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THE NEW ENGLAND
MEDICAL GAZETTE.

VOLUME X.

THE
NEW ENGLAND
MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,

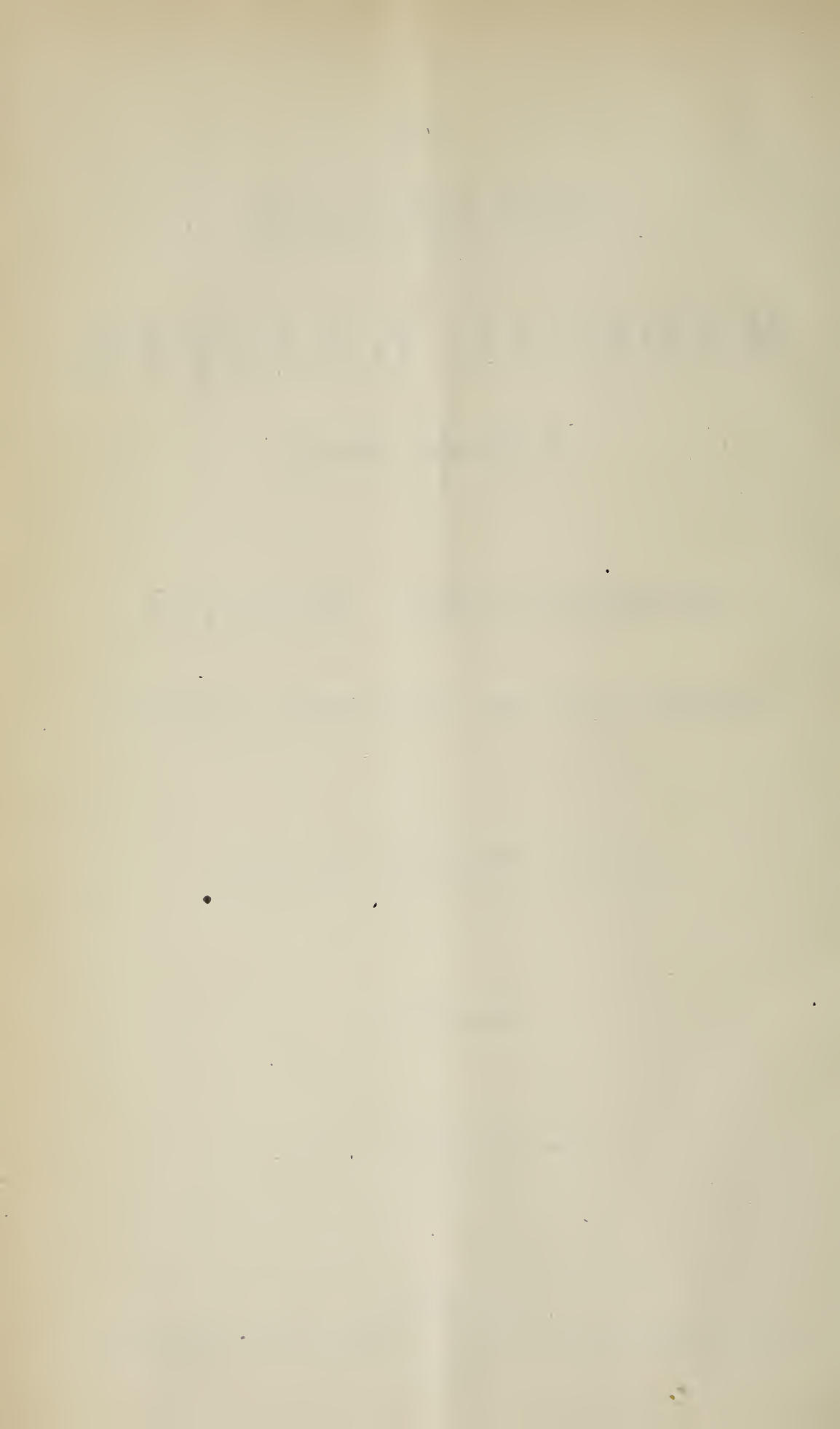
SURGERY AND THE COLLATERAL SCIENCES.

WALTER WESSELHOEFT, M.D., EDITOR.
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VOLUME X.

“Die milde Macht ist gross.”

BOSTON:
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1876.



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GLONIN OR NITRO-GLYCERINE.

[Continued.]

1080. Piercing in the chest somewhat above and below the (right) nipple, from without, inward, alike in rest or motion; from the next day, in the morning, to the third day. Hauk.
- . Occasionally sharp, catching pain under the left ribs; 2d day. Süß Hahn.
 - . *Sharp, cutting pains across shoulder-blades to anterior part of chest. C. Hg.
-
- . *Sweat on the chest.* 1371, 1373.
- Sensations of the Heart.** Undefined aching in the heart, followed by a sensation of heat and warmth. N. (druggist.)
1085. Lancinating pain from the region of the heart towards the back *till between the shoulders.* Jackson.
- . Pain in the heart went through to the shoulder-blade, to the suprascapularis. $\frac{1}{100}$. Ok.
 - . *Sharp pains* in the heart, lasting 2 min.; aft. 10 min. K.
 - . Sharp stitches in the heart. Wallace.
 - . Sensation of heaviness and disagreeable feelings about the heart. Jackson.
1090. Pressure in the heart and as if it were being contracted. $\frac{1}{200}$. Little.
- . Laborious action of the heart, with a peculiar oppression, and very frequent pulse. The oppression about the heart and the weariness lasted longest. Jackson.
 - . Fulness in the heart. 1106.
 - . *Sensation of fulness* about the heart, almost increased to pain; it seems as if it would rise to the throat. Pulse decreased from 72 to 64. Smelling. Geist.
 - . Oppression of the heart with heat in the forehead. Wg.

1095. Sensation as if about to have an attack of palpitation of the heart, as he had formerly had. Gdr.
- . Heat in the heart. N. (druggist.)
 - . Felt the remedy first in his heart, and later in his head. $\frac{1}{100}$. Ok., *Ok.
 - . Blood seems to rush to the heart and mount rapidly to the head. *Raue's Ann. Record*, 1872, p. 12.
 - . Sensation of weakness in præcordia. Stow.
1100. Great anxiety, as if in the præcordia. Reil. 1119.
- Palpitation of the Heart.** *Heart's action easily excited. 692.
- . Irregular contraction of the heart. 439.
 - . Palpitation. Stow. Increased rapidity with nausea. 641.
 - . **Violent palpitation*, constant tremulous sensation in cardiac region; heart's impulse increased; pulse quick, small. Ok.
1105. *Violent palpitation*. Jackson, Streintz; immediately, Lembke.
- . *Violent palpitation, with throbbing of the carotids and pulsating headache in the frontal region, and between the temples (after smelling of 2). Dunham.
 - . Palpitation, with fulness in the hypochondria. Wn.
-
- . Can count the pulse by the heart-shocks. Wallace.
 - . Feels his heart beat; after 4 min. Dr. S. 242-245.
1110. Palpitation. Hupfeld. With accelerated pulse; after 24 min. $\frac{1}{125}$. Rhees; with pulse at 104 after 8 min. $\frac{1}{50}$. Rhl.
- . Palpitation so violent that it could be seen through the clothes. $\frac{1}{100}$. Geist, $\frac{1}{160}$. Sch.
 - . Excessive *perceptible palpitation* of the heart, with heat in the face; feels the pulse in the tips of all his fingers; after 4 min. H. E.
-
- . Shocks about the heart, with pricking pains in the hands and arms. Wallace.
 - . Violent action of the heart, distinct pulsation over the whole body. 183.
1115. Palpitation, spasm in region of heart, choking sensation. 353.
- . **Alternate congestion to the heart and to the head*. $\frac{1}{100}$. Ok.
 - . After several minutes, violent and rapid palpitation; felt also in head like a hammer, *especially when stooping*, so that stooping seemed impossible to him; several

times *when stooping, stitching pain in region of heart*, so violent that he *feared to bend forward* again. Lembke. *87, *88, 93.

- . With palpitation, confusion in head; flushed, hot face; the eyes looked dim and tearful, pupils not altered. Lasting 3 hours. Lembke. 802.
 - . After 3 hours, walk vacillating, increasing palpitation. With palpitation began slight pain in head — pressure *here and there*, especially in occiput, wearisome, growing less till 9 P. M. At 5½ o'clock feeling better; but face remained looking pale and sickly with blue rings under the eyes. Lembke. 693.
 - . Evenings, after lying down, an anxious sensation about the heart with throbbing; a purring noise, and intermittent pulse; was obliged to lie with his head high; insufferable when lying on left side, better when lying on the right side; ceases after rising and walking about. Geist.
1120. For three months anxiety about the heart, after dinner when leaning back in the chair. *Nat. mur.* helped. Smelling. Geist.

-
- . Sound in the heart during auscultation; louder, stronger, and irregular. $\frac{1}{2\frac{1}{5}0}$. Mrs. St.
 - . *Blending of 1st and 2d sounds so that they were indistinguishable. 66.
 - . (Palpitation began after *Bellad.* 3, taken for headache). 1488.

Large Vessels. 1125. *Arteries in the head became distinct. 247.

1125. Throbbing in the neck, and arteries of the brain. Reil. 278–280, 673.

- . From vertex to nape, throbbing.
 - . Fulness in the jugular veins. Wn.
 - . *Throbbing of carotid arteries, both seen and felt. 275.
 - . Violent pulsation in the arteries of the throat. $\frac{1}{50}$. Lippe.
1130. *Throbbing of the carotids. Dunham. 3c. *208, *276.
- . A marked enlargement of the temporal veins, with flushed face. This I have noticed on many provers. Belding.
 - . Throbbing in the temporal arteries. 264, 275.
 - . *Temporal and carotid arteries beating violently. 68.

- . Sinking beating in the aorta, behind umbilicus. 267.
1135. *Pulse. Remained unchanged.* M. R.
- . Not accelerated after repeated doses. N. (druggist.)
- . Pulse 60, unchanged. $\frac{1}{30}$. Eichorn.
- . Pulse unchanged the whole day. $\frac{1}{20}$. Eichorn.
- . No change in pulse, with headache. 1298.
-
1140. After 3 min. pulse became *weak and slow*, 80, 60, 55, 40. Prover, reported by Reil.
- . Diminished number of beats. 40. $\frac{1}{200}$. J. R. S., $\frac{1}{500} + \frac{1}{250}$. Smith, $\frac{1}{60}$. $\frac{1}{250} + \frac{1}{125}$. Rhees, Smelling. Geist.
- . Suddenly very slow after 3 min. $\frac{1}{100} + \frac{1}{150}$. Sch.; after 4 min. Rr., Reil.
- . Smaller number of beats than before taking the medicine, *after previous acceleration*. G. F. Davis, $\frac{1}{300} + \frac{7}{300}$. Vinal, Cle., $\frac{1}{200}$, $\frac{1}{150}$. Smith. $\frac{1}{50}$. Rhees.
- . Diminished, with fulness of the heart. Geist. 1093.
1145. Pulse scarcely perceptible (at first). Hupfeld.
- . *Pulse only 86, but full and tense. 205.
- . *Pulse full, slow, and intermittent in sunstroke. 77.
- . *Low and feeble pulse in sunstroke. 72.
- . Feels strokes of pulse in head. 242-245. Can count the pulse by the heart. 1108.
1150. Shocks in brain synchronous with every pulsation of the arteries. 242. (Beating less frequent than pulse. 277.)
- . With every beat of the pulse he thinks he sees the blood globules passing before the eyes. 735.
- **Accelerated Pulse.* . The number of beats increased. $\frac{1}{500} + \frac{1}{50}$. C. Hg., $\frac{1}{160}$. Sch., a woman, Lembke, R. E. D., Lippe. *207, *208, 398, etc., etc.

*There are no provings in which the pulse, after a single dose, was counted uninterruptedly for a long time to see how soon the original increase is lost, or falls below the normal; and whether, without renewed cause, the pulse later becomes accelerated; finally, more experiments should be made for the sake of learning exactly the influence of positions. It is well known that the pulse increases while a person is standing, and even in rising; under these conditions Glonoin increases the pulse still more. Since walking lessens the sufferings, and, on the other hand, a pulse accelerated by walking is quickly returned to the normal by means of small doses, very many experiments of that sort should be made. Here is given one of the best explanations and illustrations of our law of cure, and Glonoin shows, like many other remedies, that the similarity is necessary as an indication, but it is the *opposite* action which induces the cure, — only the *Similar* and *Opposite* cures. We know that if walking increases the pulse, it is by a greater determination of blood to the periphery, especially to the muscles. We know that Glonoin certainly causes a determination of blood to the brain and heart. In both cases an acceleration of the pulse follows, perhaps only by the

- . About ten beats more. Wn., H. E., N. (druggist), $\frac{1}{100}$. C. G. S., $\frac{1}{100}$. J. R. S., $\frac{1}{250}$. Little, $\frac{1}{50}$. Rhees, Jackson, $\frac{1}{250} + \frac{1}{160}$. Lippe, Wg.; twenty more. J. Fr., $\frac{1}{20}$. M. Dvs., $\frac{1}{300} + \frac{1}{300}$. Vinal, Dr. S., $\frac{1}{30}$. Z., $\frac{1}{100} + \frac{1}{250}$. Sch., $\frac{1}{200}$. Smith, Smith, Gdr., Rhees, $\frac{1}{250} + \frac{1}{125}$. Rhees, Hupfeld, Small, $\frac{1}{50}$. Raue, $\frac{1}{50}$. Lippe, R., $\frac{1}{160}$. Sch., Fr., 384; thirty more. $\frac{1}{20}$. M. Dvs., Whitey, G. F. Davis, Rhl., Hupfeld, Jackson. $\frac{1}{50}$. M. L., $\frac{1}{160}$. Sch., $\frac{1}{1000}$. C. Hg., ext. from a letter; forty more, Cle., Rr., Small, J. W., $\frac{1}{50}$. J. Wh., C. Hg., young man, Stow; fifty more. Jackson; fifty-five. $\frac{1}{250}$. Sch., girl; sixty, Jackson, P., $\frac{1}{250}$. Sch., girl, $\frac{1}{250} + \frac{1}{100}$. Sch., $\frac{1}{1000}$. C. Hg., ext. from a letter, $\frac{1}{250}$. Mrs. St., Chaffee, Robertson, Junod, Harley, Streintz.
- . Rose from 68 to 72, small and compressed. $\frac{1}{10}$. Eichorn.
1155. From 80 to 140, but without sensations in head. Name missing.
- . Pulse bounding, and he experienced some headache in the temples. Epps.
- . *Pulse quick, small, irregular, with violent action of the heart. 66.
- . Drs. Caspar, v. Kaczowsky, Löwscholz, Widmann, and Wurmb, after a fraction of a drop, experienced congestive sensations in the brain and blood vessels, headache and acceleration of the pulse, after a few minutes. An hour or more after which, the pulse of most of them declined from 90 to 60. $\frac{1}{30}$. Eichorn.
- . After two minutes pulse rose from 68 to 90, and increasing for three or four minutes fuller, with glow of heat in the hands, then abating to 80. Fischer.
1160. Pulse had gone up to 106 per minute; ten minutes later, fell to 78, while the respirations were 18 per minute. Harley.
- . Rising and falling without repeated doses. $\frac{1}{250}$. Little, $\frac{1}{50}$. Rhl., Rr., $\frac{1}{100}$. C. G. S.
- Quickly Accelerated.** Immediately. Jackson, Roth; Brangwin; after 1 or 2 min. J. Fr., $\frac{1}{20}$, M. Dvs., Fischer, Whitey, Reil., Cle., $\frac{1}{30}$ Z., $\frac{1}{50}$ Rhl., K., Sch., girl,

decrease of the quantity of blood remaining in the circulation, probably also by increased innervation. Here we have a similar and a contrary, as must always happen, if any remedy is to cure, or even alleviate any suffering, *i. e.* if it is to destroy, neutralize, or adjust the abnormal movements going on in the hidden parts; in other words, if it is to *smooth down certain waves*. C. Hg.

- Wyld, C. Hg.; after 3 or 4 min. G. F. Davis, $\frac{1}{300} + \frac{7}{300}$. Vinal, $\frac{1}{30}$ C. G. S., $\frac{1}{50}$ Raue, Wallace, Junod, Harley, P.; after 5 or 6 min. Wn., H. E., $\frac{1}{130}$ Sch., many cases, Roth., Wood, Cutmore.
- . Pulse jerking, full. Engall.; a minute after pulse rose from 64 to 100, and two minutes afterwards, 112.
 - . Pulse, ordinarily 64, immediately went up to 96. Wood.
 - . Great variableness of pulse,—quick and then slow. Süß Hahn.
1165. First very frequent, then suddenly slow, then quick again. L.
- . Alarmed lest I had taken an overdose, and my pulse soon rose to 100. Harley.
 - . Pulse in less than 1 min. from 72 to 94 and fuller, later 84, and irregular; after 5 min. counted every 5 sec. 8-7-9-8-6. (Thus the frequency changed every five seconds in proportion of 96, 84, 108, 96, 72, 84 in one minute. C. Hg.
 - . Pulse 70; two minutes after pulse 150, continuing so for three minutes; pulse very full, and general glow of heat through the system; very unpleasant for the time; slight headache. B.
 - . *Pulse accelerated to 100 by walking; soon fell to 90 after* $\frac{1}{125} \cdot \frac{1}{250}$. Little, in several cases, and many others. C. Hg.
1170. Wavering acceleration. $\frac{1}{500} + \frac{7}{50}$. C. Hg.
- . Pulse double beats. $\frac{1}{50}$. Rhl.
- Accelerated Later.** . Only for a short time. $\frac{1}{10}$. Rhl., $\frac{1}{300} + \frac{7}{300}$. Vinal, H. E.
- . Intermittent and accelerated, Jackson, every evening after lying down. Smelling. Geist.
 - . Irregular. Rr., L., $\frac{1}{125}$. Rhees, several persons, Small, $\frac{1}{50}$. Lippe, J. Wh., $\frac{1}{100}$. Ok, W. D.
1175. First decreased, then increased frequency. N. (drug-gist) $\frac{1}{150}$. Smith.
- . At first rising, then in decreasing frequency. $\frac{1}{10}$. Rhl. $\frac{1}{200} + \frac{1}{100}$. Esry, $\frac{1}{100}$. J. R. S., $\frac{1}{125}$. Rhees, $\frac{1}{60}$. Rhees, $\frac{1}{50}$. Rhees, $\frac{1}{250}$. Little, Small, $\frac{1}{50}$. Raue., K., Fischer, Fuller, Eichorn, several provers, etc. etc.
 - . Irregular, rapid, and full. $\frac{1}{200}$, $\frac{1}{250}$. Mrs. St.
 - . Aft. 6-8 min. distinctly uneven, first more, then less full. $\frac{1}{100}$. Ok.
 - . Greater acceleration after repeated doses. $\frac{1}{100} + \frac{1}{250}$. Sch.

1180. Pulse continued frequent (85) 2d day. Koller.
- . Remittent pulse, first quicker, fuller, and harder, then slower. Small, several persons.
 - . *Full pulse.* Whitey, G. F. Davis, Cle., Ok. $\frac{1}{200} + \frac{1}{100}$. Esry, Smith, $\frac{1}{150}$. Smith, $\frac{1}{60}$. Rhees, $\frac{1}{500} + \frac{1}{50}$. C. Hg., $\frac{1}{50}$. Lippe, K., M. L., $\frac{1}{100}$. Ok.
 - . Full and accelerated. $\frac{1}{500} + \frac{1}{50}$. C. Hg., $\frac{1}{50}$. Lippe, K., M. L., Fuller, Stow.
 - . *Full, strong pulse, 106 during headache. 12c. Coxe.
1185. *Full, tense pulse, 86 beats during headache. 9c. Coxe.
- . Full and slower. $\frac{1}{60}$. Rhees. Full and irregular. $\frac{1}{1000}$. C. Hg., ext. from a letter. Full and soft. O.
 - . Soft. G. F. Davis, H. E., $\frac{1}{500} + \frac{1}{250}$. Smith, $\frac{1}{160}$. Sch. Soft and full. H. E., $\frac{1}{500} + \frac{1}{250}$. Smith, (and accelerated, G. F. Davis). Soft, small, and accelerated. Cle.
 - . *Hard. $\frac{1}{200} + \frac{1}{100}$. Esry, $\frac{1}{60}$. Rhees, Jackson, $\frac{1}{500} + \frac{1}{50}$. C. Hg., $\frac{1}{50}$. Lippe.
 - . *Wiry, 92 beats. 3c. Coxe.
1190. Hard, full, and accelerated. $\frac{1}{200} + \frac{1}{100}$. Esry, $\frac{1}{500} + \frac{1}{250}$. Smith, $\frac{1}{500} + \frac{1}{50}$. C. Hg., $\frac{1}{50}$. Lippe, J. Wh., Stow.
- . From 66 within less than 1 min. to 124, hard, distinct, and hardly compressible. Jackson.
 - . Small and rapid. *Campos. Hardly perceptible. $\frac{1}{1000}$. C. Hg., ext. from a letter. Small and weak, after 19 hrs. $\frac{1}{300} + \frac{7}{300}$. Vinal.
 - . Immediately, almost imperceptible, then greatly accelerated; later again very small. $\frac{1}{200}$. N. (druggist).
 - . *Pulse accelerated while the headache lasts.* $\frac{1}{200}$. C. Hg., a woman, $\frac{1}{250}$. Little, 9 persons, Smelling. Geist, $\frac{1}{50}$. C. Hg., young man, W. K.
1195. 685 During the headache, the pulse rose from 80 to 88 beats.
- . Headache and pulse diminish simultaneously. Cle., H. E., $\frac{1}{200}$. J. R. S., $\frac{1}{500} + \frac{1}{250}$. Smith, $\frac{1}{200}$. Smith. Increase simultaneously (above).
 - . Pulse accelerated without headache. C. Hg.
 - . Headache without acceleration of the pulse, with dull heaviness in the head. Sch.
 - . Pulse increased by shaking the head, from 72 to 80. $\frac{1}{100}$. Ok.
1200. Pulse more rapid when standing or walking. $\frac{1}{50}$. Raue.

- . During motion the pulse rises, after 2 min., from 73 to 74; aft. 4 min., 75; aft. 6 min., 72; aft. 8 min., 74. $\frac{1}{125}$. Rhees.
 - . Leaning back in the chair from 74, after 2 min., to 69; aft. 4 min., 68; aft. 6 min., 69; aft. 8 min., 69. Sitting upright, 69; aft. 2 min., 72; remains between 68 and 69 while sitting upright; when leaning back, between 72 and 74, for 18 min. $\frac{1}{125}$. Rhees.
- Back.**
- . The constriction in the chest (1064) was followed by a pain in the spinal column, *down* the entire back. $\frac{1}{125}$. C. Hg., a laborer.
 - . A sensation of heat extends from the nape of the neck down the back. $\frac{1}{30}$. N. druggist. Burning between the shoulders, aft. 12 min. $\frac{1}{30}$. Jeanes. Pains between the shoulders. 1085.
1205. After stooping, a cold shudder runs *down* the back, and after continued walking, some flushes of heat follow; aft. 10 min. $\frac{1}{30}$. Jeanes.
- . Itching on the back. $\frac{1}{500} + \frac{1}{50}$. C. Hg.
 - . Inclination to stretch backwards. Wn.
 - . Pain in lumbar region, with tardy menstruation. 1035.
 - . Pain in the sacrum, with headache. $\frac{1}{100}$. Geist.
1210. Afternoons and evenings acute pain in back, especially in the region of the lumbar vertebræ. Gdr.
- Shoulder.**
- . Drawing through the shoulders. Wallace.
 - . Pain across the shoulders, which soon extended to the arms, and was especially violent on the back of the right hand, at the finger end of the third finger metacarpus; aft. 2 min. $\frac{1}{30}$. Jeanes.
 - . *Sharp, cutting pains across shoulder-blades. 1082.
 - . Crawling sensation, like a magneto-galvanic current. 1318.
1215. A stitch from the left shoulder to the pit of the stomach. 968. From the heart to left shoulder-blade. 1086. Pain in left shoulder. $\frac{1}{500} + \frac{1}{50}$. C. Hg.
- Arms.**
- . Disagreeable, nervous sensation of uneasiness in the arms and hands, so that he is obliged to turn and twist them; a similar sensation in the chest. $\frac{1}{2}$. Brink.
 - . Heaviness in the arms, as if circulation were checked, or as if the arms were going to sleep. $\frac{11}{50}$. Raue.
 - . After throbbing headache, a sensation of numbness in both arms, and a heaviness in them which made moving them perceptibly difficult. This lasted as long as the throbbing headache. $\frac{1}{250}$. C. Hg., a woman.
 - . Felt a sensation of warmth and fulness down the arms,

as if in the course of the cutaneous nerves; also, a similar sensation in the sciatic nerve, and some warm, dull aching in the loins; but these symptoms lasted but a very short time. Süss Hahn.

1220. Slight weakness in arms and hands. Hupfeld.
 . Dull pain in the arms, as if it were in the bones; 3d day. Koller.
 . Sensation of weakness in the arms and hands. Ext. from letter. C. Hg.
 . She could not raise her drooping arms for several minutes. $\frac{1}{2} \frac{1}{5} 0$. C. Hg., a woman.
 . In right wrist was a feeling as if it were tied up, which produced a kind of lamed feeling all along the right arm. Süss Hahn.
1225. *Numbness* and sensation of weariness *in the left arm*, so that it requires a great effort to raise the arm (with stiffness in the middle joints of the fingers). Hupfeld, several persons.
 . *Numbness down left arm. 1074.

