Society was appointed to be held in the City of New-York, on the second Wednesday (the 10th) of September next, and Drs. J. Beakley, Guy and Bartlett were designated as a committee of arrangements.

Election of Officers.

The following officers were then chosen for the ensuing year:

PRESIDENT, Dr. M. M. MATHEWS, of *Rochester*.
1st *Vice President*, Dr. J. M. QUIN, of *New-York*.
2d " " Dr. H. ADAMS, of *Cohoes*.
3d " " Dr. L. B. WELLS, of *Utica*.
Secretary (and Treasurer) Dr. H. D. PAINE, of *Albany*.

CENSORS.

1st District: Drs. B. F. Joslin, E. T. Richardson and C. Wright.
2d " Drs. S. A. Cook, R. S. Bryan and E. D. Jones.
3d " Drs. L. B. Wells, H. Robinson, jr. and H. H. Cator.
4th " Drs. H. Robinson, H. Bennett and D. Chase.

Bureau for the enlargement and improvement of the Materia Medica.

Dr. B. F. JOSLIN, of New-York, *Chairman*.

Drs. D. CHASE, H. M. PAINE, J. BOWERS and J. W. COX.

After the unanimous adoption of a vote of thanks to the retiring officers for their efficient and valuable services, the Society took a recess till 7½ o'clock at the Capitol.

EVENING SESSION.

At the designated hour, the society met in the Assembly Chamber to hear the Annual Address of the President, Dr. S. S. Guy. There were present also, besides the members of the Society, a number of legislators and citizens.

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After the delivery of the Address, it was on motion—

Resolved, that the thanks of the Society be presented to Dr. Guy, for his able address, and that a copy of it be requested for publication.

The Society then adjourned *sine die*.

HENRY D. PAINE, Secretary.

CONNECTICUT HOMŒOPATHIC SOCIETY.

The annual meeting of the Connecticut Homœopathic Society was held in New-Haven, November 20th, 1855. Meeting was called to order by Dr. W. W. Rodman, President. Minutes of the last meeting read and approved.

Drs. Bulkley of Danbury, and Foote of New-Haven, were proposed as members, and were elected.

Reports of Committees called for. Com. appointed to confer with the Mass. Homœopathic Society, in relation to the formation of a New-England Homœopathic Congress, reported progress. Said Committee was continued.

Presentation of papers. Dr. Green read letters from Drs. Vail and Belden of New-Orleans, on Yellow-Fever, showing the comparative difference of treatment between Allopathy and Homœopathy—that while the former practice lost a large per-centage of their patients, the latter lost only a few. Interesting reports were also received as to the difference of success in the two systems at Norfolk and Portsmouth, Va. Letter was read from Dr. Ayres of Stamford. Three cases of croup spoken of by Dr. Keep. Dr. Rodman, also presented a very interesting and able paper which was highly approved by the Society, but which was retained by him for further use. Proceeded to the choice of officers when the following were elected:—

President, Dr. S. Green, Hartford.

Vice President, Dr. C. H. Skiff, New-Haven.

Treasurer, Dr. L. Keep, Fair-Haven.

Secretary, Dr. W. C. Bell, Middletown.

Voted that the semi-annual meetings be holden alternately at Hartford and New-Haven.

Adjourned to meet at New-Haven the 3d Tuesday in May, 1856, at ten o'clock, A. M.

This Society of Homœopathists was best attended at this session, of any ever held in the State. It was apparent from interchange of opinion that the practice of Homœopathy was becoming more and more extended—that more attention is being bestowed upon the subject by the people at this time than at any former period.

W. C. BELL, Secretary.

☞ The reports of several other societies have been unavoidably crowded out.
PETERS.

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N.B.—An index for the Materia Medica will be furnished as soon as a sufficient number of pages to make a good sized volume have been published.

F. G. SNELLING.

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