Elbow. Painful sensation in both elbows, especially in the right one, in the hollow between the inner condyle of the upper arm and the olecranon, where the cubital nerve descends. First left, then right; more violently right, but still painful left, after the pain had ceased right; aft. 29 min. Cle.

- . The left elbow feels weak and aches. Chaffee.
 . Contracted sensation in the right elbow. Wn.

Hands and Fingers. 1230. Pain in the wrist, like that in the elbow (1227), but on the exterior margin. Cle.

- . Prickling pain in hands and arms. R. E. D. 1281.
 . Pain from shoulders *to back of right hand*. 1212.
 . *Weakness of the wrists after headache. 9c. Coxe.
 . The pain in the metacarpal bones continues; aft. 5 min. $\frac{1}{3} 0$. Jeanes.
1235. Quivering in the hands and wrists during headache. Wood. *205.
 . Increased trembling of the hands, especially the right one. Vinal.
 . Weakness of the hands. 1223.
 . His hands, especially the left one, begin to tremble and grow cooler; continuing; aft. 12 min. Cle.
 . Sweat on the hands. Hawley.
1240. Sweat in the palms of the hands. 979, 1366.
 . Hands colder, especially the left one. 1237.

- . Itching of the hands. G. F. Davis.
- . He felt the rapid beating of his pulse in the tips of all his fingers $\frac{1}{500} + \frac{1}{50}$. C. Hg., which causes his hands to tremble, and the sensation of being electrified when he takes hold of anything. Johns (druggist).
- . Sensation of sudden glow in hands. 1159.
- 1245. *Hands clenched, thumbs thrown into the palms (convulsions). 66.
- . Violent pain on the inside of the right third finger, drawing to the bone, from the metacarpus to the first joint. $\frac{1}{500} + \frac{1}{50}$. C. Hg.
- . *The beating of the pulse is perceptible in all the fingers.* Johns (druggist). 1112.
- . It throbs like the pulse in the finger ends of the left hand. $\frac{1}{500} + \frac{1}{50}$. C. Hg.
- . Stiffness of fingers. 1225.
- 1250. Third day, tingling in the fingers. 1297. Crawling sensation. 1318.
- . *Rheumatic pains in fingers of left hand. Koller.
- Lower Limbs.** . *Knocking of the knees and thighs together during headache. 9c. Coxe.
- . When she tries to bend the knee, a loud, painful cracking ensues; for several years, since a fall on the patella. Dose every fortnight. Bute. 1265.
- . As if the thigh were giving way, would break down under him; for 3 hrs. second day. $\frac{1}{200}$. Mrs St.
- 1255. Going to sleep of the legs when sitting. $\frac{1}{250} + \frac{1}{160}$. Lippe.
- . Pain in both knees under the patella; not in the tendon, but on both sides of it; after 3, 4 min. $\frac{1}{30}$. Jeanes.
- . As if over-tired in the lower limbs, after walking a few steps. W. D.
- . Twitching of muscles of lower extremities. 837.
- . *Jerking of the limbs with loss of consciousness. 71.
- 1260. Cold feet, with palpitation, nausea. 381.
- . *Limbs relaxed and motionless in sunstroke. 77.
- . Sensation of warmth and fulness as if in the sciatic nerves; warm, dull aching in loins for a short time. 1219.
- . *The knees give way (when getting up from bed) on account of headache; weakness of the knee joints afterwards for an hour. J. E. Coxe.
- . *She could not rise on account of weakness in the limbs

- (accompanying severe headache which was worse when the head was covered).* Glon. C^m. Lippe.
1265. Crackling in the right knee while walking; after 7 min. $\frac{1}{30}$. Jeanes, 1253. Slight pain below right knee. W. G. Chaffee.
- . Burning, itching pain externally on the right heel; worse downward and inwardly. $\frac{1}{500} + \frac{1}{50}$. C. Hg.
 - . *Sensation of weakness* in the left thigh, and a pain from the buttocks to the heel, on the interior side, along the course of the ischiatic nerve, most violent in the calf of the leg; 2d day. $\frac{1}{200}$. Mrs. St.
 - . Weakness and numbness in the left thigh and leg, which began to lessen from above downward, and remained longest in the foot, on the lower half and exterior side of the tibia, at the ankle and in the toes. W. D.
 - . The left thigh as if gone to sleep. W. D.
- 1270.*While taking *Glon.* relief of rheumatism of left knee; little heat or swelling, pricking and twinging, seem to be deep in joint; worse motion; relieved by straightening limb. Benson.
- . Crawling sensation in limbs to the soles. 1318.
 - . The left knee feels weak and aches. Chaffee.
 - . Sharp pain in left knee. W. G. Chaffee.
 - . Pain in the left leg below the knee. W. G. Chaffee.
1275. Pain under the left patella. Wn.
- . Pain deep in the left calf of the leg, of long duration. C. Hg. Worse in the calf. $\frac{1}{200}$. Mrs. St.
- Limbs.** . After repeatedly exposing himself to the influence of the drug, an uneasiness was caused in every limb, which impelled him to rise as often as he sat down. Z.
- . The limbs on which I lay went to sleep directly; 3d day. Koller.
 - . *Great weakness* in middle portion of thighs and arms. Colby.
1280. Sensation of weakness and trembling in the limbs. W. D.
- . Later, her extremities feel bloated. Stow.
 - . Sharp, pricking pain in the arms and legs; cramp in the right leg. Engall.
 - . *Numbness in left extremities. 66.
 - . The feeling in the limbs passed off with a whirling sensation. W. D.

* See cure of headache, by Dr. Lippe, in *Med. Investigator*, Nov. 1873, p. 607. This cure was overlooked in confirmation of *Glon.* Sympts. 577, 604.

1285. Walking relieves the pains in the limbs; aft. 3-7 min.
 $\frac{1}{30}$. Jeanes.

Joints. . When walking, a cracking in the right hip joint twice, and soon after twice in the right knee; aft. 3 min. $\frac{1}{30}$. Jeanes.

- . After cure of headache, weakness in knees and wrists. 650.

Strength. Much affected. Cle.

- . Sensation of weakness through the whole body, during headache. $\frac{1}{60}$. Rhees.

1290. Sensation as if he had been losing sleep for a long time. Hupfeld, several persons. 504.

- . *Feeling of *prostration in sunstroke*. 72.
- . Languid, but conscious at the same time that I could exert myself. 13.
- . *Headache in a chlorotic patient. 611.
- . Feeling as after inhaling ether. M. R.

1295. *Feeling as after fright, not mentally, but only bodily. W. D.

- . General languor. J. W., W. G. Chaffee.
- . Great lassitude and weariness in the limbs; dull pains in the arms; tingling in the fingers. Koller.
- . Felt more than usually tired. Engall.
- . Weak and tremulous; 2d day. Stow.

1300. Weakness and apathy. Stow.

- . Tremor, sopor, and lassitude. Stow.
- . Weakness and giddiness. See *Vertigo*.
- . Faintness, and fainting, also during headache. Geist and others. See *Sensorium*.

- . Fell into a chair and said his strength had left him; grew faint and deadly pale; could not see, but did not lose consciousness, and moved when he was jostled; for 10 min. $\frac{1}{50}$. C. Hg., young man.

1305. Afterwards looked remarkably pale in the face (unusual for her), complaining of extreme languor and heaviness in the limbs. Roussell.

- . Greater part of the next day, felt weak, and a great weight and pressure on the front part of the head, with loss of appetite, and aching pains in the limbs as if tired with walking or other exercise, which, however, abated a little towards night, and slept much better. E. S.

- . NOTE. As after every strong excitement a corresponding and opposite reaction follows, so is it here also. Soon after the hyperæmia has reached its climax and the distended vessels begin to empty

themselves, a sense of exhaustion and weakness begins to be felt throughout the whole body, which seems somewhat like the sensation after a violent fright; but it is especially the joints of the extremities and the extremities themselves which are seized with a kind of weakness and trembling; the legs and knees refuse their office and give way, the limbs totter, the hip and knee joints crack in walking. But this feeling of weakness and want of power are not all. There are not lacking many indications of the beginning of a parietic condition. A creeping sensation is felt, like the streaming of electricity through the whole body, an unpleasant, nervous feeling of disquiet in the arms and hands requiring them to be kept continually moving and turning, heaviness in the arms, which when they are hanging down cannot be lifted up again above the head, numbness and weight in the arms which really render it difficult to move them, numbness and feeling of fatigue in the left arm with stiffness of the middle finger joints, numbness of the left leg and thigh, and, finally, when the prover is sitting, the legs easily "go to sleep." Meyer.

- In the whole Body.* . Misty before the eyes, and a tingling sensation in the nerves of the whole body; aft. 5, 7, min. Whitey.
- . Throbbing in the whole body, especially in the vertex. $\frac{1}{50}$ Rhees.
1310. Sensation as of *throbbing throughout the body*, with heat and sweat. Tafel.
- . The eyes fill with water; no headache, but throbbing throughout the whole body, most in occiput and neck. Tafel.
 - . When lying down he feels the pulse throb in his whole body. $\frac{1}{500} + \frac{1}{50}$. C. Hg.
 - . Feels the beating of the pulse, wherever the body touches anything; wherever he puts his hands. $\frac{1}{500} + \frac{1}{50}$. C. Hg.
 - . * *Jerkings* through the body, 579.
1315. *Painless pulsation* all over the body, and the circulation was easily quickened. 233.
- . *Feeling of fulness* throughout the body. 195.
 - . Unpleasant glow of heat through the whole body. 1040, 1168, 1357-1362.
 - . There passed from the head, down through the shoulder, into the arms to the tips of the fingers, and then through the whole body to the soles of the feet, a kind of crawling, and like magneto-galvanic currents. Waage.
 - . Strange, weakly warm sensation over the whole body; more when standing, less when sitting, with flushes of heat to the face and dizziness in the forehead. Fr., 648.
1320. *Pains or other sensations in parts of the body that have sometime been jarred or mechanically injured.* Jeanes Pot. *25, 670, 1251.

- . * Spasmodic and neuralgic affection. Fd.
- . Spasmodic affections. 52, 72, etc.
- Skin.** . Face pale. 809-819.
- . Face Flushed. 786-808.
- 1325. Since taking the medicine has had a rash in her face after washing. 822.
- . Crawling sensation on forehead. 629. Itching of face. 821. Itching of lips. 852. Of the back. 1206.
- . Stinging burning itching in spots, like sensation caused by caterpillar's hairs. 313, 850, 877.
- . Pain in several wens on scalp. 633.
- Sleep.** . Frequent yawning after some hours. 55.
- . With congestion to the head. E. P.
- 1330. Yawning, and gnawing in the pit of the stomach. 970.
- . Yawning, and inclination to deep inspiration. Wn. 1046.
- . Yawning, and inclination to stretch backwards. $\frac{1}{10}$. M. Dvs.
- . Sleepy. $\frac{1}{500} + \frac{1}{50}$. C. Hg., Cle., Hupfeld, several persons, Wallace, Stow.; at 2 P. M., 2d day. Stow, for 2 days. Stow.
- . With constant yawning during congestion to the head. E. P.
- . Early in the evening, S. B., the eyes as if contracted by sleep. 711.
- 1335. Immediately fell into a heavy sleep. Wood.
- . Heavy, but restless and unrefreshing sleep the whole afternoon. Hirschel.
- . Sleepy, *hot face, and paler than usual*. M. R.
- . Slept better than usual the second night. Wn.
- . Night sleep as usual, and even till 9 o'clock in the morning. $\frac{1}{30}$. Z.
- 1340. Walks his room all night, on account of headache. Preparat. Druggist, John's assistant.
- . When awaking at night, pain in the vertex. $\frac{1}{200}$. Lippe. Lasting all night. 402.
- . Awoke from his sleep three or four times with headache. $\frac{1}{50}$. Raue.
- . Slept unusually well that night, and experienced no ill effects in the morning. F., Hirschel.
- . Restless sleep on account of the pains, 479, but very heavy morning sleep, although habitual, more than usual. Fischer.
- 1345. Restless and *sleepless*; hot, and inclined to vomit. 944.
- . When falling asleep wakes up with fear of apoplexy.

Z. Cannot sleep; awakes in fear of an apoplectic stroke. C. Hg.

. *Sleepless three nights. Lippe. '1264.

. During the early part of the night my sleep was disturbed with visions of innumerable multitudes of *heads*, with comical expression of the features. Awoke about 3 A. M., without being much refreshed; in about two hours, I slept again till morning. Gellar.

. Wild, confused, and unpleasant dreams. Hirschel.

1350. The unusually early sleep was full of dreams, till finally a dream of homesickness, which moved him to tears. Streintz.

On awaking. Wakes very early the following day. Cle.

. Difficult waking from deep sleep, and difficulty in getting aroused on being called at the usual time. After getting up he remains as wakeful as usual. H. E.

. Difficult waking up in the morning, eyelids heavy. S. B.

. In the morning remembers dreams about people who were mowing grain and clover. H. E.

1355. Slept very well, but the next morning, on awaking, felt the same headache, which continued all the day. Süß Hahn.

Heat. *General warmth* through the whole body, $\frac{1}{125}$. Sch., especially [of head and face. $\frac{1}{500} + \frac{1}{50}$. C. Hg., N. (druggist.)

. With profuse sweat for quarter of an hour (immediately after taking 6th of drop). Lembke.

. *Sensation of warmth through the body.* Sch., a man. Strange warm sensation, more when standing. 1319.

. *Flushes of heat.* 292, 306, 499, 798—*800.

1360. Sensation of warmth and heat. Hupfeld, several persons.

. General heat, aft. 3 min., and moist skin aft. 6 min. R.

. Waves of heat, as if rising from the pit of the stomach, through the blood-vessels to the head, there changing to pain. Waage. 1076.

. *Fever heat, and small, quick pulse in sunstroke. 74.

Sweat. . Feeling as if *perspiration would break out* all over. Wallace. 643, 1381.

1365. General sweat from anxiousness during headache. $\frac{1}{30}$. Z.

. During sweat his complaints diminish, nausea ceases. $\frac{1}{1000}$. C. Hg., ext. from a letter. 1371.

- . One evening after smelling the tincture, felt heat all over the frame and *perspiration in the hands* to which he never was subject. B. 979, 1239, 1240.
 - . Moist skin after heat. R. After headache. 618.
 - . Sweat especially *on the forehead*. 28, 618, 1374.
 - . Sweat set in gradually, yet quickly. $\frac{1}{1000}$. C. Hg., ext. from a letter.
1370. Drips with sweat, after sleeping on a cool day. 95.
- . Very profuse perspiration, *especially on the face and chest* (so great as to make the surface of the body wet), came on gradually and ameliorated the symptoms. Hupfeld.
 - . Sweat over the whole body, especially in the face after several minutes. J. Wh. 807.
 - . Very profuse sweat, especially on the chest and in the face, so that everything was wet. $\frac{1}{1000}$. C. Hg., ext. from a letter.
 - . Warm sweat on the forehead, with otherwise cool skin and headache. Sch.
- 1375.*Cold sweat, especially on the face, during congestion to the head. 6c., 12c., 30c. C. Hg.
- . I felt somewhat nervous, and for a few moments the surface of my body became covered with a clammy sweat; my pulse intermitted occasionally. Fuller.
 - . *Sweat alternates with chill. Lippe. '1264.
 - . Sweat after unconsciousness. 55.
- Fever.** . He feels all over, as before an attack of ague. $\frac{1}{30}$.
Z.
1380. *Chill after getting heated; drawing pain and heat in head, vertigo, buzzing in ears, flushed face. Glon.²
. relieved after violent aggravation. Hirschel.
- . *Hot flushes* over whole body, with feeling as though the whole surface would break out in sweat, continuing for hours. Fiske. 1364.
 - . With the headache the inner heat increases, but the skin is not dry nor sweaty. C. Hg.
 - . *Typhoid fever; very violent headache; wanting the head to be squeezed together; the tongue is not furred, but is as white as milk; can't eat, feels weak and miserable. C. Hg. 881.
 - . In intermittent fever, headache as if screwed up; vomiting before the chill is past. Hatch.
- Directions.** (461-503. Comp. In *Head, Right, Left*, etc.)
1385. From occiput, upward and downward, and towards both ears. 444. Between forehead and ears. 765.

REFLEX UTERINE AFFECTIONS.

BY J. H. WOODBURY, M.D.

It is a fundamental principle in Homœopathy, that in the selection of a remedy "we should be guided by the totality of the symptoms."

It is true that in practice the busy physician is very apt to content himself with a knowledge of the more obvious and superficial symptoms, and to form from these his "picture of the disease." It is equally true that he who does so, runs great risk of making an error in diagnosis and a failure in treatment.

Perhaps no class of cases requires more thorough scrutiny, more careful and exhaustive investigation, than those functional derangements arising from nervous irritation, as it is essential not alone to collect and record all the minor and apparently trivial circumstances and concomitants, but to ascertain, if possible, the origin and seat of the irritation.

This it is not always easy to do, and it is rendered in many cases especially difficult when the uterine nerves are the seat of the irritation, and displacement of the uterus the cause. This difficulty is greatly increased by the fact that the local symptoms may be very slight, in fact hardly noticeable by the patient herself, while the reflex and many times very distant affections are both very severe and persistent; and thus the symptoms of which the patient complains give no clew to the cause of the difficulty, nor any reliable indications for the selection of a remedy. Very frequently these reflex affections appear as cases of aphonia or of facial or temporal neuralgia, or a persistent cough or a dyspepsia, with constant and distressing nausea, aversion to food, and frequent attacks of vomiting.

Whatever form it may assume, if the primary cause be overlooked, the most elaborate treatment, the most accurate "covering of symptoms," will be of no avail. The patient will still lose her voice, or cough, or vomit, in spite of the "most (in)appropriately chosen remedy," inappropriately chosen be-

cause, while it may have covered all the secondary and apparent symptoms, the primary condition, from which all these originated, has not been apprehended or taken into account. This constitutes the most important factor in the problem; and being overlooked, the result is sure to be a failure, and sometimes a most mortifying one.

I subjoin a few cases illustrative of what I have said.

CASE I. Aphonia. Miss T., brunette, æt. 26 yrs., of full, robust, habit of body, has suffered for more than a year from frequent attacks of severe, hacking, dry cough, resulting in a short time in that of aphonia. These attacks had latterly become more frequent and of longer duration, until finally she was never sure of her voice at any time, and the cough tormented her almost constantly.

She had been under treatment for the relief of the cough and aphonia for nearly the whole time. Her throat had been twice thoroughly cauterized. She had used inhalers and atomizers, and the throat had been counter-irritated by Iodine and vesicated across the lower portion with Cantharides. She had spent the latter part of the winter and the early spring in Florida, at the expense of great suffering upon the journey both ways, to escape the "Boston east winds," but all to no purpose. She was in no way benefited. She came to me about a year since, at the request of her uncle, for a laryngoscopic examination. This revealed nothing except the congested condition of the larynx and vocal apparatus due to the constant coughing. While questioning her as to her general condition she remarked that ever since the cough had troubled her she had suffered severely from dysmenorrhœa and obstinate constipation, while before that time she had been entirely free from these difficulties. This remark led to further questioning, and finally to a digital examination, which revealed the uterus decidedly retroflexed and hypertrophied. I at once attempted to replace it, but on account of the rigidity of the surrounding tissues and the hypertrophied condition of the organ I was unable to accomplish this until the following day, the patient then being fully under the influence of ether. The cough began to abate almost

immediately, and both it and the aphonia entirely disappeared in a few weeks, the patient meanwhile being restricted to very gentle exercise, and taking each day a sitz bath of the temperature of 70°.

The dysmenorrhœa ceased at once, after the replacement of the uterus, and the hypertrophy began gradually to lessen, and the retrograde metamorphosis did not cease when the uterus reached its normal size, but has continued, until the organ is now hardly more than infantile in its dimensions, a by no means uncommon occurrence in cases of resorption of hypertrophied uterine tissue.

CASE II. Mrs. T., Charlestown, applied to me, Aug. 6, 1873, for treatment for "indigestion, total loss of appetite, and so great a depression of spirits that she was utterly wretched, and unfit for anything." She was obstinately constipated, and her fæces, she said, were very small, hard, and constricted. This statement led me to make an examination of the rectum and vagina. I found the uterus in a state of extreme retroflexion, and the ligaments so wanting in tenacity that on the withdrawal of the finger or sound, after its replacement, it would at once fall back again into its old position. I replaced the uterus and introduced a Hodge's pessary to keep it in position. The patient began to improve almost immediately in every respect. Three weeks after, she reports that "her appetite is good, and the indigestion not at all troublesome, though not wholly gone; the constipation very much better, and I have not felt so happy and light-hearted for the past three years as since the operation." She continued to improve steadily, and was able in December to take a trip to New Orleans, travelling almost constantly for six weeks. March sixth the pessary was finally removed, the uterine ligaments having recovered sufficient strength to retain the organ in position. She took little or no medicine, and there has been no return of the displacement.

CASE III. I was called August 25th to see Mrs. M. She had one child three years old, and had never miscarried. At the birth of her child her labor was very severe, and she was

finally delivered with forceps. Since that time she has never been very strong. For the last four months she has suffered greatly from nausea and occasional vomiting, and has been pronounced pregnant by two allopathic physicians, who had each attended her for a time. When I first saw her she was troubled with almost constant nausea, loss of appetite, and indigestion, great depression of spirits and general weakness, disinclination to any exertion, and great exhaustion after a short walk or going up-stairs. She had a constant pain in the back and thighs, constipation, and painful passage of the stools. Physical examination revealed very nearly the same condition of the uterus as in the last case. It would not remain in position for a single moment, but tumbled back into the recto-uterine fossa the instant the support was removed or the patient assumed the upright position.

The uterus was replaced, and a mass of cotton saturated with glycerine applied to keep it in position till I could procure a proper pessary. Two days afterward I saw the patient, when she reported that there had been no return of the nausea, nor had she suffered but very little from the gastric irritation. A pessary was now introduced and worn without interruption until November 26th, when it was removed, and up to this date, December 15, there has been no return, either of the gastric symptoms or the retroflexion, and the patient appears perfectly cured. This patient also took very little medicine after coming under my care (a few doses of *Nux vom.* and *Sepia* during the first two weeks), and I deemed the improvement wholly due to the replication of the uterus, and the consequent removal of the cause of these reflex symptoms.

These cases are sufficient to illustrate my observations, that in cases of reflex uterine irritation, "if the primary cause be overlooked, the most elaborate treatment will be of no avail"; and also, if this primary cause be detected and removed, very little further treatment will be required.

These cases are by no means solitary, but only specimens of large numbers of similar ones which come under the eye of every physician of any considerable experience in the treatment of diseases peculiar to women.

GASTRO ENTERITIS AND DYSENTERY.

BY S. M. CATE, M.D.

THE forms of disease of the stomach and bowels are so various, and the complications so many, that nosology seems often at loss to designate by some single term the cases that occur in practice. In diseases of children this is peculiarly obvious. Thus, we often meet with dysentery with symptoms that leave no doubt of inflammation of the rectum and colon, but in some cases vomiting from inflammation of the stomach, and in other cases vomiting from reflex action upon the sympathetic and pneumo-gastric nerves. Other cases of dysentery show that the inflammation of the rectum and colon is accompanied with inflammation of the ilium and jejunum; in others, again, the brain and spinal nerves suffer by the reflex action from the inflamed surfaces; and in still other cases disease of the brain is developed, and adds to the difficulties of the case. In many such cases it is difficult to designate the diseased action by a single medical term.

Dysentery complicated with gastritis is of frequent occurrence in children, and sometimes fatal. The following case is given, with some detail, in the hope that the report of it may be of some use to the profession.

August 21st, 8 A. M., I was called to the daughter of I. J. P., aet. 2 years. She had light skin and hair, and blue eyes. Had been usually well, and had good flesh and a full habit. She was taken the night before with diarrhœa, and vomiting came on at 3 A. M. Now the head and body are hot, with coldness of the hands and feet; face red; pulse 140, full and sharp. Frequent jumping and jerking, as though convulsions were imminent. The discharges from the bowels are greenish, watery, and slimy, and run away without warning, as though the sphincter muscles of the rectum were paralyzed. Very thirsty; very sleepy and stupid; breathing quick and short. *Aconite* and *Belladonna*, each in the 30th, were given in solution, a dose each hour alternately.

6 P. M. She has had five discharges since morning,—greenish

and brownish and slimy. Some colicky pain, attended with paleness about the mouth, indicating nausea; no vomiting since morning, but some retching at times after taking the solution of medicine or water. Has slept most of the time with her eyes partly open. My friend, Dr. A. M. Cushing, of Lynn, saw the case with me, and *Rhus. rad. 2d* and *Gelsemium 1st* were agreed upon, and given in solution, a dose each hour, alternately.

August 22, 8 A. M. She has had discharges each hour through the night, which were black and gelatinous, but this morning are brownish or dark-green, and gelatinous, accompanied with considerable straining and tenesmus. Pulse 120 per minute. She had a fever fit from 11½ P. M. to 1 A. M. This morning the breathing is more natural and the skin cooler. Tongue brownish, with red tip. *Rhus. rad. 2d* was given.

At 12 M. the symptoms were about the same, with the addition of considerable nausea and retching with each discharge from the bowels. In consultation with Dr. Cushing, *Bismuth sub. nit.*, 1st decimal trituration, was agreed upon and administered, a dose each hour.

9 P. M. She has had a discharge each hour, sometimes green and brownish, and sometimes bloody mucus. The discharge is preceded by violent colic pains, attended with tenesmus and followed by relief. Pulse 85, soft and full. Skin cooler; less stupor, and the expression of the face and general appearance more natural; all the symptoms seem better except the bloody discharges. To continue the *Bismuth*.

August 23. The symptoms continue about the same. The tongue is white, and she has vomited twice. A good deal of pain before and tenesmus with the discharges, which are green and bloody mucus. It is evident that the gastritis is better, but the dysentery is not improved. As *Mercurius sol.* 6000th had proved curative in all cases of uncomplicated dysentery, it was given at 3 P. M., in solution, a dose each hour. 9 P. M. Had nine discharges in five and a half hours. A little less tenesmus and pain with the discharges. P. 108. To continue.

August 24, 8 A. M. She has had about two discharges every hour since nine last night. Pulse 84. She looks brighter and

better. The pain and griping were worse the latter part of the night, and seemed to involve the stomach. *Bismuth 1st* and *Merc. sol. 6000th*, were given in alternation, a dose each hour. At 3 and 9 P. M. the discharges were about each half hour, and looked about the same; but she looked a little better, and took some beef tea and milk, showing a better state of the stomach. Pulse 100.

August 25, 8 A. M. The discharges have been about each hour and look a little better, and she has slept longer at a time. Appetite continues to improve. Pulse 100. Continue the same medicine. At 9 P. M. the discharges were reported every two hours, and attended with less colic and less fever. The same prescription continued.

August 26, 9 A. M. Seven discharges in twelve hours, which are about the same in character. To continue the medicines, a dose every two hours. At 9 P. M. the state seemed much the same, and the same prescription was continued.

August 27, 9 P. M. Had about ten discharges in twenty-four hours, which are sometimes bloody mucus, sometimes brownish-green mucus, and sometimes feculent, attended with much less pain. Pulse 84. Her general appearance and appetite improve. To continue the same medicines.

August 28, 9 P. M. Had seven discharges in twenty-four hours, some of them of partly digested food and green mucus, some feculent diarrhoea. She worried a good deal from 1 to 2 A. M. Pulse 80. *China X.* and *Merc. sol. 6,000th* were given in solution, a dose every two hours, alternately.

August 29, 10 A. M. The discharges are about the same, but her appetite is poor, and she has considerable pain in the bowels at times. *Ferrum 6th* and *Merc. sol. 6000*, were given in solution, a dose every two hours.

August 30, 10 A. M. She has had six discharges in twenty-four hours, more feculent and watery; some attended with colic and some painless. To continue the same medicine.

August 31. Has had eight discharges in twenty-four hours, which are looking better. *Ferrum 6th*, a dose every two hours.

September 2. No discharge for fifteen hours. The last she

had looked well. To take three doses a day of *Ferrum* for a few days; was discharged, and made a rapid and complete recovery.

THE OTHER SIDE.

I HAVE long and patiently read all the articles in nearly all the American journals. While perusing the reports of cases treated in the crudest possible manner, it occurred to me that it would be no more than fair to bore some who have bored me.

It is unnecessary for me here to say why it is hard to read reports of cases relieved after months of *treatment* by a score or more of remedies, any three or five of them given in rapid alternation; and where some of them stand directly antidotal to each other. It would certainly take a "Philadelphia lawyer" to unwind some of the twists. Certain I am that no physician who thus prescribes can tell what cured his unfortunate patient. Twenty years of professional "experience" with frequently alternated medicines is not worth one month of practice with the single remedy.

Some of the alternationists give two teaspoonfuls at a dose. Does not this lead the people to believe in *quantity* rather than *kind*? I have been careful to instruct those who seek the benefits of homœopathy through me, to believe that quantity has nothing whatever to do with the cure of disease. Will some one prove to me that two teaspoonfuls of medicated water will cure more quickly than one? If so, why not give six — why not go back to materialistic allopathy?

I have noticed another point. Those who give mother tinctures, as a rule, are never quite certain of the cure; hence they resort to local treatment as adjuvant. Local treatment in most female complaints leads to examinations. If the lady be old or wrinkled or a little dried, how easily she escapes with "I know all, I can read your case at a glance"; but on the contrary, if the poor patient be a young and prepossessing lady, married or single, it makes no difference, she is told her nervous cough is very grave! her palpitating bosom shows — fright? — no, an organic heart trouble!

If she breathes of having a simple leucorrhœa, out comes the speculum, and, wonderful to behold, a fearful state of ulceration of os or cervix is discovered. Does the timid creature escape with one examination? By no means. Every day or twice a week at the farthest she is *examined*. Others with myself charge from ten dollars up for examinations of lungs or heart, and from fifteen up for examinations of vagina and uterus. Pecuniarily what a fortune awaits these localists. Are they so kind and tender-hearted as to do all this drudgery gratis? If so, why give it to those who least of all need the gratuity? Why, in the examination of the lungs and heart, use so much *massage* about the mammary glands? Why so often and carefully examine ladies, while gentlemen, old ladies, and children are passed by? Query. Are ladies more gullable than all the rest of the world? This is not overdrawn. I have plenty of proof from the suffering ones themselves.

There are other reports of cases where the potencies range from the first to sixth; and occasionally a physician holds his breath while he tells of a cure with the thirtieth or the two hundredth. If a cure was ever performed by the 30th potency of any medicine, then it has been better done by the 30 m. If the 200th ever relieved or cured suffering humanity, then just as sure has the 200 m. done the same thing.

My thoughts were thus led on by reverting to some cases who were cured *the other way*. One of the cases I will give to explain my way of treating serious diseases. Mrs. Wm. R., aged forty-five, had been treated for several years by as many physicians. She was at last persuaded to try the other kind of homœopathy, as the low school had signally failed, and stood lower in her estimation than the allopathic. For thirty-two years she had a severe pain of a crampy nature in left ovarian region, worse at menstrual periods, which were still regular. She said there was considerable enlargement in the left ovary. In the left epigastrium had a very sore place, which she was told was an abscess. Every two or three months it seemed to gather and discharge, when she would have several stools composed of pus and blood. After discharging the "abscess" would feel comfortable for another three months. During the

last year these "abscesses" came more frequently, occurring as often as every six weeks. She also had a great deal of bearing down in the pelvis and a dragging along the ureters. Perhaps the most prominent every-day symptom was excessive tenderness of the abdomen to external touch or pressure. She lived in a suburb where intermittent prevailed, and had the "chills" about half the time; for this she had taken large quantities of quinine, but always after suppressing the chills she suffered more pain in the left side.

I gave her some encouragement, made no examination whatever. Of special pathology she had certainly had enough, but it failed even to relieve her—much less to *cure*. Examinations per vaginam had been made until she considered them the main part of the programme, and was somewhat indignant because I refused to make one. She received one dose of *Lachesis* C. M. (F) and took a few placebos home with her to keep up her courage. In one week she returned much improved in all respects. In three months she was entirely well, having taken only three doses of the *Lachesis*.

But soon her "chills" came back most furiously. They were chiefly of the *Natrum Mur.* type, one dose C. M. of which kept her well for a few weeks, when they again returned. This time she received the same in water *one* teaspoonful every two hours for one day and the cure was complete. She has now remained well one year.

PROLAPSUS UTERI DURING PREGNANCY.

BY H. E. SPALDING, M D.

THAT cases of prolapsus uteri during the earliest months of pregnancy are not unfrequent is affirmed by writers, and frequently verified in practice. The occurrence of this accident would at first seem incompatible with the natural laws of pregnancy; but as a review of the conditions that predispose to prolapsus, we shall only wonder that cases are not more frequently encountered and recognized by physicians; for, doubtless, much of the sufferings incident to the early stages of gestation is the direct result of a prolapsed gravid uterus: the

dragging back-ache; pain in the limbs; feeling of languor; constipation; frequent desire to urinate; bearing-down pains, etc.

The causes which induce prolapsus uteri are of two classes: first, predisposing; second, immediate. Among the former are not only relaxation and softening of the round and broad ligaments, or the utero-vesical folds of the peritonæum; a dilated vagina, or ruptured perinæum, the result of frequent pregnancies, miscarriages, or a difficult and protracted labor; but the condition may result from whatever gives increased weight to the uterus, whether from pathological causes, as polypus, fibroid tumor, or hypertrophy and thickening of the walls, the result of inflammation; or from causes physiological, as in pregnancy. Hence during the first few weeks of pregnancy the uterus will usually be found more or less depressed from its normal position, and when once it begins to sink, the progressive increase of weight straining the already weakened supports, tends only to increase the displacement. In a normal pregnancy *vis medicatrix naturæ* fully changes the aspect of affairs and wards off the threatening evil. The uterus, as it expands, gradually rises also, above the superior pelvic strait, and the expectant mother may go happily on to the full fruition of a mother's joy. But perchance some untoward accident has happened; she has slipped and fallen, has made an over-exertion in lifting, or in some other way has received a severe shock, jar, or strain that causes the already displaced uterus to sink fully within the pelvic cavity. The result may be an immediate miscarriage, or if the accident occur in the first weeks of pregnancy, she may be afflicted with all the ordinary symptoms of prolapsus, prominent among which will be frequent desire to relieve the bowels, and difficult defecation. She suffers, but conscious of her condition, and believing that "she must not be alarmed at such things," with womanly fortitude she suffers in silence. But this condition cannot continue. The uterus, to expand, as it must with embryo life, demands more space, and in gaining this, only augments the sufferings by pressing more and more firmly upon and obstructing the rectum. During this period there has been

more or less profuse leucorrhœa, which now changes from a white or greenish to a sanguinolent discharge. She has periodic pains low down in the pelvis; violent chills supervene; what she termed a discharge, now suddenly becomes profuse hemorrhage; and in alarm medical aid is summoned, that she may pass safely through the inevitable miscarriage. But here, unless the treatment is judiciously conducted, her trouble does not end. The uterus is in a condition of prolapse; the strained and weakened tissues of support will, uninfluenced and unaided, hardly be able to restore and retain it *in situ*. To prevent a continued condition of discomfort and disease, the dragging out of a miserable existence, she must be confided to the care of a physician, skilful and fully alive to a sense of his duty.

The uterus must be restored to its proper place; the patient kept in a recumbent position; the bowels must be moved by enemas, that all straining may be avoided. Should there be strangury, temporary relief must be afforded by the catheter. The diet should be nourishing, and of such articles as most easily digest and least constipate, as fruit, vegetables, rye or oat meal, cracked wheat, broth, etc. In this, as in all other cases of prolapsus, great benefit may be derived by the patient taking a position upon the knees, with the body bent forward, so that the head shall be on a plane with the knees, and resting in the palms of the hands: Thus the body forms an inclined plane, inducing the movable abdominal and pelvic viscera to gravitate towards the epigastrium, the prolapsed uterus to its normal position. Meantime, such remedies must be administered as the symptoms of the case demand. Among those to be considered are *Nux vom.*, *Pulsatilla*, *Secale*, *Lilium Tig.*, and *Stannum*, in their supposed action upon the tissues supporting the uterus; but this hypothetical distinction should not alone govern the choice of a remedy. Each individual case will have symptoms, primary and secondary to the disease, peculiar to itself, and they alone can lead to the correct choice.

Although prolapsus during the first two months of pregnancy might be considered not unusual, its occurrence at the end of the fourth month would be thought remarkable; and, as far as I know, there are no recorded cases, yet it has been my fortune to treat the following:—

Mrs. ——— is a robust Irish woman, from 40 to 45 years of age; has had four children in rapid succession, after which she miscarried during the eighth month, having, as she said, "a poor getting up." She soon, however, again became pregnant, when she went her full time, but "still felt weak in the bowels." After five months, she again became pregnant for the seventh time. When four months advanced, the husband summoned me, saying she had "stoppage."

I found the patient in great agony, having been unable to void urine during the previous thirty-six hours. She said she knew what the matter was, — she was pregnant, and "the womb was down." She had the same difficulty in the previous pregnancy, when four and a half months advanced. She could not pass water, and called a physician, who said she was miscarrying, although there was no "show," only bearing-down pain and distress, which was relieved when he had passed the catheter and evacuated the bladder. The physician still insisting that she must miscarry, she became dissatisfied, discharged him, and called another, who had grown gray in the service of science (?). She was now told that the whole trouble was caused by "falling of the womb"; that that obstructed the passage, so that the water could not pass. This she told me before I had explained her condition as I found it, otherwise I should have thought there might have been a chance for deception. The physician at that time used the catheter for several successive days, and ordered her to drink freely of pumpkin-seed tea and gin!!

During the twenty-four hours before seeing her, she had been doing as before ordered, and had drunk large quantities of the gin and pumpkin-seed tea, but *mirabile dictu!* although the increased flow of water pressed hard, it did not prove effectual in raising the flood-gate and letting the swollen stream pass harmlessly through, but rather by its accumulated weight bound it more firmly and immovably down. I drew from the bladder more than three pints of dark-colored urine, which immediately relieved; but the uterus continued prolapsed, the os uteri pressing down to the vulva and anteverted. The whole pelvic cavity seemed packed with the gravid uterus.

Placing her upon her knees, as before described, by continued digital force applied in pushing upward and forward the fundus uteri, as it pressed against the rectum, and in bringing the os downwards and backwards, I was able to restore the uterus to its proper position. I ordered her to retain the recumbent position, and gave *Nux* $\frac{1}{10}$ in water, once in two hours.

The next day I found her comfortable, having voided urine without difficulty. In all respects her condition indicated the fourth month of gestation.

From careful questioning in regard to her condition previous to this, it was evident that the immediate cause of the prolapsus was an unusually hard day's work at washing, two days previous.

CONTRADICTIONS.

BY DR. AD: LIPPE, PHILADELPHÍA.

THE *North American Journal of Homœopathy* publishes on page 219 of the November number (1874), an elaborate (two years writing it) paper by H. B. Millard, M.D., purporting to be an answer to a criticism passed on him by Dr. Korindoefer. How such illogical, irrational, contradictory, and anti-homœopathic papers, as the one now published, can find a place in a journal *professedly* "Homœopathic," is to us an incomprehensible mystery; and, making due allowance for well-known Gotham liberality, the *professedly* homœopathic editor should certainly have made notes, even foot-notes, concerning the broad falsehoods stated in that paper.

H. B. Millard, M.D., says, on page 221, "*Hahnemann sometimes contradicts himself.*" That slang phrase has been used before this, but it is mere slang. Will not the learned M.D. let us know *where* and *when* and *how* Hahnemann contradicted himself? Let us know it *at once*, — not in two years; — if he makes this false charge he must have facts to substantiate it; now let us have these facts, these *contradictions*. In order to be able to point out "Contradictions," it is positively necessary to have mastered "Logic." The learned doctor is advocating in the same paper "bad logic." He begins a sentence on page

220 with, "Should practical physicians practise their noble profession, *addicti jurare in verba majistri?*" As Homœopaths we are supposed to have accepted such fundamental principles, and a practice conforming to them, as Hahnemann taught us. These principles are based on natural laws, and if they are principles they are "*infallible*." If these principles, which, as it appears, were taught by Hahnemann as revealed to him by higher inspiration, are not true, then let them be declared "as baseless as the fabric of a vision." If the doctor claims the right to call himself a Homœopathist, and also the right to think for himself, and think of fancied reforms because Hahnemann in translating *Cullen's Materia Medica*, an accepted authority in *Materia Medica*, dared to differ from him, he violates the common principles of logic. Cullen gave an "opinion," developed no principles. Cullen claimed that *Cinchona* was a curative agent in intermittent fever, because it is the most aromatic and the most bitter drug known; and Hahnemann with his *logical* mind saw the utter absurdity of this declaration. Hahnemann *knew* that *Cinchona* was not a specific for intermittent; he also *knew* that other substances were more bitter and aromatic than *Cinchona*. There is no similarity between the acceptance of opinions of men or the rejection of them, and the acceptance of fundamental principles and the rejection of them. We admit "*that every earnest worker is justified in thinking for himself*," but this admission does not embrace the freedom to change, alter, or modify fundamental principles. As the old Greek philosophers were perfectly correct when they defined liberty as "*Slavery to Law*," so in our days the most earnest worker will cheerfully submit to be governed by the laws of nature, which were the foundation of the infallible fundamental principles which are our unerring guide as practical physicians who practise their noble profession. Dr. Peter John George Cabanis wrote in 1791, "After an examination of all the facts, and after they have been verified and compared, they will be linked together, and referred to a small number of principles, fixed or susceptible of little variation." Dr. Cabanis was a philosopher, and his prophecy was fulfilled. He anticipated the establishment of fixed principles, and Hahnemann gave them to

us. We are not dealing in this short paper with fixed principles exactly, we are dealing with "facts." The learned doctor, after saying erroneously, "*Hahnemann sometimes contradicts himself*," — continues, "*discarded before his death many of his earlier parts of belief, and the Materia Medica pura.*" Hahnemann never spoke of any *belief*. He taught fundamental principles and the mode of applying them for the cure of the sick. These principles and these practical rules he "developed," — *never, never* renounced them, as the Dr. Millard would like us to think he did; nor did he renounce his *Materia Medica pura*. And when the learned doctor proclaims that Hahnemann sometimes *contradicted* himself, we must suppose him to be at home in his writings. Will the Dr. Millard permit us to call his attention to the last sentences Hahnemann addressed to the profession? He will find great satisfaction in them, no doubt, but will not be aided by them in making good any of his assertions, — he finds them in the Preface to Arsenic, the last remedy published in *Hahnemann's Chronic Diseases*. This preface gives us the final idea of Hahnemann's progressiveness. It does not show that he discards any of "this earlier parts of belief," and his closing sentence is "sublime." And since he spoke to the profession he continued to progress. The tradition of his last years among men will live, all the empty assertions to the contrary notwithstanding. And that tradition is this: he continued to diminish the dose in proportion as his knowledge of the *Materia Medica* increased, — that is all, and that is a fact; and these higher potencies were in Versailles, during the Siege of Paris, and are in Paris again, and have all been administered, — have healed the sick. If the learned doctor makes assertions let him *prove* them; till then we denounce them "*as erroneous.*"

The New England Medical Gazette.

BOSTON, JANUARY, 1875.

SALUTATORY.

ANOTHER year gathered home, and with its end the century rapidly nears its last quarter. The lapse of any fixed period suggests grave thoughts to earnest men, and thus the ending of every year, as it rolls away, calls up its own reflections of which the burden will ever be that "man born of woman hath but a short time to live." To the physician especially, whose calling keeps the graver aspects of life more constantly before the mind than any other, these reflections will come weighted with a solemn meaning, as with advancing years and widening range of vision he grows more conscious that his "art is long." The profound silence, the injunctions to turn the mind to the contemplation of nature, the solemn rites of the ancient temples of Esculapius, "the blameless physician," has a profound significance which we, in our days of rash action and speech and tardy thought, may ponder with advantage.

To-day the physician's seasons for reflections, laying aside the daily thoughts and cares, the weapons offensive and defensive with which he fights for vantage-ground in the fierce struggle for existence, are few and short. But to all they should be welcome; and it is for those whose office it is to address their colleagues collectively, to suggest, at the fitting moment, subjects for serious contemplation.

As the old year dies we turn our glances backward, and, in reviewing its more important events, dwell at first upon the sad thoughts arising from our irreparable losses. The year, we find, has claimed its full share of the "bearded grain" at the hands of the grain reaper, and has left us to mourn for many noble men whose loss we are ill prepared to sustain. We are not permitted in this place to speak of those two strokes of fate which have afflicted us both as citizens and as followers of general science, but turn at once to the vacant places left in our own ranks by the removal from among us of honored fellow-laborers in our cause.

The pages of THE GAZETTE have been called upon to record the deaths of many good men and true in our own country, who, in their

quiet way, upheld the right by faithful lives and honest work. Among the most prominent and familiar names are those of Walter Williamson, of Philadelphia, and Alpheus Morrill, of Concord, N. H., both men of more than local fame, whose loss will be long and grievously felt.

Of all countries, Germany, the cradle of our art, has been the most heavily visited, both in the number and the standing of her losses. Hirschel, of Dresden, editor of the *Zeitschr. J. Hom. Clinic*, and author of many of the ablest works that grace our literature; Aegidi, of Dusseldorf, the friend and pupil of Hahnemann; Rothhansel and Lederer, of Vienna; Fischer, of Brunn; Garth, Meisner, Regenhart, and many others well known from their able contributions to the German periodicals, have all passed from among us, honored and deeply regretted. Hirschel and Aegidi, especially, were both men of mark, whose lives and labors will continue to stand as sources of pride and of inspiration to future generations of physicians, long after the names of many now vaunted as lights in moral science shall be dim and forgotten.

Next to Germany Belgium has the greatest cause for grief. Two prominent members of our school have there gone to their final rest, who stood unsurpassed for high attainments and success as physicians, writers, and expounders, by word and deed, of our principles. Both went full of years and honors, after having accomplished as much for the advancement of medical reform as it is rarely given to man to do. In England the names of George Epps, Edward Ackworth, and John Millard, all contributors of merit to our literature, will be heard no more; while in France, Dr. Desterne, of the Hahnemann Hospital, distinguished for his devotion to the sick and wounded under his charge during the siege of Paris, and Dr. Milicent, an able writer, have yielded to the silent god.

These are the saddest events of the twelve months past to us as homœopaths; and, in whatever country they have taken place, they cannot fail to be brought closely home to every one of us. The older men see their friends and comrades carried from the field, while we of the younger generation feel deeply the loss of trusted leaders and wise counsellors, in whose hands we knew the cause safe, and destined to advance in every direction. It is for us now to buckle to the task of carrying on the work; and happy will it be for those we leave behind, when our labors shall have reached their end, if the regrets for us are as sincere as ours are to-day for those gone before us.

A cursory review of other occurrences affecting our position and

progress, although it reminds us of much to regret and much to be feared, yet will not be

“Such as moans about the retrospect,
But deals with other distance, and the hues
Of promise,”

And bids us enter upon the New-Year with pride and high hopes. Our rapidly increasing numbers, our growing strength and influence, have been attested in 1874 as in previous years, not only by the establishment of new local societies in this and other countries, and the growth of those already existing, but also by the unbroken front we have been able to present to all attacks upon our position, and by the invariable success with which these have been repulsed.

These attacks have been the historical repetitions of those set on foot annually for the last fifty years: Scandalous exhibitions of hatred, of impotent rage, trades-unionism and folly, of which the more prominent instances were the refusal of the National Health Association to receive the homœopathic delegates from Washington, the unreasonable and fallacious opposition to the enabling act of Boston University Medical School, and, in Europe, the malignant and uncalled for attack of the newly elected Rector of the University of Pesth, in his inaugural address, upon the homœopathic professors of the medical faculty. The utter futility of such attacks becomes evident when we consider that, notwithstanding their frequent occurrence and persistency, they not only leave us unshorn of any advantages gained, but, by arousing the just indignation of the general public, upon which they are commonly intended to produce a profound impression, they invariably end in disaster to their instigators.

The meetings of the general societies within the past year have been of a character to inspire even the feeblest with fresh courage and confidence, marked as they have been by vigor, learning, and harmony. The American Institute, the British Congress, the Central-Verein of Germany, the societies in France, Belgium, Switzerland, and Mexico, have all given unmistakable evidence of a healthy vitality, full of the best auguries for the immediate future. In like manner the establishment of two homœopathic professorships in the University of Pesth, giving, them at the same time, the control of the large hospital of St. Rochus; the lecture courses begun in November, in connection with the homœopathic hospital in Paris; the establishment of new and vigorous dispensaries in nearly all the large cities of Europe, as well as the flourishing condition of our hospitals and schools in this country, leave no room for doubt that the oft-repeated prophecies

on the part of our enemies of our speedy downfall, as well as their assertions of our total extinction, are still to be received with caution at least.

Our literature not only shows no falling off, but has exhibited the most gratifying increase in all countries, throughout the year, as the reviews and book notices in *THE GAZETTE* have amply demonstrated. We are bound to confess, however, that our periodical literature, although it shows no diminution in extent, has, in many quarters, lost within the last few years much of the old fire and earnestness of purpose with which, in former decades, it marched on from victory to victory.

In this connection we cannot refrain from dwelling, again, upon the fears and regrets to which allusion has already been made; and in doing so, we address our New England colleagues more especially, indicating, at the same time, the general spirit and tendency which we hope shall pervade the pages of *THE GAZETTE*. As this is the only homœopathic publication in the Eastern States, it may justly be held to be the representative of the theory and practice of our school in this section of the country; and as such its virtues will be the virtues of its supporters and contributors, while its shortcomings will be but the expression of their own. While in the Middle and Western States a vigorous spirit is manifest even in times of comparative peace, among our colleagues and contemporaries we, in the East, have come to be conspicuous for a supineness and an apparent indifference to the true issues at stake, both unaccountable and unwarrantable, and from which we are aroused only by unusually fierce assaults from without. In the face of the deep and vital changes of thought rapidly preparing both within and without the profession have we alone no doubts to be solved, no questions of general science, bearing directly and indirectly upon our art, to study, compare, and apply? Have we no mission here, about the cradle of reforms and the foremost seats of learning and literature in the country, but to oppose our adversaries on grounds of policy and privilege; no battle to fight but that of bare existence; and can we, having assumed the grave responsibility of differing from the great body of the profession on questions of vital and supreme importance, fold our hands to sleep again after the successes we have achieved from time to time, successes which, when all is said and done, are no more than histories of common right over brutal might? Shall we rest satisfied with having stoutly leavened the dulled and sluggish mass of orthodox routine by our daily practice; or is there not a vital necessity of carrying the war into the ene-

mies' country, and of waging it with the weapons of science, accurate observation, laborious experiment, lucid and original exposition, and self-sacrificing devotion to principle? Appeals to the lay element to revive questions of general and abstract right, organization, the founding of hospitals, colleges, and dispensaries, and all the arduous labor connected with the defence of our position against a powerful and wily foe, are necessary, indispensable, and not to be neglected for a moment; but as physicians and followers of a school whose only claim to existence rests upon its progressiveness and reformatory principles, we owe, each individually, a higher duty towards our profession, that of adding to its positive knowledge and greater usefulness.

Does any man ask how that duty is to be fulfilled without ample leisure, the control of large public institutions, endowed professorships, etc.; let him open the writings and contemplate the labors of Hering, of Jahr, of Hinverson, Drysdale, Dudgeon, of Grauvogel, Hirschel, Hausmann, and hosts of others in every civilized land, but above all, Hahnemann himself, and then decide whether the evident improvement in general medical practice is traceable, in the first instance, to salaried professors and eloquent expounders, or whether it has not rather dribbled to them, little by little, from the writings and observations of private practitioners, whose claims to recognition we are bound to uphold, and whose example it is our sacred duty to emulate. The laxness, the want of originality, the diversion of powers to other and less noble objects than strictly professional ones, exhibited in New England by our school, are but manifestations of the general status here of all medical thought and labor.

In the old school as well, the foremost men are, at best, to be counted only among the luminaries "that shine, but warm not with their powerless rays"; and the extinction of their personal influences will be the end of men's knowledge concerning themselves and their works. While elsewhere, among leading and independent minds, the year 1874 has discovered numerous and unmistakable signs of an approximation to our principles,—with the revulsion against the scepticism in therapeutics still so largely fashionable,—the general attitude everywhere of the old school towards our own remains the same as it has been throughout the last fifty years. Such being the case we can be guilty of no greater folly than to seek any conciliation with it that is not founded on mutual respect, or for any identification of our particular aims and our manner of reaching the truth with those of our

opponents. Both parties profess to be earnest in their endeavors to advance medical knowledge, but, while the dominant one is beating towards the objective point driven by the adverse winds of rationalistic deduction, and weighted down with self-deceiving pride, conflicting theories, and ancient routine, we have chosen the straight course of scientific empiricism, and are borne on by sound experiment and observations at the bedside. As a matter of course this applies only to the science of therapeutics, and to this only in so far as it deals with the administration of medicine; and here our thoughts cannot be their thoughts, nor our ways their ways. One fact above all others, the general drift of medical thought during the past year, more than in any before it, bids us bear continually in mind the fact that it is the therapeutic age which is now dawning in medical history. As anatomy, physiology, chemistry, and pathology arose successively, from crude and confused beginnings, to the height of noble sciences, bringing with them vast improvements in surgery, obstetrics, and hygiene, each one in turn was hailed by suffering humanity as the deliverer of their older sister, therapeutics. But instead of raising her up to new life and light by their growing strength, she has been smothered and stunted while they were being lavishly fed at her expense. As surgeons, as obstetricians, as scientific physicians, called upon to deal with all the varied influences affecting the public and private health, we are bound to cultivate these sciences with the utmost diligence, but in the present and in the future, as it has been in the past, we, as healers of the countless daily diseases, as relievers of suffering, and averters of imminent danger, have a special mission, that of raising to its rightful position the highest in all the range of the sciences, — the science of therapeutics. For this are we homœopaths; other meaning our existence as such has none. It is on the field of therapeutics that the future battles in medicine will be fought; and, as we were the first to throw down the gauntlet in this holy war, it is for us to attack it whenever we see it raised in challenge and defiance.

These are among the reflections the season suggests. They are neither new nor forced, but come unbidden as we contemplate the position of affairs relating to our school at the end of the year. As we lack none of the elements essential to progress here in New England, except, perhaps, some small modicum of energy, there is no proper reason why the apprehensions of any danger to our status among our colleges in other parts, should be verified.

Let it be remembered that THE GAZETTE is open to the discussion of all the important questions now agitating the minds of medical men,

to new and original observations, to the best thoughts, indeed, of all who will but take the trouble to put them down, and no one who keeps upon the level of the best professional literature of the day while practising medicine can fail to have thoughts well worth recording. And herewith we wish our readers, one and all, a happy, prosperous New Year.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE Twenty-fourth Annual Meeting of this Society will be held at Albany, on Feb. 9th and 10th. The Annual Address will be delivered by Wm. Tod Helmuth, M.D., of New York City.

ITEMS AND EXTRACTS.

ON TRANSFUSION OF BLOOD. — In the early numbers of the *Centralblatt für Chirurgie* are several papers on the subject of transfusion of blood, which it may not be uninteresting to grasp together. In the first is an account of experiments made by Nicolai Taboure, of St. Petersburg, by transfusing the blood of one animal into one of a different species, either immediately or after allowing it to stand for some time, but in either case, after defibrination. He injected two cats with the blood of dogs, seven dogs with the blood of calves, one dog with cat's blood, and one sheep with dog's blood. All the animals had been previously bled, and in all the effect was actually beneficial, except in two cases in which calves' blood had been used, and in these death followed in about twenty hours: in one case, from paralysis of the heart, while in the other, œdema of the brain and lungs was found at the autopsy. In another set of experiments, the defibrinated blood of another animal was injected within ten to thirty minutes after the amputation of a limb, the animals experimented upon being eight dogs. In all cases death followed from uncontrollable general oozing from the stump. The author concludes that the substitution of defibrinated for normal blood sets up a sort of hœmophilia, and renders its employment after capital operations not only useless but mischievous.

In two dogs transfusion was performed, in one case with the blood of another dog, and in the other with that of a calf, twenty-four hours after an operation. One died of acute blood poisoning and the other recovered. In another dog the loss of blood and subsequent transfusion were made to precede the amputation by two days and a half, and the animal was healed in twelve days. The last three experiments would seem to show that transfusion may be safely performed a day before or a day after an amputation. The author does not approve of direct transfusion, which he considers inconvenient and dangerous.

In the fourth number is the description of a new instrument, introduced by Dr. Paul Schliep, of Berlin, for transfusion, which is supposed to combine the advantages of all previous inventions. It consists essentially of a tube, with a pumping apparatus attached, which is to pass directly from one artery to another — say the carotid of a sheep and the radia of a man. Sufficient pressure is attainable to force the blood through the arteries and capillaries of the receiver, and not allow time for the coagulation of blood in the transmitting tube. The pump is made on the same principle as the English stomach-pump. Dr. Schliep objects to all methods of injecting defibrinated blood. His apparatus may be employed as the surgeon prefers; either from artery to artery, artery to vein, vein to artery, or vein to vein. It may be used with very slight assistance, and this recommends it for military practice.

Prof. Gius. Albini brings forward another new apparatus in *Ol Morgagnin*, 1874, F. i, pages 19 to 20, which is received in the fifth number. In this, one perforated needle passes into the artery of the animal which is to supply the blood, and another into the vein of the receiver. The needles are connected by an india-rubber tube, into which is fitted an arrangement such that by turning a tap in one direction, the blood is allowed to escape externally, and by turning it in the other, to flow into the vein of the receiver. The author, while he considers it as not less than proved that there is some danger in the transfusion of one animal with the blood of one of another species, still does not think any fluid obtained by defibrination is worthy of the name of blood. He does not see much to choose between arterial and venous blood, except that the latter is loaded with materials destined for elimination, and is not under sufficient pressure to make transfusion easy. He also points out the danger of phlebitis, which is run by the donor.

On the other hand, we have the evidence of Dr. Suigi Tassarini, of Berlin, in the same number of the journal, that he considers the direct transfusion from animals to man as proved to be dangerous from Panum's experiments, and so he discards it. He relates, however, a case of malarial fever, in which direct transfusion from man to man was performed six times, the patient ultimately recovering. He looks upon transfusion as specially applicable in cases of malarial fever, and he thinks that the quality of the blood, as well as the digestive power, is decidedly improved. He considers it important that the blood be taken from a healthy, young man, a drinker being especially eschewed, and that if symptoms of increased arterial tension, as *e. g.* headache, dyspnoea, etc., occur, the patient should be bled to the amount previously injected. Transfusion, in many cases, causes rigor. There is no objection to the patient leaving his bed after the operation, if he was in the habit of doing so before; and he concludes by saying that there is no need to warm the blood, and that it is quite as efficient after as before defibrination.

Immediately following is an account of five cases of direct transfusion from arm to arm, by Dr. Paolo Postempski at Rome. They were performed by means of perforated needles inserted into the veins of

donor and receiver, connected by an india-rubber tube. The amount of blood was calculated from the rapidity of its flow in a given time, and the known contents of the apparatus. The first case was one of intermittent fever, which had resisted quinine, iron, and arsenic, but disappeared immediately after the transfusion. The second and third were cases of caseous pneumonia and cancer of the uterus, both of which were much benefited. The fourth was a stricture of the pylorus, which was at first slightly benefited, but died on the sixteenth day; and the last one of morbus Westhofie, who had a severe loss of blood on the night after the operation, and died in two days. He refers to the advisability of making an examination of the urine, since it has been shown that an increased amount of hæmatin occurs in it almost in proportion to the amount of blood injected. — *London Med. Times and Gazette*, Sept. 5, 1874.

DISLOCATION OF THE HIP IN A WOMAN SEVENTY-THREE YEARS OLD. — Dr. Kline communicates to the *Medical Record*, June 15, through Professor Hamilton, the particulars of a very remarkable case. He was called to a woman aged eighty-six, who had fallen down while crossing the room. Instead of the fracture of the neck of the femur which he expected, he found a fracture just above the condyles. Extension was made by means of a four-pound weight and pulley, balanced by the weight of the body. The case went on very well, so that by the sixteenth day union was quite firm. There was no excoriation of the limb or body, and as a matter of precaution the weights and splints were continued a little longer. This firm and prompt union in one so aged is sufficient to render the case one of interest; but the reason of its being recorded is, that while Dr. Kline was examining the limb under the supposition of intracapsular fracture, he discovered that the head of the femur was resting on the pubes, and pushed up towards the anterior inferior spinous process of the right ilium. She stated that thirteen years before (when seventy-three years old) she had fallen down a flight of steps about three feet high, and dislocated her hip. No attempt was made at reduction; and she said that she had often pushed the lump down in the groin, thereby moving the whole leg. She always walked with the foot so strongly everted that it formed a right angle with the other, having commenced walking six months after the dislocation. Professor Hamilton believes that with the exception of a case reported, Gauthier, eighty-eight years, this is the oldest person recorded in whom the accident has occurred. — *Med. Times and Gazette*.

GRAPHITES IN SCROFULOSIS. — M., eight years old, the son of a family in which scrofulosis prevailed, always enjoyed good health, till, suddenly, an eruption developed itself in the face, extending rapidly, and finally covering every part of the face with the exception of the forehead. The eruption was crusty and discharging; the cast-off crusts showed beneath them a suppurating, irregular surface, which soon covered itself again with crusts, and soon offering with the bleeding surface a disgusting aspect. The whole face was lymphatically swollen

in consequence of the suppuration; very soon a scrofulous ophthalmia of both eyes followed with these symptoms: both eyelids œdematous, conjunctiva palpebræ and bulbi reddened, the eyelids at times glued together, great photophobia and excessive lachrymation. Digestion was good, and the child felt well otherwise, only the boy, who was formerly so sprightly, was now not only dull, but also irritable and quarrelsome. Cured by *Graphites* ²

Hirschel remarks that *Graphites* corresponds to both forms of this scrofulous affection. In relation to the ophthalmia we have: heat in the eyes, sensation of biting, as if from something acrid; swelling of the eyelids, redness and painful inflammation, burning, biting and itching in the corners of the eye, accumulation of pus, redness, inflammation and boils of the eyes, morning agglutination; dry secretion of the meibomian glands on the eyelids, great, unbearable sensitiveness to the light.

Hartlaub distinctly remarks: *Graphites* open the swollen photophobic eyes of scrofulous children, with simultaneous crusty eruption of the face. In relation to the eczema *Graphites* is especially serviceable when occurring in the face, nose, lips, etc., with painfulness and moisture below the crusts; crusty ulcers, crusta lactea, especially the scrofulous habit with lymphatic œdema, blonde hair, pale face, depression of spirits, etc.

A boy five years old, badly nourished, who had passed through a scrofulous gonitis, which left him with a deformed knee, was attacked with a severe scrofulous ophthalmia of the left eye. For weeks he was unable to open it; hot tears escaped immediately after each trial; the neighboring integument was surrounded by small phlyctænæ, and small pustules; eruption over the whole face; perceptible aggravation from crying or rubbing. *Calc., acid nitr., sulph.,* etc., brought only transient amelioration; relapses always took place, when three symptoms led us to the selection of *Graphites*: the intense photophobia, with simultaneous nightly agglutination of the eyes, the obstinate constipation of the little patient, the rhagades around the corners of the mouth. Received *Graphites*,² a few grains every morning, and its beneficial effect was most astonishing, for after one week the boy was well.

EXANTHEM AROUND THE NOSE. — A girl of eleven had for eight weeks an herpetic eruption around the nostrils, accompanied by a characteristic scrofulous ophthalmia, with redness, photophobia, and lachrymation, swollen lips, swollen nose, with fluent coryza *Graphites*,¹² three drops in a glass of water, morning and evening, a teaspoonful, removed all those symptoms in a week, but caused an erysipelas of the right cheek, with headache; after desquamation of the affected part she was perfectly well. — H. GOULLON, JR. — *Translated in N. H. Jour. Hom.*

TRAVELLING WITH THE MEASLES. — This advertisement appears in the *London Times*: "Should this meet the eye of the lady who got into the 12.30 train at New-cross Station on Friday, May 15, with two boys, one of whom was evidently just recovering from an illness,

she may be pleased to learn that three of the four young ladies who were in the carriage are very ill with the measles, and the health of the fourth is very far from what her relations could desire." It would be difficult to imagine anything more delicate. — *Sanitarian*.

DIPHTHERIA.—In the nasal form of diphtheria, a sanious discharge from the nose attracts attention, after some febrile disturbance of a low type. The glands about the angle of the jaw begin to swell, the arches of the palate and tonsils become red and swollen, muco-purulent fluid bubbles in quantity from the narrowing isthmus of the fauces. After a few days the disease may partially subside, or it may rapidly spread to the larynx and pharynx. This form, most common among children, resembling in its early stages a severe form of influenza, is very apt, by the physician who does not take sufficient time to examine his case, to be mistaken for that disease, until the golden opportunity for correct action may be lost. — *Jenner, quoted in Med. Union.*

GUARANA.—In Parry's *Food and Dietetics*, we find Guarana noticed as follows (pp. 351, 352): "It is used extensively in Brazil, Guatemala, Costa Rica, and other parts of South America as a nervous stimulant and restorative, and also as a refreshing beverage. According to late reports, 16,000 lbs. are annually exported from the city of Santarem.

"The fruit, which is about the size of a small walnut, contains five or six seeds. The seeds are roasted, and, after being pounded, are made into a thick paste with water, and formed into round or oblong cakes, which are dried in an oven or by the heat of the sun, and called guarana bread. The cakes are scraped or grated when required for use, and the powder produced possesses a light-brown color, an odor faintly resembling roasted coffee, and a bitter, astringent taste.

"It contains, in addition to empyreumatic oil (developed by the process of roasting) and tannic acid, a substance called *guaranin* by Theodore von Martins, but shown by Dr. Stenhouse to be identical with thein. This alkaloid is stated by Dr. Stenhouse to be present to the extent of 5.07 per cent, or, according to the results of the same observer, to the extent of twice the amount contained in good black tea, and five times that contained in coffee; the actual figures given for tea being 2.13 per cent, and for coffee, 0.8 to 1.0 per cent. For Paraguay tea, the amount mentioned is 1.25 per cent. . . .

"Guarana is used in South America, to some extent dietetically, but chiefly therapeutically, as a stomachic and febrifuge, and as an astringent in catarrhal diarrhœa and dysentery. It is either eaten with cassava or chocolate, or taken as a drink in sweetened water. In the United States it is employed as a nervous stimulant and restorative, and attention was directed to it some years ago in France, by Dr. Gavrelle, who had held the post of physician to Don Pedro of Brazil.

"Alcohol, it is stated, forms the only agent which completely extracts its active principles. Ether and water only do so imperfectly. A watery infusion, therefore, will fail to possess the virtue belonging to guarana.

"Guarana appears for some time to have enjoyed a high repute in

France as a remedy for *migraine*, or sick-headache; and attention has been recently directed to its employment for this purpose, in England, by my colleague, Dr. Wilks. Articles upon the subject have appeared during the year 1872, in the *British Medical Journal*, and another article, by Mr. M. C. Cooke, is to be found in the *Pharmaceutical Journal* (third series, vol. 1, p. 221). From these sources the author's information has been chiefly derived. The experience that has been collected shows that in some cases of sick or nervous headache, it affords the most marked relief, whilst in others it proves utterly useless."

A. J. Eidson, M.D., contributes to the *American Medical Weekly*, the following:—

"In the spring of 1870, while I was practising in Schuyler County, Ill., Colonel Dutton brought with him a quantity of guarana from South America, which he said was used by the natives as a beverage, prepared similarly to coffee. They also used it to prevent sleep and maintain their powers of endurance when on long journeys and deprived of food.

"A further trial proved that its effects were to keep up the strength, prevent exhaustion, headache, hunger, and sleep; producing a slight exhilaration of mind, replacing despondency with hope and cheerfulness; and it accomplished all this without the individual being conscious of any drug result—he felt perfectly natural, but remarkably well and fresh. My location, at that time, was in a highly malarial district, and I was suffering from frontal neuralgia and chills, and had worn out quinine, arsenic, and most of the anti-periodics. While using guarana I had neither. The supply of the medicine becoming limited, and not knowing that it would ever be in the general market after once exhausted, I was not disposed to experiment much further, and will only mention two cases of opium poisoning treated successfully with it: one was a child a year old, to whom an overdose of tincture of opium had been given; the other, a young lady who had taken four or five grains of sulphate of morphia, with suicidal intent.

During the last few months, I have used the fluid extract of guarana with good effect in spinal irritation, hysteria, delirium tremens, hypochondriasis, and migraine. I have cured one obstinate case of chronic diarrhoea associated with sun-pain, in an old person, when everything else failed. The medicine was used as a drink, prepared from lump guarana, as coffee, and taken with the meals three or four times a day. All other medicines were discontinued. I have also used it in stupor, occurring in a case of typhoid fever, with complete success in forty-eight hours. In sick-headache it is the remedy *par excellence*, and if it had no further application, it is as indispensable in the list of curative means as any that we possess."

PERSONAL.

As Dr. Ira Barrows, a leading physician of Providence, was riding this morning in a top buggy, the forward axle broke, the horse ran away, and the doctor was thrown out. A hook on the carriage top caught in his eye and tore it completely out.

REVIEWS AND NOTICES OF BOOKS.

. Books sent to THE GAZETTE for notice will, after suitable examination and criticism, be presented to the College Library, where they will be accessible to the profession under the rules of the library.

CLINICAL LECTURES ON DISEASES OF THE URINARY ORGANS. — Delivered at University College Hospital, London, by Sir Henry Thompson. 2d Am. from 3d English Ed. Philadelphia, Henry C. Lea.

To have passed through three editions at home and two abroad, within the short space of five years, is not of necessity a proof of transcendent merit even in a medical work, but to have attracted the attention of the best in the profession, to have met with their almost unanimous praise, and thus to have found its way so speedily and extensively to the lower strata of practitioners, is evidence of true value which no one can reasonably doubt.

The work before us belongs to the few which have fallen at once into the places they were intended to fill: firstly, because there was a place to be filled; and, secondly, because it has proved especially qualified to fill it. It has been so favorably noticed by the medical press, and is already so widely known, that it would be a work of supererogation on our part to add our own praises at this time, were it not that thoroughly good and reliable books are really very much more rare than we are generally led to suppose; and that physicians, although they are not permitted to swear by any authority, invariably, or nearly so, seize upon, clutch to themselves, and defend tooth and nail whatever teachings may fall in their way during the more plastic years of their professional lives. It is the duty of the press, therefore, to keep before men's eyes the best works of the day, and to sink out of sight and out of mind as speedily as possible the trash with which we are nearly overwhelmed.

Sir Henry Thompson, one of the foremost of living British surgeons, — and the foremost of any land may always be counted with ease on the fingers of the hand, — is qualified to speak on the subject of the book as are few others to-day. This may be inferred from the interest with which the reports of these lectures, as first published in *The Lancet*, in 1868, were read both in England and on the Continent, and also from the fact that a number of the ablest surgical works which have appeared since the date mentioned in treating of diseases of the urinary organs bear evidence of having drawn many of their best inspirations from this source. As the author has already placed his mark deeply and lastingly upon modern surgical science and art, we are conscious of bringing nothing new to professed surgeons while speaking of this work in terms of commendation; but among that large class of physicians in this country who are not in the habit of calling in surgical aid whenever the catheter has to be passed, and who are so placed that they could not do so if they would, there must

be many who are casting about for a reliable treatise on the subject in question, and their attention, more especially, we are desirous of calling to the work before us.

In this connection we cannot refrain from expressing surprise that a man of so clear and philosophical a mind as Sir Henry Thompson, who is engaged in weeding out other errors besides those of his own branch of the profession, should be guilty of perpetuating terms as confusing and unwarrantable as "surgical diseases," which he declares to be the subject of his lectures, and which he vainly attempts to define without appearing to see distinctly that it is incapable of a satisfactory definition. It is one of those relics of a time when surgery was in its infancy, when surgeons were lowly, respectable members of the profession, and prohibited from treating any but a very limited class of diseases.

To-day, surgery is a science as well as an art, and as such it is so intimately bound up with medical science that we are no longer at liberty to speak of surgical diseases as a class distinguishable from any other, but should have it plainly understood that there is a surgical as well as a medical treatment of diseases in general, and that they go hand in hand instead of excluding each other. This is mentioned here merely in passing. On some future occasion we shall have a word more to say on this subject which has wide and important bearing by no means as fully appreciated as it should be.

The more general virtues of the book may be characterized as surgical virtues, and are those of clearness, directness, and the thorough mastery of the various subjects. The absence of verbosity, of bungling, and vagueness in the diction is gratifying in the extreme, and lends a charm to the whole book which all medical students and those who are in the habit of referring to the voluminous works of the majority of writers on surgery, and we may say on midwifery and general practice, will sincerely rejoice in. The happy results of these virtues are the smallness of the volume on so extensive a subject, and the frequency with which perfect gems of expression occur in it, embodying valuable suggestions, plain rules, unmistakable directions, and careful distinctions. As the author is not only a thorough surgeon, but a teacher as well, these results are gained by "the colloquial style peculiar and appropriate to the class-room," which has been most wisely and carefully retained in preparing the reported lectures for this volume.

It is impossible here to enter into a detailed consideration of the manner in which the various subjects are treated; but in order to show the scope of the work, we mention cursorily the topics of the fifteen lectures of which it consists.

The first deals generally with the diagnosis of diseases of the urinary organs, and shows how, in the majority of cases, by four leading questions, the most important facts may be gathered concerning which it is essential that the examiner, be he surgeon or physician, should be informed. Having considered the practical bearing of these questions in detail, as well as the minor extensions arising from them, the necessity for ocular inspection and physical exploration by means

of instruments is urged in so lucid a manner that it cannot fail to inspire enthusiasm for modern surgical science, more especially when we read sentiments as advanced and humane as this among others (p. 13) : " I hold that an instrument, *per se*, is an evil, — a very small one or a considerable one, according to the manner in which it is employed, — and that it should never be used unless there is good reason to believe that a greater evil is present which it may mitigate or cure."

The three following lectures are on stricture of the urethra, and, surgically speaking, they may be said to present all that is worth recording to-day concerning this subject, which is still much misunderstood among the general run of practitioners, notwithstanding the light shed upon it by German and French pathologists, within the last ten years. There is good reason to assert that few even among experienced physicians will read these three lectures without adding materially to their pathological knowledge of the subject and to the confidence with which they will approach future cases. The old classification of spasmodic, inflammatory, and organic stricture is fully exploded and replaced by a much more scientific and practical one.

Lectures V and VI treat of hypertrophy of the prostate and its consequences, and retention of urine, in such a manner as to divest these diseases and their treatment of so much of the doubt, uncertainty, and confusion with which they have been hitherto surrounded as to make them a joy to the student and practitioner, instead of a soul-weariness and a bugbear, as they are in the present day to the great majority of those who are not professed surgeons, and who are, nevertheless, called upon to deal with them many times in every year.

Lecture VII is taken up with extravasation of urine and urinary fistulæ; and these, likewise, are robbed of many of their terrors by being presented in a clear and practical light, while the five following lectures are devoted to stone in the bladder, the relative value of the operations of lithotrity and lithotomy which Sir Henry Thompson has done so much to perfect and assign to their proper positions, and to the early history of calculus, and the treatment best adapted for its prevention. Although the first three of these subjects are of special interest only to the surgeon, we doubt whether any properly constituted physician can take up the book without reading through these chapters, as well as the third which, comes more particularly under the province of medicine. They are all replete with original suggestions and information, of which no small amount has already become so much the common property of scientific surgeons that they are beginning to forget to whom they are indebted for it.

The three remaining lectures deal respectively with cystitis and prostatitis; paralysis, atony, juvenile incontinence and tumors; hæmaturia and renal calculus, in the same masterly manner that has marked the previous ones. No man can read them without feeling that his knowledge has not only been worked but winnowed and ordered as well.

Since these lectures were delivered in the perfected and enlarged form in which we have them before us now as late as the term 1872-74, it is a matter of some little surprise, that in speaking of renal cal-

culus and pyelitis the author should have failed to mention the successful extirpation of a kidney by Professor Simon, of Heidelberg, an operation which is designed to relieve a condition quite as destructive to life as ovarian disease, and attended with even greater suffering; an operation, moreover, of which the value is by no means lessened from the fact that a second case which occurred in the summer of 1871 proved unsuccessful. The patient, an American lady, survived the operation five weeks, until the external wound was nearly healed, and leave was about to be granted her to leave the hospital for her own residence, when in consequence of an error in rest, the result of a most unpardonable act of wilfulness, the wound took on renewed inflammation, which spreading to the peritoneum caused speedy death.

We have not hesitated to bestow unqualified praise upon this book, which, from a surgical point of view, is one of the most admirable with which we have met. It would not be difficult, however, to point out certain matters contained in it which might be made the subjects of some mild, adverse criticism if they were not wholly unimportant. From the homœopathic standpoint we have the less to find fault with, as everywhere in speaking of medicinal treatment the author deprecates the abuse of palliatives, as they are still so largely employed by surgeons, — and we may add by homœopathic surgeons, too, for that matter, — and urges the necessity for careful individualization in the use of drugs.

It is cheering to meet even here, in so thoroughly a surgical work as this, with a fling at homœopathy. On page 152, in speaking of the small quantities of natural mineral waters requisite to produce a salutary effect in calculus diseases, the student is warned against compounding these doses with those of homœopathy; and a most naive explanation of their *modus agendi* is attempted, their virtues, of course, being ascribed to their purgative properties, a view, we submit, which can only linger now in a surgical mind or a very crude medical one.

In conclusion we take much pleasure in calling attention to the excellent paper and print in which the work appears, and in which the American publisher, Henry C. Lea, again shows himself to be fully alive to the duties and responsibilities of his noble calling. W.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. By James Tyron, M.D. Philadelphia: Lindsay and Blackiston.

We regret that our space does not allow of a more extended notice of this valuable little book at this time, as it is one for which a pressing need has been felt in English medical literature for a number of years. In our next issue we hope to draw the attention of our readers to it in a more detailed review.

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No. 2.]

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[VOL. X.

GLONONIN OR NITRO-GLYCERINE.

[Concluded.]

- . *As if warm water were running upward from nape of neck. 206.
 - . Below the right eye, then above. 827. Down the jaws. 835.
 - . Downward through limbs and whole body. 1318.
 - . *Upward in chest, and down left arm. 1074. Down the arms. 1219.
 - 1390. From within outward, throbbing. 277, 283. Piercing. 315, 760.
 - . *From across the shoulder-blades to the anterior part of chest, sharp, cutting pains. 1082. Cutting pain from left shoulder forward. 968. From heart to shoulder-blade. 1085, 1086. From shoulders to back of right hand. 1231.
 - . The very first sensations after taking the medicine went from below upwards; but after two minutes, from above downwards into the arms, and thence farther, into the knees. $\frac{1}{30}$. Jeanes.
 - . Rising from the heart to the throat. 1093.
 - . Heat rising from the chest to the head. 306, 499, 798.
 - 1395. *Feels something rising* from right hypochondrium, through the chest to the head, as if the blood were mounting to the head, and throbbed there; immediately. J. W. 497-500. From left hypochondrium upward. 984, 1076.
-
- . *Left, then right*; then left; pain in the elbow. 1227.
 - . Cracking in the *right* hip and knee; then in the *left*. $\frac{1}{30}$. Jeanes.
 - . From right to left, without ceasing in right. 846.
- Left.** . *Convulsions. 59. Face. *826. Twitching in orbit of

eye. 1079. Stitches in eye. 730. Pain under eye. 844. Pain behind eye. 689. Redness of the eye. 709, 731, 774. Heat in eye. 730. Fulness in ear (Wn.) and nose. 779. Pain behind ear. 689. Crackling in ear. 776. Buzzing. 774. Ringing. 775. Pain down mastoid process. 761, 830. *Tic douloureux. 826. Pain in malar bone. 458, 829. Pain in decayed teeth. 843. Burning itching of cheek. 820. Prickling. 199, 877. Pain in tip of tongue. 871. Pain in nape of neck. 665, 846. Stitch in tonsil. 916. Pain in the hypochondrium. 981-984, 1076. Soreness in Iliac region. 1068. Cutting pain in left shoulder. 968. Worse left; trembling and coldness of hands. 1237. Pain and weakness in elbow. 1228. Numbness in arms. *66, 1074. Arm and middle finger-joint. 1225. Finger. 1248, 1249. Leg. *66, 1267-1275. Foot. 1267, 1271.

Right. . 1400. Pain below the eye. 826. Pain above the eye. 320, 373, 463. Tension above eye. 444. Sharp pains in eye. 727, 728. Pressure in the orbit. 724-726. under the eye, then above. 827. As if focus of eye were displaced. *734. Piercing from the ear to eye. 753. Heat exterior canthus. 729. Tensive pain behind ear. 754, 755. Sharp pain in the ear. 761, 762. Throbbing in ear. 959. Dull pain in ear. 763. Pain in temporal bone. 783. Twitching in root of nose. 782. Pain in gums. 846. Heat in cheek. 803. Aching in the lower jaw. 836. Pain in mastoid process. 831. Toothache. 845, 848. Piercing above and below nipple. 1080. Contractive sensations in the elbow. 1229. Pain worse. 1227. Wrist. 1227. Trembling of the hands worse. 1236. Back of hand. 1231. Pain third finger. $\frac{1}{30}$. 1246. Cracking in the knee. 1265. Right leg. 1264, 1281. Burning itching of heel. 1266. In self and others, symptoms of the right side were stronger and more lasting than on the left. $\frac{1}{10}$. Eichorn.

Action. . According to Valpeau, very little effect! (986.)
 . Without repeating the dose, the acceleration of the pulse is repeated, and all other symptoms return at the same time. $\frac{1}{250}$. Little. 507, 516, 661.
 . Repeated doses increased the headache, but did not increase the pulse. $\frac{1}{130}$. Sch., many cases.
 . When he feels it in his head, he perceives it less in his heart, and thus alternating. $\frac{1}{100}$. Ok.

1405. During fulness of the heart, the undulating pressure ceased in the head. Smelling. Geist.

Duration of Action. *Quite well after 31 min. Cle. Aft. 20 min. $\frac{1}{500} + \frac{1}{200}$. Smith. After 10 min. $\frac{1}{200}$. Smith. Languid condition lasted about half an hour. 11.

. After 8 min. the sensation in the head and palate have ceased entirely, except a slight sensitiveness. $\frac{1}{150}$. Smith.

1410. The throbbing in the head continued about an hour and a half; the other symptoms till I went to sleep at night. Hawley.

. The throbbing pain in the temples continued to increase for about ten or fifteen minutes, then gradually diminished, and in about half an hour became considerably easier; the feelings of nausea and giddiness also were lessened, but on returning up-stairs very fast, about three quarters of an hour after taking the medicine, all the symptoms returned with double force. The temples ached and throbbed excessively, and there was great nausea and giddiness. However, in a few minutes, there was an abatement of these sensations, but leaving slight nausea and throbbing pain in the temples. Brangwin.

. I have observed that *if several glasses of wine be taken shortly before the Glonoin, the headache lasts persistently several days, and is relieved neither by wine, coffee, nor Nux vom.* Lippe.

. Many become more and more *sensitive* to the remedy, and its effect is of longer duration. Z., Sch., C. Hg. and others.

Times of the day. Dreams in the morning. H. E.

1415. Morning of third day, — on rising, colic and diarrhœa.

*It may be asked, why I related only a single proving of my own? Because being exposed to the smell of the Glonoin in giving out the pellets to others, I experienced a headache, to cure which I often drank coffee, until this had no more effect, and the sensitiveness to the remedy became still greater. I had collected a quantity of symptoms, but discarded them as not sufficiently reliable. If one expose himself repeatedly to the action of any noxious substance, the hurtful influence always increases. The prevailing opinion that one becomes inured to such agents is entirely false. Whatever acts once must always act, but the established action may gradually change, perhaps becoming less noticeable. There always results a lasting, chronic, and finally an organic change, which is continually fostered by repeating the dose. Provings with Glonoin, too often repeated, would produce organic disease of the brain. My recorded proving was simply made to see what influence breathing had upon the headache. It would be well if we had more observations upon the latter condition. C. Hg.

1018. Weariness in the morning, as after a night's debauch. 504. *Worse in the morning when morning. 206.

- . Better in the morning. 510, 535.
- . Afternoon, attack of vertigo; evening, pain in the sacrum. Gdr.
- . Especially increased later in the afternoon. Glonoin water. Z.
- . Afternoon, third day, languor, pains in head and limbs. 394.

1420. Stool in the evening. 1021.

- . Night diarrhœa. 1019. Wakeful with nausea. 944. Worse at night. 1058.
- . *Pain in teeth only at night. 844.

Temperaments and Conditions. (See 504-611, 662-668, 1403-1406, 1438-1508.)

- . Females of florid complexion, plethoric habit (less useful in transient flushes of anæmic individuals). Ok.
- . Tall, robust, stout, a married lady, at time of menstruation. Glonoin acted after a few minutes. Dgn.
- . Strongly built, short-necked, florid. Action after a few minutes. Symptoms disappeared shortly. Junod.
- . Bilious-sanguine, readily affected. Mrs. M. J. C.
- . *Bilious-sanguine, three cases. Coxe.
- . Nervous-sanguine, readily affected. C. Hg., Dgn., *Coxe.
- . Bilious, dark. Eruption followed some time after. Emma Rowsell.
- . Short-necked ("apoplectic habit"). Short action of Glonoin. W.K.
- . Dry, spare, not sensitive to drug action; little effect of Glonoin. Dr. Whitey.
- . Tall and robust; not affected. A man. C. Hg. Large and strongly built. Readily affected. E. P.
- . Sensitive to the action of medicines. Readily affected by Glonoin. W. P. W.
- . *Sensitive women, C. Hg.
- . A lady, delicate, thin. From first dose no action; another time Glonoin acted after two min. till following morning. Dgn.
- . Of mild, quiet disposition. Readily affected. J. Fr.
- . Following mechanical injury; sensation of elongation, pains, etc. 25, 79, *670.

1425. A supper of oysters and stout at 10½ o'cl. removed the nausea, but pain in temples continued and was very readily aggravated by any exertion of walking, talking, or reading. Brangwin. Aft. ¾ hour, oysters and stout in moderate quantity took off the sick feeling. Süß. Hahn.

- . Better after supper. $\frac{1}{100}$. Geist. After dinner. Belding. (After eating, no relief of pain in stomach. 971.)
- . *Coffee* aggravates the symptoms if *wine* has been taken.

- $\frac{1}{250} + \frac{1}{160}$. Lippe. Neither tincture nor chewed kernels helped sympts from Glon. water. Z.
- . *After drinking coffee*, the headache, from preparing the Glonoin, *improved*. John's assistant. The symptoms improved. $\frac{1}{50}$. C. Hg., young man. 55. Sensations in abdomen relieved. Wn.
 - . Coffee caused vomiting of a dessert-spoonful of frothing saliva. Gellar.
1430. Wine aggravates the symptoms. *670.
-
- . During empty swallowing, throat painful. 861.
 - . Before and after stool, pinching in abdomen, 990; during stool, rumbling, 994.
 - . *Following exposure to the sun*, toothache. 846; syncope. *73, *78; prostration, *73, *77.
 - . In the open air, vertigo. 94. Nausea relieved. Jackson, Wood. 93, 953. He *grew better* in fresh, cool air. Sch.
1435. Dry climate; facial neuralgia. 826.
- . In childbed, convulsions. *1041.
 - . During menstruation. 1037, 1038.
 - . *During the climacteric*, nausea, with loss of senses and congestion. *1040.
 - . After mental or physical effort, convulsions. *66. Symptoms from mental effort. 14, 380.
1440. *Motion*, especially walking, aggravated symptoms in head and abdomen. 562. From motion, vertigo. 942; R. knee. 1265; left knee. 1270.
- . Worse when up, obliged to lie down; faintness. 45, 92, 107, *323.
 - . Disliked to be aroused when partially insensible (when fully sensible, she had headache). 44, 13.
 - . When falling asleep, awakes with fear of apoplexy. 1347.
 - . When the frog was left quiet the spasms returned at regular intervals. 62, 63.
1445. After lying down at night, anxiousness and palpitation; was compelled to keep the head high. 1119. Must have head high, with nausea, etc. 55.
- . When lying down, sensation as if neck were grasped. *670
 - . Symptoms always worse during rest; the longer the rest the more they become aggravated, but with intervals of cessation. C. Hg. *1263, 1276, 1312.
 - . After sleep, next morning better. 510, 535.

- . When lying on left side rumbling in abdomen. 994; palpitation worse when lying on left side, and better lying on right side. 1119.
 - 1450. While sitting and leaning back after eating, palpitation; better on walking about. 1119.
 - . When standing, worse, better when sitting; a strange, warm feeling. Fr.
 - . When attempting to read in a standing position, faintness. 48. When moving, sitting erect, diarrhoea. 1018. While sitting, legs go to sleep. 1255.
 - . Walking increased palpitation. 1118. Abdominal symptoms. 562.
 - 1455. Eyes feel worse *on moving them*. 717. When moving head, pain in nape. 129, 667.
 - . When rising, vertigo. *88, with nausea. 89. (Not increased by moving the neck. 928.)
 - . *When stooping*, stitches in the region of the heart, with palpitation. 1117. Vertigo. *87, *88, 93, 1117. Pain in epigastrium. 972.
 - . When turning around, vertigo. Gdr.
 - . When throwing back the head, pain in nape. 667, vertigo. 84.
 - 1460. Twists the arms, relieving nervousness. 1216.
 - . When pressing the temples, misty before the eyes. 160. *Near malar bone, sore when touched. 844. *When pressing upon it* the pain in the mastoid process is worse. 830. From pressure, pain in epigastrium. 972. Sensitiveness back of head and neck. *670. From the lightest touch, or even blowing, spasms (in a frog). 62, 63. Pressure of clothes causes tension of head and neck, as if they were laced in. 665.
 - . Worse during and *after* pressure (ear, temple). 755. No effect from pressure, but worse after pressure. 831.
 - . Worse in a warm room; griping, as if in the rectum, and urging to stool. 1009.
 - . Worse from hot applications, relieved by cold, toothache. 846.
 - 1465. Cold water poured on top of head produced spasms, followed by vomiting. 610.
- Antidotes.** After smelling of *Camphor* the throbbing headache ceased, also toothache, and the feeling as if something were moving in the head. Preparat. Z.
- . Took *Camphor*, which helped him a little. J. W.

- . All the symptoms continued two hours without abatement, when the inhalation of *Camphor* seemed to mitigate some of the symptoms, but the more prominent remained uninfluenced. Colby. 55.
- . After five drops of *Glycerine* the headache ceased in five min., which with the same dose had lasted seven hours the day before. $\frac{1}{250}$. Mrs. St.
- 1470. *Nux* relieved in the evening. 644.
- . *Aconite* in a high potency did not relieve, but a few drops of *Aconite*³, after supper, relieved soon and entirely. Glon. water. Z.
- .*After *painless* throbbing, congestion to head had been gradually cured by *Glonoin*; a *headache* appeared in *left temple* and whole side of head, which *Spigelia* cured. 206.
- . *Soda*, which usually relieved his nausea, had no effect. $\frac{1}{1000}$. C. Hg., ext. from letter.
- . Took two (allopathic) doses of *Soda* (*Bi Carb.*) to cure nausea, without effect, though a single dose generally relieves such symptoms when I have them. Hupfeld.
- . (*If wine has been repeatedly taken, neither *Nux*, *Bel.*, *Acon.*, nor *coffee* help headache. 590.
- . *Brandy* relieves during vomiting, headache, and soft stools. $\frac{1}{250}$. Sch. *825.
- 1475. *Coffee* relieved. 592. Drinking *tea* relieved headache aft. Glon. water. Z. 591.
- . After *drinking water*, tickling in the throat ceased. 910, 986.
- . Eructation relieves pain in stomach. 968. *Passing flatus* relieved. 1003.
- . *Water* dashed over the face relieved. 42. *Bathing* in the river relieved. Z. *Snow* applied to the temples relieved. 362. *Hot and cold water* alternately relieved pain in the nape. *670.
- . *In open air*, vertigo better. 93. *Diarrhœa* better. 1009.
- 1480. *Walking* relieved pain in limbs. 1284. After *walking briskly*, catamenia returned the following morning. 850.
- . After *sweat*, nausea relieved. 782, 939.
- . Disposed to take *deep respiration*. 1047-1049, 1059, 1078, 1331, 1332.
- . Inclination to *stretch backward*. 1207.
- . *By an effort of will* could fix his attention. 20.
- Other Remedies.** 1485. (See p. 61.) In deafness, *Glon.* helped when *Glycerine* gave no relief. 772.

- . Instead of *Morph. Sulph.* in (facial?) neuralgia. *824.
- . Headaches, *138, returning after some time, nearly as severe as before, were not relieved by *Glon.* Relief from *Nat. carb.*⁶, and finally *Bryon.* *138.
- . *Bellad.* See *79. Palpitation began aft. *Bell.* taken for headache. $\frac{1}{250}$. *Geist.*
- . *Bel.*, *Acon.* *68. *Bry.*, *Cic.*, *Kali bi.* *203.
- 1490. Teeth decay after *Mercury.* *846. Headache aft. *Kali bi.* *359.
- . *Camphor* and *Bel.* 55.
- . According to Edwards, similar to *Strychnine.*
- . In the true *cri encephalique*, *Sulphur* often relieves promptly. 65.
- . *With *Aurum Mur.*, *Glon.* relieved neurosis cordis. Kafka in *Revue Hom. Belge.* 1874.
- 1495. *Verat. vir.* relieved in sunstroke. *75.
- . After *Nux*, headache and nausea improved. 644.
- . *Headache returning aft. *Kali bichrom*, relieved by *Glonoin.* 12. C. Hg.

A SUMMARY OF THE MOST IMPORTANT SYMPTOMS (PRODUCED OR CURED).

Mental (and Sensorium). Fear and terror, especially fear of the attack, with sensations in throat. Agitation, attempts to run away. Dulness, weariness. Well-known streets seemed strange, way home too long; forgot which side of street her house was on. Chin and teeth *felt elongated*, head, lips, tongue, throat *felt swollen.* *Confusion, vertigo,* undulating sensation, faintness when moving the head or stooping. Syncope after or before nausea, unconscious in pregnancy, with congestion, with spasms. Convulsions after delivery, at menstruation, in children, epileptiform. *Effects of sunstroke.*

Head. Dulness in front, heaviness, dull pain in forehead, vertex, occiput. Pressure from without inward, as if by a weight, as if screwed up; *pressure from within outward,* especially in temples, *from below upward,* especially in vertex, as if the head would burst, as if the brain were too heavy and large for skull, were forcing itself out in front, had grown, as if something were pumped in, as if moving in waves, *as if the skull were too small.* (As if the brain were too small.) Pressure gradually increasing. Fulness, as if hanging with the head downward. *Sudden violent*

congestions, with headache, with painless throbbing. *Throbbing* felt with every stroke of the pulse. Throbbing in the forehead, *in the temples*, from front to vertex. Throbbing and pressure especially above the ears. Piercing, cutting, darting, twitching, drawing, racking, stinging, jerking pains. Soreness and aching. *Sensations of motion* within the brain (rushing, trickling, wavelike). Especially affects occiput and nape. In forehead and temples, pressure, piercing, throbbing, right, left, *in both*, from right to left. From back to front. The pains, heat, fulness, and other sensations rise *from below upward*, beginning in the chest, back of neck or occiput. Worse mornings, forenoons, afternoons and evenings *when shaking the head*; after shaking, not increased by violent shaking, but by light shaking when turning the head, when *moving the head, stooping, when lying down*, stepping, rapid motion, jarring when rising, when going up stairs, worse from pressure, *pressure of hat could not be borne*. *Better from pressure*, holds head with both hands, patient pounds the head against a wall. Better in the open air. During headache shudders and weeps, eyeballs protrude, face and eyes congested, *nausea and vomiting* with the headache, knees give way, headaches at the menstrual period. *The pains soon pass away*; after wine the symptoms last several days.

- Eyes.** Lifeless, dull, sunken, fixed, strange, staring, wild, dim, tearful, hot, bloodshot, protruding, pupil dilated, contracted in sunstroke, lids puffed; drawing, pressure, aching, bursting pain, soreness, quivering, heaviness, twitching, stitches; *flashes, sparks*, black spots, dancing objects (with every pulsation), confused vision (when swooning), *dimness of sight*, blindness, weakness, photophobia. Especially right.
- Ears.** Above and behind the ears, especially right; throbbing, piercing, tensive pain, ears redder. Fulness, as if stopped, stitches, ringing, deafness. In right ear throbbing, piercing, stitches. In left, fulness, stitches, ringing, buzzing, crackling.
- Nose.** Pains in root of nose, glabella. Headache extends to nose.
- Face.** Pale during heat, during congestion to head or chest. Heat during headache, etc. Red face. Flushes. Sensation of flying heat. Sweat on the face. Neu-

ralgias. Pain and stiffness in articulation of lower jaw. Masseter muscles affected, left and right.

Teeth. Pulsating, throbbing pains, drawing, stabbing, sensation of elongation, in decayed teeth.

Mouth. Burning in various small places on lips. Sensation as if the *lower lip* were swollen. Saliva increased.

Tongue. Numbness, burning, sensation as if burnt, biting, pricking, stinging, burning at one point. Tongue swollen, *feels swollen*. Milk-white,* without coating in typhoid. Affects left side. Taste of the *Glonoin*, sweet, warm, fatty, disgusting, aromatic, resembling cinnamon, ether, pine-wood. Bitter taste, with nausea.

Throat. Hard palate, sensitive, as if swollen. Dryness, sense of contraction of soft palate. Roughness, dryness, tickling, throbbing, soreness, heat, choking, *sensation of swelling* in throat. *Tightening around the neck*, sense of constriction of throat and larynx. Stinging, etc., in small spots.

Stomach. Nausea and vomiting, with the headache, with vertigo, congestions. Vomiting with sunstroke, in hydrocephalus. Desire to drink water, to smoke. In epigastrium, heavy pain, distress, cutting, gnawing, throbbing, heat, soreness, death-like faintness. Pain in left hypochondrium. Rumbling in abdomen, *flatulency*, belching wind, passing offensive flatus.

Stool. Loose, scanty motions; copious, loose, dark, lumpy motion. Diarrhœa with nausea, with griping, with shuddering and heat in the anus. Relief after stool. Constipation.

Urine. Increased. Highly colored. *Contains albumen*.

Female Sexual. Instead of menstruation, congestions. Flushes, etc., at menstruation, during climacteric, in pregnancy.

Chest. Heavy, *labored*, *deep* respiration. Congestion. Oppression as if from a weight. Oppression and constriction. *Tightness* as if laced. Shortness of breath. Inclination to sigh. Numbness. Piercing, prickling, tickling, cutting stitches under sternum. *Sensations upward* in chest. Congestions alternate with headache. Sweat on chest.

Heart. In region of heart, stitches, sharp pains, pressure,

* The white tongue is not necessarily *without* a coat; it may have a *light coating*, as if of white paint, perfectly smooth, but very thin. *Pulsatilla* has a similar tongue, but it is clammy. The most similar tongue is under *Bismuth*. *Lippe*.

sense of fulness, heaviness with laborious action, heat, violent pains. Towards back, between shoulders. Anxiety, weakness. From heart upward. *Violent palpitations*, shocks, *congestion alternates with congestion to head*. Palpitation with vertigo, flushed face. Worse when stooping, lying, leaning back. Blending of sounds. Violent throbbing of carotids. Enlarged temporal veins.

Pulse. Remains unchanged. Pulse much accelerated. Immediately accelerated. Diminished frequency after acceleration. Later, rising and falling alternately. Increased during headache, motion, while walking. Full, tense, soft and full, wiry, small and rapid.

Back. Pain down the entire back, lumbar and sacral region, shivering downward. Between the shoulders, burning, cutting, crawling, old contusions.

Limbs. In arms, heaviness, *numbness*, prickling, *weakness*, sense of fulness, uneasiness, warmth, dull pain. Hands and fingers, weakness, prickling, stiffness, trembling, pains, sudden heat, coldness, sweat on palms, *pulsation* in fingers. *Weakness in lower limbs during headache*, the knees give way. In lower limbs, jerkings, crackling, weariness, numbness, crawling, sense of swelling, heat. Relaxed and motionless in sunstroke. In knees, crackling, weakness, sharp pains, trembling. Pain in the calf. Chiefly upper left. Lower right and left.

Strength. Much affected later, — lassitude, prostration, vertigo, apathy, as if long deprived of sleep; faintness, syncope.

Whole Body. Sensations from above downward, especially in back; from below upward, especially from chest to head. *Throbbing throughout the body*. Feeling of fulness, crawling, glow, a warm, weakly sensation. *Pains and sensations in previously jarred or injured parts*. Spasms.

Skin. Face pale, face hot, itching, burning-itching and stinging in small spots.

Sleep. Drowsiness, yawning, restless sleep. Sleepless. Sleepless with fear of apoplexy. Confused dreams. Difficult awaking. Headache on awaking.

Heat. General heat, flushes, especially in face. Waves of heat upward.

Sweat. Feeling as if perspiration would break out. Sweat on the face, forehead, chest, hands. Profuse sweat.

General sweat relieving nausea, etc. Hot sweat, cold sweat. Sweat alternates with chill.

Fever. In typhoid and intermittent, violent headache. In typhoid, tongue not furred but white, or lightly furred.

ESPECIAL INDICATIONS AND CONDITIONS.

(Premising a correct counter-similarity in the symptoms.)

Indicated in: —

Consequences of emotions, — fright, anxiety, shock.

Consequences of mechanical jarring or injurious motions of parts (concussion of the brain?) with prolonged affections of the jarred and injured parts. From unusual motions, such affections as seasickness, perhaps also effects of too much riding or driving.

Effects of alcoholic stimulants (intoxication, *delirium tremens*, congestions, sleepiness, and subsequent depression), *Glonoin*, especially in the higher potencies.

Consequences of cutting the hair.

Effects of over-exposure to the sun.

Effects of chill after previous heating, — from bodily exercise, etc.

Is more suitable in seeming than in actual plethora, most for those who are inclined to rapid deviations in the distribution of blood. It is effective in their congestions to the head and heart, or to the spinal chord, especially in connection with menstruation, before or during the period at its first appearance in young girls, when scanty, during pregnancy, during or after confinement, in the climacteric; the same in suppressed hemorrhage of other parts; perhaps also in hemorrhages.

It follows that although *Glonoin* cannot be substituted in certain important instances, it still is not a polychrest like *Aconite*; but may become one at certain times, — resembling *Aconite* and others.

In those rare cases where bleeding may be considered necessary, *Glonoin* will substitute it.

When the pains and other symptoms tend upward from back to front, from temples to occiput, worse morning and forenoon (headache, languor, colic), afternoon and evening (headache, diarrhœa).

When moving the parts, worse (head, eyes, neck), shaking, stepping, jarring, walking (head, abdomen, knee, etc.).

From general motion, worse (head, heart, abdomen).

Better from moving parts, better from general motion.

When lying down, worse (head, neck, heart, abdomen).

When pressing the parts, lightest pressure, stooping, from light, after sleep, from mental effort, reading, writing, after mechanical injury, when swallowing, exposure to sun, heat, in warm room, in open air, in childbed, at menstruation, in climacteric, when quiet, when standing, lying on left, leaning backward, rising, turning, after motion, from coffee, wine.

Relieved when quiet, by motion after sleep, pressure, open air, cold applications, by drinking (after eating) coffee, tea, *Camphor*, *Nux*, etc.

It may antidote effects of lead poisoning, *Bell.*, *Digitalis*, *Stram.*, etc.

In its congestive action resembles :

1. * *Aconite*, instead of which it may often be given with great benefit when symptomatically indicated, preventing the ruinous effects of large doses of *Aconite*.

2. † *Ambr.*, *Aur.*, * † *Bell.*, *Bry.*, *Calc.*, *Fer.*, *Kali.*, *Lycop. Phos.*, *Sulph.*, *Verat. Vir.*

3. Sensations of constriction (throat, neck, chest), *Bell.*, *Cact.*, *Dig.*, *Kali.*

4. Effects of mechanical injuries, *Arn.*, *Con.*, *Hep.*, *Phos.*, *Ruta.*, *Sil.*

5. Sunstroke, — *Bell.*, *Dig.*, etc.

6. In seasickness, congestion to heart, fevers, etc., etc., many other similars should be compared and confirmed.

DISEASES.

If the above symptoms and indications appear more or less in a case of sickness, and if the other symptoms of the case correspond to the other symptoms of this remedy, according to their order, it will help in many acute diseases, and in the acute development of chronic troubles, among others in :

Mental disorders, puerperal mania, congestion to the head, apoplexy, headache, sunstroke, inflammation to the brain, dropsy of the brain, epilepsy, cramps, eclampsias, inflammations of the eyes and ears, seasickness, affections with worms, congestions of the chest, inflammations of the heart, pericarditis, hydrocardium, after scarlet fever (Neidhard), congestion to the spinal chord, and inflammation, cholera-

* In its congestive action it resembles *Belladonna* and *Aconite*, but differs from *Belladonna*, which shows more stupor and heat of the red face than *Glou.* *Aconite* differs, and shows, with the congestion and hot red face, great anxiety and restlessness with anxious tossing. *Lippe.*

† *Apis*, *Aurum*, *Bryonia*, *Calc.*, *China*, *Cinnabaris*, *Ferrum*, *Graph.*, *Hyosciamus*, *Phosphor.*, *Pulsat.*, *Psorin* (after dinner and during pregnancy), *Stramonium*, *Sulphur*, *Verat.*, *Viride.* *Lippe.*

‡ See Gross Comp. Mat. Med.

typhus, cerebral-typhus, intermittens cerebrialis, congestive fever of Western America, and various others too detailed to mention here.*

NOTE. Since analysis has shown that it is not a compound of Nitr. ac. and Glycerine, but a new-formed combination, the name Nitro-glycerine ought to be left to exploders and their working-men; the name *Glonoin* is formed according to the custom of all the great explorers, from the initials of the elements and compounds in combination, like Aldehyde and several others. C. Hg. †*Raue's Ann. Record*, 1874.

* In the Sequellae a true picture is developed of such phenomena as are wont to manifest themselves after violent or long continued congestion. If, for example, the Glonoin hyperæmia is of long duration, or if it is kept up by repeated doses of the drug, the mucous membranes participate in the morbid affection. Coryza appears; the secretion of saliva and of mucus is increased; a feeling of heat and burning in the fauces arises; at last there is evidence that the whole digestive tract is involved. The tongue has a white coat; it appears large and somewhat swollen; the papillæ project as if raw, with a biting and pricking pain. Nausea and retching set in, with gnawing, and a sensation of emptiness, soreness, and restlessness in the region of the stomach, flatulent distension of the abdomen, etc

Despite the fact that the Glonoin-hyperæmia is of a rather local character, we find at last the nervous system disturbed in many of its functions. In the sphere of sensibility, pains occur along the whole spine, and extend along the extremities. But the consequences of the hyperæmia are more distinctly pronounced in the region of the motory nervous system. Exhaustive weakness throughout the body, tremulousness of the extremities, parietic conditions of numbness, stiffness, and weight, etc Meyer.

† This, and a few additions from earlier *Records*, also a few cases added since August, 1874, have been inserted too late for reference in *List of Authorities*. See also case of * headache in *Record*, 1874.

BOTH SIDES.

IN a science in which there are many things which cannot be demonstrated, as must necessarily be the case in every system of medicine, the homœopathic science not excepted, there is much occasion for the exercise of great liberality towards the opinions of those who may differ from ourselves.

Difference of mental constitution renders a proposition untenable to one mind, which to another is conclusive.

There are minds so made up that to them the administration of a C. Mth dilution of a remedy, for the cure of any morbid state, is utter nonsense. To another it is equal nonsense to use any potency below the Mth.

Each party is brought to these conclusions by certain arguments which the mind of the other is incapable of appreciating

For these reasons the differing classes of our school have agreed to disagree, and have in general very sensibly directed their discussions to subjects on which both parties might unite in developing new facts.

But if the argumentative warfare is unprofitable, and can only result in splitting our school into schisms, ununited and therefore weak, how much more objectionable is it that either side should step out of the line of logic and take up unsanctified weapons.

If a medical journal would represent Homœopathy to the profession at large it must give to both sides an equal hearing.

To the low dilutionist reports of cases treated with single remedies, high dilutions, and long intervals, are, to say the least, not very interesting, and to the high dilutionist the opposite is equally true; for as every one knows, reports of single cases in medical journals are especially inadequate to establish the success or failure of any particular mode of medication.

It is quite certain that a patient cured by either method would be far from considering himself as unfortunate, and for any homœopathic physician to characterize a patient as unfortunate who is cured of his disease by any other application of the laws of Homœopathia than that to which he himself has

recourse in such a case, is not very far removed from allopathic illiberality.

If in the judgment of any practitioner it is desirable that a larger amount of water should be taken with the medicine, which in many cases may be a very proper method of regulating the quantity, shall we consider that he has raised the flag of opposition that shall justify us in opening our guns upon him?

The charge of impure designs is a grave one, and should not be made against an enemy, much less a friend, without the best of reasons. To hold that because a physician uses low dilutions he necessarily uses topical applications and is therefore a man of impure morals would hardly follow, in the minds of most men.

Even that he was given to physicial examinations would alone scarcely justify us in stamping him as an immoral man.

That there are such men on both sides, no one can doubt, and any one who has any regard for virtue should discountenance every such motive; but let no homœopathist strive to bring opprobrium on a large class of his own brethren by making a sweeping statement of the whole class, which can only be applicable in individual cases.

Such a course can only result in a division of our school,—an effect which would be most unfortunate, being destructive to the progress of our science, to our material success as a new and separate school of medicine, and most profoundly pleasing to our opponents.

Let us, then, remember that our watchword is the same, whatever our minor differences; and uniting under that, let us go forward conquering and to conquer, until our school shall be so dominant that we can afford to quarrel. S.

PHYSIOLOGICAL ACTION OF HOMŒOPATHICALLY
SELECTED REMEDIES.

Illustrations by S. L.

DR. HAUSTEIN (A. H. Z. No. 25, 1874) publishes the following case:—

A healthy boy, ten years old, just passed through an attack of scarlatina. May 8th. I found the face bloated, the feet dropsical, swelling and redness of the right tonsil, redness of the fauces with stitching pains during deglutition, dry coryza, pressing pain in the pit of the stomach, accelerated pulse. A dose of *Belladonna*³ every three hours.

May 10th. The same state. *Apis*³ every three hours. May 12th. During my absence from home, patient felt worse and a layman gave him *Arsen.*³ At my return I found the anasarca everywhere worse, and constant inclination to micturate, but passed very little dark-colored urine. Dyspnœa, during sleep heavy and rattling breathing; pulse 112; thirst; epistaxis once, the blood was dark; throat well. May 14th. Twitching in the extremities, dry corzya, coated tongue, rattling cough with mucous expectoration detached with difficulty, aggravation of the dyspnœa by lying on the right side. Continue *Arsen.* May 23d. State the same, sometimes slightly better, then again worse. *Hellebor.*,¹² a dose every three hours.

May 25th. Dropsy worse, considerable swelling of the scrotum; moaning in sleep; all the other symptoms unchanged; albumen in the urine, proved by cooking. Ten doses *Hepar sulph. c.*,³ every three hours a powder.

May 28th. Considerable amelioration. Twelve doses *Hepar*,³ a powder every three hours. Followed by a perfect and quick cure.

We have to study in this case the action of *Bell*, *Apis*, *Arsen*, *Hell*, and *Hepar*; but let us study first the pathology of dropsy after scarlatina. Thomas (Ziemssen's *Specielle Pathologie* II, 2, p. 214) remarks that in light grades of parenchymatous nephritis during scarlatina, the kidneys are in a state of congestive hyperæmia without or with albuminous infiltration; in severe cases with hæmaturia and albuminuria we find, with an

easily detachable capsule, great, sometimes enormous, enlargements with softening and hyperæmia of the tissue, and in consequence thereof we find numerous very small hæmorrhages. At the same time the epithelia of the urinary canaliculi in the different sections of the kidney are in different degrees diseased, enlarged and out of their place, also destroyed, frequently also cast off, so that the canaliculi, which also contain beside them red and white blood corpuscles and cylindrical masses of exudation, may become obstructed by them, which again gives cause to disturbances; we also find in the stroma diffuse or circumscribed masses of small round cells, reminding one of interstitial or purulent nephritis. Even genuine nephritic abscesses have been observed in scarlatina. Klebs found in some cases the kidneys not enlarged, or only very little, firm, hyperæmic, and interspersed by regular white points, the glomeruli, which cause anuria. Abnormally we find the severer cases of parenchymatous nephritis in the beginning of scarlatina, mostly only during the second or third week. It ends either in perfect restoration or death, rarely in chronic renal disease.

In consequence of the renal disease dropsical transudations take place, most frequently anasarca, but also hydrops of the serous sacks, or œdema cerebri or pulmonum. In some cases of anasarca even the muscles are œdematous. Desquamation is most frequently retarded on account of the thorough soaking of the epidermal layers and reappears only after the absorption of the fluid.

In considering *Belladonna* we find that this remedy is indicated in phlegmonous inflammation, the more delicate the inflamed organ or tissue is as an organ of sensation, and that it is the remedy for the smooth and glossy scarlet fever. It is true, we find nephritis among its symptoms, but we miss all dropsical symptoms emanating from the nephritis. The primary retention of urine is a spasmodic symptom as well as the secondary enuresis from paralysis of the neck of the bladder; in fact, *Bell.* acts far more on the bladder than on the kidneys. Instead of serous infiltration we find rather dryness, characteristic of *Belladonna*, especially on the external and in-

ternal skin, from the arrest of secretion which accompanies congestion and inflammation.

Apis has œdema as its grand characteristic, and was the second remedy prescribed. Hughes (*Pharmacodynamics*) considers it an excellent remedy in incipient Bright's Disease, to which post-scarlatinal dropsy belongs; and many of the symptoms of the case pointed directly to *Apis*. Thus we find many symptoms of dyspnoea and suffocation: sudden coryza with dryness of the nose, dryness and heat in the throat, with painful deglutition; but the cough symptoms of *Apis* differ, as the shocks of cough come from a crawling irritation down in the windpipe, and after this small lump of mucous becomes loosened and is swallowed the cough ceases directly, whereas in our patient we find rattling cough with *expectoration*; nor did this patient complain of headache, whereas under *Apis* the headache increases at every shock of cough. Clinically its action in dropsies has been too often verified, and it is only astonishing that in the provings we find so very few symptoms leading to it. Allen, in his *Encyclopædia*, gives us only œdema of the eyelids (Symptoms 160, 161, and 746), actual swelling and puffing up of the whole body, without any noticeable change of color, except in the face. Its action on the kidneys might be found in Symptoms 695, pressure behind on the last ribs, on both sides of the spine, which somewhat hinders breathing; 508 (secondarily), urine high-colored, with frequent emission of small quantities. Here *Apis* is the very opposite of *Belladonna*, which has primarily spasmodic retention of urine and secondarily, emission of large quantities of pale, thin, watery urine, whereas *Apis* gives us (500) repeated urination of colorless urine, and, secondarily, scanty and high-colored urine. After all, *Apis* was not given long enough to show decided effects, and thus we come to the third remedy.

Arsenicum. The experiments of Leyden and Mack show that arsenious acid dissolves the red blood-corpuscles; nutrition is thus disturbed, and fatty degeneration of the organs follows. Saikawsky considers this degeneration as an expression of a parenchymatous inflammation, caused by the irritation of the poison. (Nothnagel, *Materia Medica*, p. 214.) If so, it is

clear that we can expect very little from *Arsenic* in post-scarlatinal dropsy, for here it has not come yet to this dissolution. We find dropsy mostly in cases which apparently run a mild course, although from the very start the kidneys are affected. If we would only lend our attention early enough to this emunctory, many a case of scarlatinal dropsy could be prevented. Is *Arsenicum* in such cases the remedy for uræmia and uræmic convulsions? We have seen that according to Biermer the urinary canals become clogged up in this dropsy, and thus anuria with retention of urea follows; but Buchner (*Morbus Brightii*, p. 115) considers *Ars.* the curative remedy only for the narcotic form of uræmia, and in our case we find neither convulsions nor coma.

Superficial comparison of the symptoms of the case with those of *Arsen.* will give us even more than a simile; but pathologically the status is different, clearly showing that the pathological state cannot be neglected in the selection of the suitable remedy. Allen gives us in his *Encyclopædia* (391) œdematous, painless swelling of the eyelids; but the swollen nose pours forth a profuse, watery discharge or secretes a fetid ichor (500); and only Symptom 324 gives us stoppage of the nose, as from catarrh. Our case showed swelling and redness of the tonsil, whereas *Arsenicum* gives us the so often, in scarlatina, malignant swelling of the parotid and submaxillary gland and ulcerated throat (789 and 794). From the decomposition of the blood we can expect greenish, turbid, dark-brown urine, *forming no sediment*, although Rummel found sediment in the urine (1577, 1579); and we also find great inclination to urinate, but does not pass any urine (1549), or even perfect suppression (1567); and when the secreted urine was examined Ruaglis found albumen, fat globules, renal epithelium, fibrin-casts, and blood-corpuscles; but all the animals experimented with died comatose, a fact which fully agrees with Buchner's indication for *Arsenic* in Bright's Disease.

Helleborus, the fourth remedy given, also failed to give any relief, although we find among its star-symptoms anasarca after suppressed eruption. It is said to do good service in anasarca and ascites of children, less in the case of full-grown persons;

and when we consider the easy irritability of the nervous system in childhood, the favorable action of *Hellebore* as a stimulant to the cerebro-spinal and sympathetic nervous system finds thus its explanation. In fact, its great remedial power is shown in hydrocephalus, in dropsy after intermittent fever; but we cannot see any similarity of *Helleborus* to the case on hand, showing us again that we must not prescribe according to a mere name of a disease, but that we must study the diseased state in all its bearings in order to find the right remedy. In our case there was no obtusion of the sensitive nervous system, so characteristic of *Helleborus*, nor any symptoms of paralytic weakness.

Hepar Sulph. cured the case. We have to thank Kafka for this exceedingly valuable therapeutical hint. He says (*Hom. Therapie*, I, 853), "I have tried *Calcarea* on account of the pastous and hydræmic state of the patient, and was disappointed. The same ill success followed the highly-praised *Hellebore*, *Digitalis*, *Scilla*, *Asparagus*; even *Sulphur* did not do the thing. Convinced that only that remedy could help which can aid us in the casting off of the croupous exudation in the urinary canals, and simultaneously improve the hydræmic state of the body, our attention was led to *Hepar*, s. e., third trituration, three powders a day; and already on the third day more urine was passed, the œdema became softer, and the patient's appetite returned. It is well known that *Calcarea* as well as *Sulphur* are grand aids in the amelioration of sunken vital power, and that they quickly improve the power of digestion." Kafka adds (II, 373), "We frequently observe that during the time of efflorescence the secretion of urine becomes considerably diminished; that the urine is tinged with blood; that it contains albumen, fibrinous cylinders, and blood-globules, and still neither renal pains nor fever. With such a state we can certainly expect dropsical effusions, which can be prevented by immediately giving our *Hepar*. *Arsenicum* may follow *Hepar* in severe cases, as soon as the quantity of albumen is considerably diminished, for the anæmia reconvalescentium, or *Cinchona* where the patient becomes easily faint, feels weak and exhausted, and digestion is at a low ebb."

VALEDICTORY ADDRESS TO THE FIRST CLASS OF THE
BOSTON UNIVERSITY SCHOOL OF MEDICINE.

DELIVERED BY PROF. S. H. WOODBURY.

Members of the Graduating Class: —

IN the discharge of the duty imposed upon me by the partiality of my colleagues, the members of the Faculty, I stand here now to bid you farewell as students of this medical school, and to heartily welcome you to the profession which you have chosen and whose duties and responsibilities you have proved yourselves well qualified to assume. In the discharge of the first of these duties, I can only say to you, individually and collectively, that you go forth from this institution bearing the hearty good-will, the most earnest sympathy, and the firmest confidence of every member of the Faculty. And I do not say this as an empty compliment, not because something of this kind I am expected to say upon this occasion, but because the studious habits, the respectful demeanor, the real ability, and the earnest culture which you have uniformly displayed, during the entire period of our association as teachers and pupils, has earned for you the highest respect and confidence and friendship of the Faculty; and, therefore, it is a pleasant task for me here this evening, in the presence of your friends and the friends of the College, to bear witness to your unexceptionable deportment, and to the extent and thoroughness of your medical acquirements. And though we would still gladly retain you under our roof as members of our medical family, that we might each day feel the inspiration of your hearty greetings and your earnest attention to the daily lectures, yet we part with you with an abiding confidence in your acquirements and in your ability to command success in whatever community you may dwell, in whatever field of labor you may select. You may feel assured that it only requires the persistent employment of the same qualities as physicians which you have displayed as students to win for yourselves an honorable position in the community as well as in the ranks of your chosen profession; and to the attainment of these distinctions by each and every one of you, members of the First Class of the Bos-

ton University Medical School, the Faculty look with the most undoubting confidence.

In the discharge of my second duty, I welcome you to the ranks of the medical profession, — to its labors and toils, its cares, its privations, and through these to its rewards, its joys, and its compensations. And although from my intimate acquaintance with each one of you I know that what I am about to say can have no personal application, still let me say here in a general way to you, and to all, if you seek to enter the medical profession simply as a matter of business, for its profits, its emoluments, or its honors alone, pause upon its threshold. You will be disappointed. Its fruits, which may have seemed so golden to the eye, will be full of ashes and bitterness to the taste; you will weary of the tedium of its daily routine, and the tardy recognition of your skill and acquirements will fill you with disappointment and disgust; you will fall by the wayside, and find, perhaps too late, that in the choice of your life-work you have made a mistake. But if you find yourselves drawn to the life of a physician by a love of scientific research added to a desire to benefit your fellow-men, to relieve pain, to aid in educating mankind up to a higher standard of physical as well as moral and mental health, then indeed in adopting the medical profession you have chosen wisely; and if you do but serve with patience, performing with diligence and thoroughness the work which surrounds you, your opportunity for usefulness will surely come and your anticipations in entering the profession be fully realized.

And here let me call your attention, for a few moments, to the new relations which you are about to assume to the members of the medical profession, as well as to the community at large, many of which duties are of the most delicate character and will require of you the exercise of constant care and circumspection in their performance.

Let me commend to you, as among your earliest duties, the careful study of the code of medical ethics by which these duties are defined and their observance especially insisted upon. The fundamental principles upon which these ethics are based are of the most exalted character. They are first,

the great end and object of the physician's effort should be "The greatest good to the patient"; and second, the rule of conduct of the physician towards the members of his profession, as well as to his patients, shall be "As ye would that men should do unto you, do ye also to them likewise." Of these principles the various articles of the code are only special applications. Indeed, it has been very tersely and truly said that the Golden Rule is in itself a complete code of ethics, not only for the medical profession but for every other, — for every rank and condition in civilized life. Its practical adoption as a standard of life and conduct would convert any community into an assemblage of Christian gentlemen and ladies. You may ask if this be true: if indeed the code is but the embodiment of the Golden rule, and all that is requisite is that the gentleman shall be a gentleman and the lady a lady, and behave like one, what more need be said upon this point? In reply let me ask, — Is there a person in this assembly who, in reviewing his life, cannot recall some emergency in which, with the very best intentions, he was perplexed to know what the requirements of true gentlemanly behavior would dictate him to do?

It has been very well said by a profound writer on moral philosophy and ethics that nine tenths of the crimes committed in the community are not the result of an intention to do wrong but of an inability to decide what was the right thing to be done; and just here lies the necessity for an intimate acquaintance with the minute details of the ethics of your profession, that, knowing their limitations and requirements, you may be protected from over-stepping them when duty clashes with interest or justice with personal ambition.

Let me impress upon you the importance of cultivating habits of systematic study, — not desultory and irregular, tasting a little here and a little there, which is sure to end in mental dyspepsia and in utter superficiality, but study conducted upon a definite plan and pursued with a definite object and persisted in till that object, which should be nothing less than a thorough acquaintance with the literature of some department of medicine with its collateral branches is attained. By a rigid adherence to this course, even if but for an hour a day,

you will be both surprised and delighted at the results of a year's study. Numerous instances might be cited in confirmation of the truth of this statement, of men who have made their names illustrious not only in the annals of medicine, but in all departments of science, art, and literature, even under the most adverse circumstances. The science of medicine is a progressive science, and he who would not be left in the background must keep himself familiar with the current literature of his profession; hence he must be a generous patron and constant reader of its periodical literature.

Again, new questions affecting the science of public health are now being investigated with a greater degree of intelligence and accuracy than ever before. In these investigations the physician should be prepared to take a leading part. He should therefore be a diligent student of climatology, the comparative healthfulness of different localities, trades, and professions, and the causes therefor. The avoidable causes of disease, the laws which govern the origin and course of epidemics, the influence of light, heat, and ventilation, and the most appropriate diet for different seasons, localities and occupations, are all topics to which the physician should be keenly alive and which will surely furnish him sufficient mental occupation for his hours of professional leisure to save him from attaining to the distinction of being the most accomplished horse-jockey or euchre-player in the town where he resides.

In all things pertaining to your profession cultivate habits of strictest order, system, and precision. It is true a physician's plans are subject to constant disarrangement by the emergencies of his profession; still it is astonishing how great a degree of order may be evolved from the seeming chaos of a busy physician's visiting list by habits of systematic arrangement. Set apart certain hours of the day for visiting your patients, others for your office duties, and others still for study and recreation, holding yourself, however, at all times in readiness to render your services in cases of sudden illness, accidents, and the innumerable exigencies of a physician's life.

Be charitable. "The poor ye have always with you," and every physician's office is and should be a dispensary. Ours is a

philanthropic profession; and let it never become an empty boast that the highest skill is equally at the command of the poorest as well as of the richest.

Strive to identify yourself with the community in which you may reside, and show yourself alive to its needs and its interests. In our country, citizenship is the right of all, good citizenship the duty of all, and he only is worthy of the name who feels and manifests an active interest in the welfare of his neighborhood, state, and country.

In morals let your record be unquestionable and without reproach. Be cautious in the extreme of all your actions and utterances, that no act or word, nor the least appearance of evil, may be laid to your charge. In religion, ever manifest a spirit of reverence for things holy. It has been said, "An undevout astronomer is mad": the very nature of his daily employments, his constant association with disease and death, the constant reminders of his own weakness and his utter dependence upon a higher Power, should all conspire to render an undevout physician an anomaly in the profession.

By thus living honest, studious, sober lives, ready at all times to minister to the sick, feeling always a lively interest in all questions of science, art, literature, morals, and religion, you will not only deserve and receive the title of "the good physician," but so leave your impress upon the community where you reside as to restore to the title of Doctor its primitive significance of teacher, — teacher in all things that pertain to the health, the progress, and well-being of our common country. In these labors should the true physician find his highest recompense. Great riches come but rarely to the members of our profession, nor do they often feel the pinching hand of poverty. With ordinary industry and prudence nearly all may secure an honorable competence and dwell in the traditionally happy state in which there is neither poverty nor riches. The profession's highest honors are intrinsic. Professional success is no passport to honor outside the profession, but only a stimulus and incentive to greater exertions and researches within; and thus only should the physician aspire for those honors and distinctions which come from professional

earnestness and devotion. To the physician who is thus baptized into his profession, there are rewards for all his labors, compensations for all his sacrifices and self-denials, which he alone can appreciate; but they are at once the highest stimulus and the truest recompense of the physician's labors.

Go forth, then, graduates, in the full panoply of scientific equipment, to take your share in the life-battle which is before you. I cannot doubt that an honorable career awaits you. May yours be the pains, the pleasures, and the rewards of a long life of active usefulness!

The good accomplished, the evil prevented, will both be measured by your zeal and earnestness, by the exercise of your own talents, and by your prayerful dependence for aid and support upon the Almighty Arm from which alone cometh strength.

May long life, abundant labor, and plentiful success attend you!

Members of the graduating class, permit me, in behalf of all your instructors, to bid you a hearty God-speed and a cordial and kindly farewell.

MASSACHUSETTS MEDICAL SOCIETY.

Arraignment of Drs. Clapp and Chase on the Charge of Practising Homœopathy.

[Proceedings before the Trial Commissioners.]

ON Tuesday, December 22, 1874, shortly after 11 o'clock, the Board authorized by the Massachusetts Medical Society for the trial of Dr. H. C. Clapp of Boston and Dr. H. L. Chase of Cambridge, members of the Society, who were summoned to answer to the charge of practising Homœopathy, convened in the hall of the Society, at No. 36 Temple Place.

THE TRIAL COMMISSIONERS,

five in number, were Drs. Hodgdon, Kimball, Savory, Dudley, and Amory. The Board organized with Dr. R. E. Hodgdon as Chairman and Dr. Draper as Secretary.

THE COMMITTEE ON ETHICS AND DISCIPLINE,

which Committee preferred the charges, was composed of Drs. Williams and Buckingham of Boston, and Drs. Hosmer, Millett, and Johnson.

THE PROCEEDINGS

were opened, after reporters had been excluded, by the Chairman, who called upon Dr. Draper to read the

Charges and Specifications.

MASSACHUSETTS MEDICAL SOCIETY,

ROXBURY, Dec. 8, 1874.

To H. C. Clapp, M. D. :

SIR, — Charges have been preferred against you by the Committee on Ethics and Discipline of the Massachusetts Medical Society for “conduct unbecoming and unworthy an honorable physician and Fellow of this Society,” to wit: —

“I. In that, although knowing that a By-Law of said Society, passed May 31, 1860, expressly declared that no person shall hereafter be admitted a member of the Society who professes to cure diseases by Spiritualism, Homœopathy, or Thomsonianism, you obtained admission into the Society by deceiving the censors of said Society, while at the very time you were in professional intimacy and business connection with Dr. Samuel Gregg, a practitioner of Homœopathy.

“II. In that, while a Fellow of the Massachusetts Medical Society, and after having signed its By-Laws and solemnly and voluntarily agreed to comply with the same, you have, in direct opposition to the spirit and letter of these By-Laws, been a member of a certain society called the Massachusetts Homœopathic Medical Society, — a society founded on an exclusive system forbidden to Fellows of the Massachusetts Medical Society by its By-Laws.

“III. In that you continue a member, and, moreover, an officer of the said Massachusetts Homœopathic Medical Society, in violation of solemn and voluntary pledges given to the Massachusetts Medical Society.”

You are therefore directed to appear before a Board of Trial at the Society's Rooms, No. 36 Temple Place (Perkins' Building), Boston, on Tuesday, Dec. 22, 1874, at 11 o'clock A. M., to answer to the aforesaid charges.

In accordance with the By-Laws of the Massachusetts Medical Society.

BENJ. E. COTTING,

President of the Mass. Medical Society.

The charges and specifications having been read against Dr. Clapp, he protested against the irregularity of the proceedings against him, the constitution of the so-called Board of Trial, and the founding of the charge on the specifications, even if they should be proved to be true. He was called upon to plead, and in response he plead "Not Guilty" as to the whole.

He then asked that he be allowed legal counsel, and it was ruled that counsel could not be admitted on the trial of members for non-conformity to the Rules and By-Laws of the Society.

He then asked that he be allowed to introduce witnesses not members of the Massachusetts Medical Society, and it was agreed that the wish be complied with, but that the witnesses remain before the Board only so long as they were testifying.

Dr. Clapp then asked that reporters be admitted to the hearing, which was denied.

He then stated that he had been refused by the Board of Censors permission to see the By-Laws, and he asked if the Board of Trial Commissioners insisted upon enforcing that decree. The Board allowed the privilege asked.

The Prosecution called upon Dr. Benj. E. Cotting, President of the Society, and Prof. Edward S. Wood, of the Harvard Medical School, to testify against the respondent. Their testimony was indirect, Dr. Cotting not having even a personal acquaintance with Dr. Clapp. Dr. Wood, a classmate of the gentleman than on trial, could say nothing from personal knowledge concerning the practice of Dr. Clapp, but that he had been led to believe that the doctor had been, for some time previous to joining the Society, tending toward Homœopathy.

Dr. Clapp demanded to be informed why the Board had failed to bring forward witnesses who could offer direct testimony, as such witnesses could be cross-questioned, while indirect witnesses could not.

Dr. Williams, conducting the prosecution for his committee, stated that witnesses who could give direct testimony had been summoned, but failed to appear.

Dr. Clapp then refused to examine the witnesses who had been called to the stand.

The Prosecution introduced as evidence the list of homœopaths in the Boston Directory and in the Boston Almanac, which comprised Dr. Clapp's name.

The doctor was questioned by members of the Board, and answered essentially as shown in his argument.

D. Clapp then addressed the Trial Commissioners as follows:—

ARGUMENT FOR THE DEFENCE.

I am certain that I shall be able to prove with the greatest ease to any well-balanced mind that I am *not guilty* of the charge preferred against me of "conduct unbecoming and unworthy an honorable physician and Fellow of the Massachusetts Medical Society." As to

Specification I,

I stoutly deny that I obtained admission into the Society by deceiving the censors of said Society.

I deny that at the time I joined the Massachusetts Medical Society I knew of the existence of the last paragraph of the first By-Law, passed May 31, 1860, and referred to in Specification I, having read before joining the Society an older edition of the By-Laws than that which contains the paragraph referred to. I claim that afterward, when I discovered and read the said paragraph. I was made to believe by very good authority, and do still believe, that it is illegal and of no binding force upon *any one*; for the charter, upon which, of course, we must all fall back, very distinctly prescribes as the only qualifications for membership, "a good medical education and moral character." Furthermore, even if the paragraph *is* legal, I claim that it was not of any binding force upon *me*, for

I deny that at the time I joined the Massachusetts Medical Society I "*professed* to cure diseases by Homœopathy," and I can substantiate the statement by trustworthy witnesses.

I deny that at the time I joined the Massachusetts Medical Society I was in business connection with the late Dr. Samuel Gregg, a practitioner of Homœopathy.

At the time I joined the Massachusetts Medical Society I had just begun to investigate Homœopathy. In so doing I was virtually only acting out the instructions I had previously received at the Harvard Medical School. At the Commencement or on other occasions, we were told that the knowledge we were gaining in a few years had been accumulated by the patient and indefatigable labor of zealous searchers after truth for a great many years, and that, in return for what had thus been handed down to us, we were in duty bound to try to discover new facts for the benefit of posterity. Medical science, it was said, is at present far from being perfect. All nature is waiting to be questioned. We must search in every corner of the earth; we must strive after knowledge from every source, high or low; we must prove that which is good and then hold fast to it until we find something better. This seemed to me

liberal and very sound advice, and I determined to act upon it. I noticed that certain physicians, among whom were men as honest and intelligent as can be found anywhere, claimed to know of a method of treating disease far more successful and more satisfactory, in the great majority of cases, than the methods taught in the school from which I had graduated. This system had then been practised in Boston about thirty years, and in that time had not only gained the confidence of a very large and respectable portion of the community, but also had exerted a very powerful influence on the old-school treatment, according to the published testimony of men in very high places in the old school itself. Can it, indeed, be possible for any rational mind to wonder that I should desire to investigate a system which made such claims, when the best men in the school where I had been educated, acknowledged and lamented the great deficiencies in medical science? Is it consistent with the boasted liberality of the Society to prevent a man from simply studying into, *investigating* any subject? Or does the Society say, "You may investigate this or that subject if you will do so only to be able the better to denounce it, and if you will promise not to be convinced of its truth"? I do not like to entertain such an idea for a moment. This would be a most sure way to stop all progress in science, which I hope the Massachusetts Medical Society does not really intend to do. At the time I joined the Massachusetts Medical Society I was simply *investigating* the subject of Homœopathy under the direction of a man who then honored this Society with his membership and had so honored it for many years,—the venerable Dr. Samuel Gregg, the pioneer of Homœopathy in New England,—knowing that under his tuition I could learn more of the subject in a few months than in years of unaided study. I had no business connection with him at the time. I exposed to view in no place any sign or doorplate intimating that I was ready to receive patients, nor did I pledge myself ever to practise Homœopathy at all. In fact, at that time I knew almost as little of it as the majority of members of the Massachusetts Medical Society do to-day. If the result of my investigations had been unfavorable I should willingly have thrown Homœopathy overboard. After some months of patient application I became thoroughly convinced by stubborn facts that there was some truth in homœopathic therapeutics, and I *then* became associated with Dr. Gregg in practice, and I can truly testify that every year of practice since then has only strengthened my faith in the system.

As to Specifications II and III,

I deny that the Massachusetts Homœopathic Medical Society is founded on an exclusive system, or pretends to dictate to its members how they shall practise, in proof whereof I quote its second By-Law : —

“ This Society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects.”

The members of this Society are bound by no pledge to practise medicine according to any exclusive theory. The whole domain of science is open to them. Each and every one of them would indignantly resent the imputation that they are debarred from resorting to any measures which the discoveries of science have shown to be efficacious in the alleviation or cure of disease. There is nothing in the rules of the Society which prevents their giving emetics, cathartics, or nauseating drugs of *any* kind, by the quart if they so desire. They have no By-Law of the Society, they have nothing but their common-sense and their natural aversion to the infliction of torture, to prevent them even from cauterizing with fire the spines of those who intrust their lives to their care, as Brown-Séquard treated Charles Sumner, causing him, as he confessed at the Lowell Institute last March, with tears in his eyes, “ that terrible suffering, — the greatest that I have ever inflicted upon any being, man or animal.”

Practically, they have found by experience that in the great majority of cases homœopathic remedies are so much superior that they comparatively seldom have occasion to resort to anything else ; but they take no oath never to give anything else, and claim the right to do so if in any special case they consider it necessary.

If the Massachusetts Medical Society had allowed and encouraged the free discussion of Homœopathy in its meetings, the Homœopathic Society would never have been formed. Therefore, if either Society is exclusive, it must be the Massachusetts Medical Society, since it excludes one of the most important branches of medical science. I need not undertake to show how important this system of Homœopathy is which it excludes, nor of what inestimable value to the world it has been in the short time that it has been practised. I might almost as well undertake to prove, in this age of the world, the value of steam or electricity.

To denounce the practice of Homœopathy as "dishonorable conduct" is not only an insult to the large class of homœopathic physicians, fully equal in education, ability, and position in society to the Fellows of the Massachusetts Medical Society, and to their intelligent patrons, among whom are the most refined and cultivated people, distinguished in the higher walks of literature, art, science, law, and theology, but is also an indication of the grossest ignorance of the entire subject in those who denounce it.

I cheerfully admit that after I had been a Fellow of the Massachusetts Medical Society for about seven months I joined the Massachusetts Homœopathic Medical Society (in proof whereof I here submit an official written certificate from the Secretary of the date of my admission), and admit that I still continue to be a member of that Society; but how this could possibly be construed to be "in violation of solemn and voluntary pledges given" to anybody, would puzzle a Philadelphia lawyer to determine. I certainly never gave any pledge not to join the Homœopathic Society.

I claim that if I do wrong in practising Homœopathy almost every intelligent member of the Massachusetts Medical Society commits the same wrong, whether he is willing to allow it or not. Arsenic and sulphur in skin diseases, cantharides and turpentine in urinary troubles, aconite in fevers, corrosive sublimate in dysentery, digitalis in heart affections, ipecacuanha in vomiting, nux vomica in gastric derangement, secale for uterine pains—the list might be considerably extended—act homœopathically even when given by allopathic prescribers. The difference in the crime is only one of degree: they resort to Homœopathy in a minority of cases, I resort to Homœopathy in a majority of cases. It is Homœopathy all the same, even if they pretend to call it by some other name. Morally, it is just as much of a crime to steal ten dollars as it is to steal one hundred, and it makes it none the less if you do pretend to *borrow* the smaller sum.

Dr. Clapp said that he had not brought his witnesses to the meeting, because he had not supposed that they would be allowed to testify, as others had not been allowed in a former trial of homœopathic members; but now that the privilege had been granted him, unless his unsupported testimony should be accepted, he should be obliged to demand an adjournment in order to produce his witnesses.

ARGUMENT FOR THE PROSECUTION.

Dr. Williams briefly addressed the Board in closing the pros-

ecution, saying that the committee would not rely upon the first specification, but admit the unsupported testimony of the doctor to the effect that he was not connected with Dr. Gregg at the time he was made a member of the Society and had not begun the practice charged against him. They would rely on the second and third specifications.

DEFENCE OF DR. CHASE.

The charge having been read by the Recording Secretary, the Chairman asked if Dr. Chase was present, and what plea he would make?

DR. CHASE.— I enter the general plea of not guilty.

DR. WILLIAMS. — (*Chairman of the Committee on Ethics and Discipline, prosecuting attorney*), I would like to ask the gentleman a few questions. Have you been an officer of the Massachusetts Homœopathic Medical Society?

DR. CHASE.— I have had the honor of being the President of that Society.

DR. WILLIAMS.— Are you still a member of that Society?

DR. CHASE.— I am.

DR. WILLIAMS.— Mr. Chairman, as the gentleman has acknowledged the facts charged against him, I move that this hearing be closed; it is useless to take up any further time.

DR. CHASE. — I beg pardon. I am charged with dishonorable conduct. I wish to show that I have not been guilty of such conduct.

CHAIRMAN.— Dr. Chase shall be heard.

I, HIRAM L. CHASE, having been summoned to appear before a Board of Trial of the Massachusetts Medical Society to answer to certain charges, protest

That this Board of Trial, not being a tribunal acknowledged by the laws of this Commonwealth, has no legal right to hold its sessions.

That the Massachusetts Medical Society, holding its charter by authority of this Commonwealth, has no legal right to make, frame, or pass a by-law which shall conflict with the laws of said Commonwealth.

That the said Society, so holding its charter, has no legal right to make, frame, or pass a by-law disfranchising a member or depriving him of any of his rights and privileges for difference of medical opinion.

That such by-laws so made, framed, or passed, have no legal binding force, and are therefore null and void.

HIRAM L. CHASE.

MR. CHAIRMAN AND GENTLEMEN OF THE BOARD OF TRIAL : —

I have been summoned to appear before you, to answer to certain charges affecting my honor as a practitioner of medicine, — charges couched in language so discourteous, so offensive, as to be contemptible. I very much doubt whether any one of the Committee on Ethics and Discipline (all of them to me unknown) would be willing to so far forget that he was a gentleman as to address such language to me personally.

Standing, as I do, in the consciousness of moral and professional rectitude, I hurl back the charge of dishonor with the scorn it merits.

Let us read the precious documents, relating to this subject that I have received. Under date of October 21 : —

I am instructed to inform you that your resignation as a member of the Massachusetts Medical Society will be accepted, if sent to me on or before Wednesday, Oct. 28 inst.

The Committee on Ethics and Discipline will be in session at the house of Dr. H. W. Williams, No. 15 Arlington Street, Boston, at 3 o'clock, P. M., on Thursday, Oct. 29th inst., if you prefer to go before them.

Yours very truly,

F. W. DRAPER,
Recording Secretary.

Permit me to ask by whom the Recording Secretary was instructed?

I have not a word of fault to find with the Recording Secretary personally, for I well know that he was only performing his duty, — a duty which must have been distasteful to an honorable and high-minded man, as I have every reason to believe him to be. I knew of no good reason why I should resign my membership of this Society, or why I should appear before the Committee on Ethics and Discipline, and therefore allowed this to pass in silence.

Under date of October 29, 1874 : —

Sir : — At a meeting of the Committee on Ethics and Discipline held to-day, the following was voted : —

Upon representations made to this committee, it is their unanimous opinion that Dr. H. L. Chase ought, by his obligations to the Massachusetts Medical Society in signing the by-laws, to resign his membership in the Society.

F. W. DRAPER,
Secretary.

What the representations were, and by whom made, I had no means of knowing; and as my opinion did not coincide with

that of the Committee on Ethics and Discipline, in regard to my obligations to the Massachusetts Medical Society, I did not see fit to resign. I had infringed no one of the by-laws of the Society to which I had affixed my name, and I do not acknowledge the right of any society to pass a by-law which shall inflict a wrong upon an individual member. Had I sent in my resignation, it would have been an admission that I had violated the laws, rules, and regulations of the Society, which in my opinion I had not done; therefore I allowed this second document to pass unnoticed. As I said in regard to the Recording Secretary, so I say of the Committee on Ethics and Discipline. I have no fault to find with them, for they also are in the performance of their duty, and, as they are *honorable* men, this duty must be exceedingly repugnant to them; but I should like to see the man who, devoid of all honor, enters on this mean, contemptible course, and makes these representations to the committee, for as he now stands his form is so impalpable, so shadowy and unreal as to elude the grasp.

Under date of December 8:—

TO. H. L. CHASE, M. D.

Sir,—Charges have been preferred against you by the Committee on Ethics and Discipline of the Massachusetts Medical Society, for “conduct unbecoming and unworthy an honorable physician and Fellow of the Society,” to wit:—

In that, in direct opposition to the spirit and letter of the by-laws of the Massachusetts Medical Society, which you have solemnly agreed to comply with, you have been an officer, and continue to be a member, of a certain society called the Massachusetts Homœopathic Medical Society,—a society founded on an exclusive system forbidden to Fellows of the Massachusetts Medical Society by its aforesaid by-laws.

You are therefore directed to appear before a Board of Trial at the Society’s Rooms, 36 Temple Place, Boston, on Tuesday, Dec. 22, 1874, at 11 o’clock, A. M., to answer to the aforesaid charges.

In accordance with the by-laws of the Massachusetts Medical Society.

BENJAMIN E. COTTING,
President of the Massachusetts Medical Society.

“In direct opposition to the spirit and letter of the by-laws.” I should very much like to have some gentleman point out to me any word in those by-laws relating to the Massachusetts Homœopathic Medical Society. I have very carefully read those of the present time, dated October, 1874, and cannot find that that Society is mentioned. So that even if I were bound to *this* code of by-laws, which I deny, I have violated neither the *spirit* nor the *letter* of the law.

“Solemnly agreed to comply with,”—let us see about the solemnity of this agreement.

Nearly thirty years ago, a young man, carrying a diploma from Harvard University, entered the office of Dr. Putnam, then the Secretary of the Massachusetts Medical Society, desiring to join that society. He was received very politely, a book handed him, in which he was requested to sign his name. So much for the solemnity of the occasion. Really, gentlemen, “solemn” in this connection is, in my opinion, a gross misuse of the word.

That I have had the honor of being President of the Massachusetts Homœopathic Medical Society, — an honor, in my opinion, equal to that of the Presidency of this Society, — and that I am still a member of that Society, I am proud to admit; but that that society is founded on, or binds me to an exclusive theory or dogma, I deny. No, gentlemen; that society leaves its members to perfect freedom, and I am proud of it for that freedom. In proof of this I quote from its by-laws, “This Society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or profession of medical belief.” The whole domain of science is as open to me as to you, — more open, indeed, — and no man, no body of men, shall dictate to me what course I shall pursue in the treatment of any sick person who may be intrusted to my care. I am answerable to God and my own conscience, and am in duty bound to use the means which, in my best judgment, will quickest, easiest, and surest cure my patient. Are you not bound in the same manner?

“Forbidden to Fellows of the Massachusetts Medical Society”! Forbidden! thank God, I am not so craven as to allow any man to forbid me to do what is right. Forbidden! It might do in the fifteenth, but in this nineteenth century, when every man should declare his right to judge for himself on all matters of science, it is a shame and a disgrace to the members of this society that such a by-law exists.

Gentlemen, I have endeavored to maintain an honorable and an upright course during my whole professional career; in a quiet and unostentatious manner to do my duty by the sick. I challenge any man to say aught against me. If you expel me from this society what will you have accomplished? You cannot prevent any one from employing me: this stigma of dishonor will not attach itself to me, however much you may seek to place it there. Dishonor! If to be a member of a society established by the laws of this Commonwealth is *dishonor*, then *I am dishonorable*. If to seek after the truth is *dishonor*, then

am dishonorable. If to practise that which I know to be right is *dishonor*, then *I am dishonorable.* If to endeavor, in all that lies in my power, to uphold the dignity of our noble profession is *dishonor*, then *I am dishonorable.*

This is not the time nor the place to discuss Homœopathy. I will only say that the law "Similia similibus curantur" is a *law of God, and therefore infallible*; but while I claim infallibility for the law, I am not so weak nor so foolish as to make that claim for those who may apply it. The law is of God and partakes of the infinite; its application is by man, consequently finite.

Perhaps this is not the time nor the place to discuss the by-laws of the Massachusetts Medical Society; but as I am arraigned before you under those by-laws, I wish to say a few words of Article VIII:—

"Any person engaged in the practice of medicine or surgery in this Commonwealth who has not received such a medical education as is required by By-law I, and any one guilty of practices forbidden to Fellows (I.) [*i.e.* Spiritualism, Homœopathy, Allopathy, Thompsonianism, Eclecticism, or any other irregular or exclusive system], shall be deemed an irregular practitioner; and it shall be disreputable and unbecoming for any Fellow to advise or consult with any such irregular practitioner, or in any way to abet or assist him as a practitioner of medicine or surgery."

Now, Mr. Chairman, this, in my opinion, is one of the most inhuman, unchristian by-laws which it is possible to enter the mind of man to conceive. Why, sir, I would "abet or assist" the veriest rascal that walks the earth if he were trying to help any other sick or suffering fellow-mortal. O, Priest, O, Levite, would you "pass by on the other side"?

Strike from your code this by-law, which is alike repugnant to the common dictates of humanity and to the high and noble calling of physician.

I stand here, this day, in no sense a culprit, but as the exponent of the great principle which underlies the laws of this Commonwealth, of this whole country,—*the right of free thought.* Should your decision be adverse, I shall appeal to the bar of public opinion, in the full confidence that public opinion will vindicate my honor and free it from your most unjust aspersion.

I submit, then, That, as it is the inherent right of every citizen of this Commonwealth to be a member of any society not in opposition to the laws, it is not, it cannot be dishonorable to be a member of the Massachusetts Homœopathic Medical Society.

That, as the Massachusetts Homœopathic Medical Society holds its charter and authority under the laws of the State, it is not dishonorable to be a member of that society.

That, as membership in the Massachusetts Homœopathic Medical Society is not forbidden to Fellows of this Society by its by-laws, it is not dishonorable for the Fellows of the Massachusetts Medical Society to be members of the Homœopathic Medical Society.

That, therefore, the charge of conduct unbecoming an honorable physician and Fellow of this Society has not been sustained.

RESULT.

It was decided to reserve the decision in each case, the Board announcing that a copy of the same, when arrived at, would be sent by mail to each of the doctors on trial. Adjourned.

About a week after the trial each of the accused received by mail the decision of the Board, which was expulsion. In Dr. Clapp's case they decided that he was not guilty of the first specification, however.

CHRONIC INTESTINAL CATARRH.

BY CHAS. A. LIBBY, M.D., ARLINGTON.

MRS. C. called at my office, complaining of the following symptoms:—

Diarrhœa, which had been constant for six years, and had been treated by allopathic physicians without benefit; sudden desire to go to stool, with slight griping pains before the operation, but none during or after it; stool frothy, sometimes containing undigested food; particularly worse at night, when she is compelled to rise three or four times; faint feeling at the stomach after eating; rumbling in the bowels, which often feel very much distended; copious ptyalism; excessive hunger at night; little desire for food during the day; dull aching in region of the liver; aggravation in open air and at night; complexion yellow; tongue black and parched; voice hollow and weak.

I gave *China* 3^d, three pellets every night. At her next visit she reported that after the second dose she had a natural stool, and up to the time of writing (three months since the treatment) she has been in perfect health.

The New England Medical Gazette.

BOSTON, FEBRUARY, 1875.

CONDUCT UNBECOMING AND UNWORTHY AN HONORABLE PHYSICIAN AND MEMBER OF THIS SOCIETY."

"*DIFFICILE est saturam non scribere,*" we may say, with Juvenal, on contemplating this charge against its homœopathic members on the part of the Mass. Medical Society. But the subject is too grave for satire, and even the natural resentment which every homœopath must feel rising within him at the disingenuousness of these most unwarrantable and uncalled-for proceedings must give way before the sense of humiliation he will feel as a man and a physician in witnessing such acts of deliberate injustice, bigotry, and folly on the part of the great majority of the profession, including those whom the general public is accustomed to look upon as leaders and authorities in medical matters.

Of all the difficult tasks that fall to the lot of a reformatory minority, the most difficult is to break the force of those vindictive aspersions of character to which majorities are so ready to resort, — be the issues religious, political, or scientific, — and which are nothing more or less than appeals to the baser instincts of the masses, designed at once to crush all argument and to wound and injure the accused. Nothing can be more galling to a man who has laboriously and conscientiously adopted views on any difficult and doubtful subject than to be charged with immoral conduct for his pains, and nothing can be more unjustifiable, in a controversy on any scientific subject, than for one party to direct its attack against the persons instead of the principles of the other.

In defending themselves against charges so factious and frivolous, and before judges who are at the same time the accusers, the defendants are necessarily placed in a false and most trying position, from which there is no immediate escape, — the only means of defence being either appeals to the sense of justice of the community at large, or future trials before properly constituted and impartial tribunals. Either of these methods must be unsatisfactory in the end, as appearing wholly out of place where the questions to be determined rest ultimately upon strictly professional and scientific grounds. But since no little ingenuity has been displayed in sinking out of sight

the scientific issues and in making the question a purely ethical one, we cannot do otherwise, at present, than to fight on this line, which, luckily, is one upon which non-professional judges may reach a definite opinion. It is evident that we must fight, and it will be necessary to do so in spite of the avowed strategy of our adversaries, who seek to avoid all open warfare, and, entrenched behind a miserable respectability, direct their sallies against our household gods. To remain inactive and indifferent, or to yield, would be to admit that the principles which govern the progress of other branches of science have no place in medicine, and that numbers and organization alone shall decide in differences arising on points of practice in medical societies. Either idea is too preposterous to be entertained for a moment, and yet these are the grounds taken by the Mass. Medical Society.

The fight has already been a long one, and promises to continue far beyond the fighting days of any now taking part in it, if the rumors of war now in the air and coming from well-informed quarters have any foundation. The only question is: how is it to be conducted? A medical society like that of the State of Massachusetts is in no sense to be looked upon as a private club, and has no powers, as this has, over its individual members and their professional opinions. The whole State has a direct interest in its existence, its objects, and its laws, in which it should represent the republic of science — “*petit sub libertate quietem*,” as the State device has it — among the diverse opinions, experiences, and tendencies which must of necessity exist in a science like that of medicine. As long as a body of physicians has the power to brand as immoral and unworthy the followers of any innovation in theory or practice, so long must crimination and recrimination take the place of sound argument and calm, judicial weighing of scientific evidence; and while questions of science may be decided on purely moral grounds, it will follow, inevitably, that the opponents of reform will call hard names, and endeavor by all manner of unrighteous means to dishonor the reformers. When will conservatism learn that new opinions, however false they may appear at first sight, have rights which the old ones are bound to respect, and that nothing can be gained by the reasoning process which logicians call the *ignoratio elendi*, in other words, the raising of trivial side-issues or the categorical denial that whatever the common-sense of the majority cannot conceive to be true can, therefore never exist? as it was the manner of the “professor at the breakfast-table” to dispose of the subject of homœopathy when he thumped

his heavy cane upon the ground indignantly, and would hear no more of the matter.

We demand, again and again, that before homœopathists are condemned for the sake of their principles these principles be investigated; that Homœopathy be judged both according to the general principles recognizable as those upon which all therapeutical science must rest, and according to the degree of conformity existing between its special principles and rules and the drift as well as the positive achievements of general science,—not between it and the crumbling therapeutics of the old school. We demand that our theory be judged, not from hearsay or more or less garbled and misconstrued extracts from Hahnemann's writings only, but by the light thrown upon these writings by our literature, which is to be considered as a necessary commentary to them; that our practice be tested at the bedside by sound experiment and observation; and, finally, that our manhood be respected for the sake of all that is good in the whole profession, and that truth and honorable dealing guard the steps taken to reach a decision on questions which have come to be of vital importance to millions in every civilized land.

When these demands are complied with, it will be found that the responsibility of stirring up and keeping alive a strife which reacts most disastrously upon the whole profession by shaking the public faith in the honorable sentiments of leading medical bodies, rests with those who find it necessary to declare themselves, on their own authority, to be the sole receptacles for all medical virtue and wisdom. It will be found, further, that the plea of our practising on an exclusive dogma is a feeble and wretched subterfuge; and that the "conduct unbecoming and unworthy honorable physicians" is to be laid at the door of those who wantonly impugn the characters and standing of men whose lives, whose works, and whose avowed principles show them to be above reproach or suspicion.

ST. LOUIS HAHNEMANN MEDICAL COLLEGE.

BUT a short time ago the medical world, at home and abroad, was not a little disturbed at the discovery of certain irregularities on the part of one or more American medical schools, which were guilty of selling diplomas to any one willing to pay for them, the investigation showing that the business done in this way had assumed extensive proportions. We were able to rejoice at that time that our homœopathic schools could hold up their heads bravely with the best in

the country for honorable dealing; but we have lately come into possession of certain documents showing that the fair fame of our institutions, which it behooves us to guard with extreme jealousy, is threatened by one of these diploma speculations, which makes use of Hahnemann's name as a bait for purchasers, who, in taking it, are as dishonorable as the dealers themselves.

The institution in question is the St. Louis Hahnemann Medical College, which sends out together with its announcement for 1874-75 documents appointing "censors," with power to examine candidates at any time or place suiting their convenience, and of granting diplomas indiscriminately to such as have attended medical lectures, and such as have not. It is easily understood that these examinations will be brief and to the point, consisting mainly of one leading question, demanding whether the candidate has the sum of \$135, more or less, in readiness to pay for the diploma and the perquisites of those instrumental in awarding it.

We call the attention of our readers to the title of this institution and beg them to be on their guard against its graduates, faculty, and managing trustees, expressing at the same time the hope that our Western colleagues will take immediate steps to blot out this disgraceful stain upon their legislation, which, if allowed to continue in existence, cannot fail to react most injuriously upon the standing of even their best schools.

A late issue of the Cincinnati *Advance* contains a letter dealing with this matter. It is in the interest of our school that action should be taken by its members before the people themselves or the old school find it necessary to expose a swindle which it is impossible to suppose the law could ever have intended to sanction.

NEW YORK OPHTHALMIC HOSPITAL. — We have received the 23d Annual Report of this institution and are much pleased to see evidence of its increased prosperity and usefulness. It is the only Ophthalmic Hospital in the country under homœopathic treatment, and it has a work to perform second to that of no other institution.

We earnestly commend to students the course of lectures delivered each winter by the surgeons of this hospital; we can speak from experience of its thoroughness and practical benefit.

"THE OTHER SIDE." — By an inadvertence in our last issue, the name of the author of the article headed "The Other Side" was omitted. It is due Dr. A. M. Pierson, of New York, the author, to state that he had no desire to escape the responsibility of the sentiments contained in the paper.

In this connection, we beg our contributors to affix their names to articles under the headings they may themselves select.

ITEMS AND EXTRACTS.

A VERY HARD CHEEK.—Dr. E. D. Burr, of Lansing, Mich., has just sent us a circular concerning the “Michigan Homœopathic College,” from which we select the following choice paragraph: “Those contemplating attending at the ‘Detroit Homœopathic College,’ should well consider the action of the American Institute of Homœopathy,” (the representative body of the profession in America), at its annual session in June last, at Niagara Falls, when a graduate of the Michigan Homœopathic College was admitted to membership, whilst those from the Detroit School were refused admission; showing the estimation in which the “Michigan Colleges are held by the American Institute of Homœopathy.” Dr. Burr is himself the “graduate” referred to in his circular. One of the last acts performed by the Institute at its session at Niagara Falls was the admission of Dr. Burr to membership. The doctor represented himself as a practitioner of Homœopathy of upwards of thirty years’ standing, a licentiate of an Allopathic County Medical Society of the State of New York, and a *graduate* of the Lansing College (of which he was a *professor* at the time of his graduation). He was admitted upon his standing as a practitioner; on his “merits,” as set forth by himself, and nothing could possibly be more plainly or more decidedly expressed than that his admission to membership was not to be in any way construed into an acknowledgment of the Lansing College. And on the other hand the graduate of the “Detroit School” who was refused admission, was refused simply upon the ground that, in the estimation of the Censors, he had been guilty of “unprofessional acts,” and not at all on account of the place of his graduation.

We have received from a member of the Institute a sheet entitled the *Granger Supplement*, which purports to contain a report of the proceedings of the late session of the Institute. In this report, in which truths and lies are most ingeniously dovetailed, this same Dr. Burr figures largely. We regret that want of space prevents our giving this report in full, for the benefit of those of our readers who were present during the session. The adventures of Baron Munchausen are paled before the deeds and speeches of this wonderful Michigander, who, with the rest of it moved that the Institute meet next year as an “*Industrial Grange*,” at Lansing, Mich. Dr. Burr was permitted, by the courteous act of the Institute, to present some statements regarding the use of homœopathic medicines in surgical cases, and he was likewise permitted, by another overstretch of *courtesy*, to make some remarks in his own behalf, at the time the question of his admission was under consideration. Beyond these two occasions he made no public remarks. He was not entitled to speak as a member until after his election, and almost immediately after his election the final adjournment took place.

The above statements are made after a very careful examination of the stenographer’s report. If the false statements and bogus reports

of speeches made and resolutions offered by Dr. Burr have appeared by his act or with his connivance, he is an unworthy member of the Institute. It is high time for this great homœopathic representative body to set up higher and stronger barriers to membership, and to have a more stringent discipline for those who are already members. — From the *Hahnemannian Monthly*, Dec. 1874.

PERSONAL.

LIBBY—SMALL. Married, on Dec. 16th, in Scarboro', Me., at the residence of the bride's father, Charles A. Libby, M.D., of Arlington, Mass., to Miss Maria Small, daughter of Capt. James Small. (No cards.)

SHERMAN—PACKARD. Married, on Dec. 17th, in Brockton, Mass., J. T. Sherman, M.D., of Pawtucket, R. I., to Miss Alice M. Packard, of Brockton.

Dr. SHERMAN has located in Dorchester District, Boston.

REMOVALS. — Dr. FRANCIS BRICK has removed from Keene, N. H., for a permanent residence in Worcester, Mass., and is associated in practice with W. B. Chamberlain, M.D., at No. 17 Elm St.

G. W. FLAGG, M.D., has removed from Clinton, Mass., to Keene, N. H., to take Dr. Brick's practice.

SHAW. John T. Shaw, M.D., has removed from East Bridgewater to Plymouth, Mass.

NORTON. Claude R. Norton, M.D. (New York Hom. Med. Coll., Class of '72), has located at Madison, Wis.

THAYER. Died, in Battle Creek, Mich., Sept. 16, 1874, S. B. Thayer, M.D.

PERSONAL information will receive due attention, if forwarded to the Editors. We cannot be blamed for omissions, if we are not promptly informed of changes of residence, etc.

OBITUARY.

DIED in East Providence, R. I., Jan. 1, 1875, Peleg Clarke, M.D. (father of Dr. Clarke of Fall River and Prof. Clarke of Boston University), in the ninety-first year of his age.

Among the older members of the homœopathic branch of the medical profession the name of Dr. Clarke will be recognized as that of one who was among the earliest converts to the homœopathic reform in medicine in this country.

Dr. Clarke was born in Richmond, R. I., on the 5th of Aug., 1784. He came of a long-lived ancestry, his father, grandfather, and great-grandfather having lived respectively to the advanced ages of eighty-one, eighty-four, and ninety-seven years.

He commenced his medical studies with Dr. Jacob Knight, of South Kingstown, R. I., and completed them in the office of Dr. Caleb Fiske, of Johnston, R. I. (the founder of the Fiske Fund of the R. I. Medical Society), meanwhile attending lectures in the Medical Department of Brown University. He entered upon the practice of his profession in 1808, and continued it for nearly sixty years, his daily circuit embracing the villages clustered upon the north and south branches of the Pawtuxet River in central Rhode Island.

He was one of the petitioners for the Charter of the R. I. Medical Society, the first society of the kind organized in his State, and remained a Fellow until his death, being for several years the only survivor of the original members.

He was also one of the founders of the first Rhode Island Homœopathic Medical Society, while his membership in the American Institute of Homœopathy dates back to 1846, the second year of its existence. Though Dr. Clarke made but few contributions to the literature of our school and is little known to the profession outside of the circle of his personal acquaintance, yet his accession to the ranks of Homœopathy exerted a powerful influence in its favor throughout his neighborhood, and helped largely to secure that wide-spread popular confidence in this method of practice for which Rhode Island is conspicuous.

He was a zealous promoter of the temperance and antislavery reforms from their inception, and gave them his steadfast support during the period of his active life. He was for many years president of the Rhode Island Antislavery Society, and was honorably associated with the leaders in that mighty moral warfare which culminated in the overthrow of American slavery.

The funeral services, which were held at the place of his death, on the 6th of January, were attended by a large concourse of relatives and friends. Eloquent and impressive remarks were made by C. C. Burleigh, of Northampton, Mass., and a letter, written by Wm. Lloyd Garrison on the reception of the news of his death, was read by George H. Burleigh, of Little Compton, R. I.

The letter of Mr. Garrison, which we append, is a beautiful tribute to his worth and to the high esteem in which his memory is held by his old coadjutors in moral reform.

“ BOSTON, Jan. 4, 1875.

“ DEAR DR. CLARKE, — The intelligence of the death of your highly beloved and truly venerable father, in the ninety-first year of his age, has just reached me. Great is my regret that bodily infirmity will prevent my attendance at the funeral, so that I might give some expression to my estimate of his valuable services in the cause of freedom and humanity; and also to those feelings of affection and sympathy which a warmly reciprocal friendship of forty years' duration naturally awakens.

“ When the antislavery banner was first unfurled to the breeze, he was among the earliest to rally under it; and throughout the long and desperate conflict to secure the liberation of those in bonds, no one exhibited a serener front in the midst of fiery trials, or stood his ground more courageously, or more cheerfully subjected himself to the losses and crosses attached to a profession of radical abolitionism, or at all times more sympathetically remembered those in bonds as bound with them, than himself. Habitually gentle in spirit, the fear of man he knew not. Speaking the truth in love, he spared not the guilty oppressor or his accomplice. By temperament and self-control averse to all wrangling, and wishing as far as possible to be at peace with all men, he nevertheless was ready for whatever of discord, alienation, tumult, mobocratic violence, or personal odium might result from a hearty support of the claims of an oppressed and down-trodden race. Kneeling reverently at the shrine of Freedom, his heartfelt language was —

“ ‘ Who calls thy glorious service hard?
Who deems it not its own reward? ”

Who, for its trials, counts it less
A cause of praise and thankfulness?

“ It may not be our lot to wield
The sickle in the ripened field,
Nor ours to hear, on summer eves,
The reaper's song among the sheaves;

“ Yet where our duty's task is wrought
In unison with God's great thought
The near and future blend in one,
And whatsoe'er is willed is done!

“ But here the special marvel is that while your father had completed his half a century before the antislavery movement was fairly launched, which he so promptly espoused, and while even the youngest of its adherents might not reasonably hope to live to witness its triumph, his life was prolonged a whole decade after the year of jubilee had been proclaimed. In view of such a wonderful deliverance, the very sentiment of aged Simeon was his, — “ Lord, lettest thou thy servant depart in peace; for mine eyes have seen thy salvation.” He was permitted not only to sow the seed, but to use the sickle and to shout ‘ Harvest home!’

“ Ring and swing,
Bells of joy! On morning's wing
Send the song of praise abroad!
With a sound of broken chains
Tell the nations that He reigns,
Who alone is Lord and God!

“ Among the scoffing charges brought against the antislavery pioneers was this, — that they were ‘ men of one idea,’ *i. e.* that they made such a hobby of the negro's enslavement as to be blind or indifferent to other questions vital to the interests of all classes. But the reverse of this was the fact; for while it was true that they felt called to make a special consecration of their time, means, and energies to the work of delivering the spoiled out of the hand of the oppressor, they were among the most decided friends of temperance, peace, moral reform, the abolition of the gallows, equality of rights irrespective of sex, religious liberty of dissent and non-conformity, etc. etc. In all these matters your venerable father stood in the front rank, — a searcher for truth as for hidden gold, rejoicing in every fresh ray of light for better guidance, open to conviction while steadfast to principle, and calmly awaiting ‘ the safe appeal of truth to time.’

“ That he merited the appellation of ‘ the good physician,’ I need not say. Skilful and judicious in his practice, he carried with him into the sick chamber never-failing tenderness, sympathy, and benignity, so that the sufferer felt that a benediction had fallen upon him.

“ By those who knew him well he was equally revered and beloved; and to them his memory will ever be precious.

“ Let me make a brief summary of his life and character. It is contained in the Sermon on the Mount: for he hungered and thirsted after righteousness, he was meek and merciful, he was pure in heart, he was a peace-maker, and certainly he was blessed in receiving his portion of the obloquy which was so long and so bitterly poured out upon those who insisted that to turn a human being into a chattel was a sin of the first magnitude.

“ Finished his work, and kept his faith
In Christian firmness unto death;
And beautiful as sky and earth,
When autumn's sun is downward going,
The blessed memory of his worth
Around his place of slumber glowing!

“ Fraternaly yours,

“ WM. LLOYD GARRISON.”

DR RICHMOND BRADFORD, of Auburn, Me., died at his home, Dec. 21, 1874, of chronic bronchitis. He was born in Turner, Me., in 1801, of Huguenot ancestry, a direct descendant of Gov. William Bradford, one of the original "Mayflower" pioneers.

He fitted for college in his native town, relying upon his labors in teaching to defray the expenses of education, which he continued at Bowdoin College, where he entered as sophomore, graduating in the class of 1825. In the same class were the poet Longfellow, the novelist Hawthorne, and the historian J. S. C. Abbott. In 1829 he received the degree of "M.D." from the medical department of the same institution, and began to practise in Turner, residing there six years. He removed to Auburn in 1835, — the only physician in Auburn and the adjoining town, Lewiston, where he has since resided. After twenty years' practice, and dissatisfied with what he characterized "a heroic routine and empirical treatment," he embraced Homœopathy, but not until he had industriously pursued several series of provings to his great satisfaction, and had corresponded with medical authorities whose counsel he valued. After following a course of study at the Homœopathic College in Philadelphia he returned to Auburn and dated a new era in his professional career. At that time the confession of faith in "infinitesimal doses," or in any idea that eliminated "calomel and jalap" from the doctor's formula, almost ensured church censure, destruction of one's business, and social ostracism besides. But he fearlessly worked and sacrificed with a sincerity and earnestness that deepened and strengthened the movement. Test after test increased the spirit of inquiry, until his most sanguine expectations were realized. He saw in the cities of Auburn and Lewiston the principles of "Similia similibus curantur" accepted. Physicians recognized its power; the people pronounced it good.

Thus he lived to be the oldest physician in the county in which he lived. He was "Fellow and Corresponding Member of the Homœopathic College, Philadelphia," "Member of American Institute of Homœopathy," etc. etc. The "Lewiston Journal," in a sketch of the life and character of Dr. Bradford, says, "He was a man of positive Christian profession and practice, an ardent friend, a valuable and conscientious citizen. For many years he was deacon of the Congregational Church and superintendent of the Sabbath School. He was greatly interested in educational matters; was one of the trustees of Lewiston Falls Academy. He was one of the best linguists in the State, and was so fond of scholarly pursuits that he was accustomed to read Latin and Greek in his leisure hours up to the last year of his life. A hold on life always feeble, he combated disease by self-denial and precision of habit, thus perpetuating himself far beyond the average longevity.

He leaves a brother (Calvin Bradford, Esq.) and three children, — Dr. H. C. Bradford, Lewiston, Me., Dr. T. D. Bradford, New York City, and a daughter whose assiduous care was a blessing to the last years of the father she loved so much. Knowing Dr. Bradford so intimately as we did, we have positive opinions to give respecting him. In his death the city loses a ripe Christian, a cultivated scholar, a sympathetic and skilful physician.

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[VOL. X.

FAULTS AND FALLACIES OF CLINICAL REPORTS.

BY C. WESSELHOEFT, M.D.

SINCE the beginning of medicine, practitioners have reported and published clinical cases. The general object of reporting cases should be to prove the usefulness of practice, and its superiority over the absence of medical treatment. The report of a case of surgery, resulting in a cure, is to show that recovery was the consequence of mechanical interference; or it may prove the superiority of some particular method over another. The record of a case of midwifery, requiring artificial aid, should illustrate the advantages of such assistance in general, or of a given method of conducting such cases. Precisely the same objects are supposed to be served by the publication of cases treated and cured by means of medicines. Unless this object is held in view, the publication of clinical reports is to no purpose.

As there are various systems of treatment, some resembling, others differing from each other, the publication of cures by representatives of different systems, aims to demonstrate the superiority of the methods espoused. Other motives for the publication of cures, except from a strictly scientific point of view, are entirely inadmissible.

Supposing this view to be correct, we may inquire to what extent the object is attained of proving the advantages of one system over another; or — within a system or school — of one method over another? And what are the difficulties and errors encountered in establishing sufficient evidence?

Among the different branches of medical practice, that of

therapeutics offers fewer opportunities to render clinical cases attractive to the reader, than *e. g.* surgery or obstetrics. Medical cases afford less play to the fancy of the reader, and appear to him dry entertainment, especially when described, as they should be, in plain, unadorned language, with scrupulous adherence to facts. Stated in this way, the best of clinical results — cures of grave and intractable cases by medicine — frequently fail to attract, to interest, or to convince the reader, whose craving for scientific excitement is temporarily appeased, perchance by a case of triplets with complications, or some rare revelations of an autopsy.

Writers of all ages seem to have comprehended both the taste of medical readers and the apparent insignificance of reported common medical cases as compared with descriptions of more tangible processes, as well as the difficulty of stating cases of cures by medicine so as to make them intelligible, interesting, and profitable to the reader. In order to evade these difficulties, and at the same time to produce the effect of interest and attractiveness, not a few, from the earliest times to the present day, have, often quite unconsciously, adopted a sensational style and an authoritative tone in stating cases that may impress the reader by its epigrammatic brevity as practical, while closer scrutiny will detect the aiming at effect. On the other hand, it is not to be questioned that the stress of private practice naturally renders original memoranda short and incomplete. This, and the earnest desire to furnish interesting material, as well as instructive facts, without loss of valuable time, must necessarily become a valid excuse for the imperfections of reported cases. Nevertheless, in publishing cases resulting in cures, we should not lose sight of the only legitimate purpose of such reports.

In order to ascertain how far this object is reached, a few cases are herewith given. They are taken without special search, from the most recent publications, containing, among numerous fairly reported and instructive cases, a large proportion of faulty reports. Though custom, which we have all followed more or less, has always sanctioned such reports, it is time to change both style and method of reporting clinical cases.

It is to be hoped that the grave importance of the subject will shield the author of this article against the possible imputation of disregard of personal feelings of others. Reform in anything demands freedom of thought and speech; Homœopathy owes its existence to such liberty.

From a case related on pages 24 and 25 of the January number of this journal, we quote only those words which are intended to designate the nature of the case and the indication of the remedy:—

Mrs. Wm. R., aged forty-five, had been treated for several years by as many physicians. . . . For thirty-two years she had a severe pain of a crampy nature in left ovarian region; worse at menstrual periods, which were still regular. She said there was considerable enlargement in left ovary. "In left epigastrium" had a very sore place, which she was told was an abscess. Every two or three months it seemed to gather and discharge, when she would have several stools composed of pus and blood. . . . During last year, these "abscesses" occurred as often as every six weeks . . . bearing down in pelvis . . . dragging in ureter . . . excessive tenderness of abdomen . . . "chills" half the time . . . had taken much quinine, etc. . . . for this condition, Lachsm (F) one dose; improved in one week; well in three months.

The faulty description of this case leaves us in doubt as to what was cured. The reader cannot accept the enlargement of the ovary on the strength of the patient's statement. There is no statement as to the chronological order of phenomena, nor anything else that might show a relation to exist between pus, abscess, hypogastrium, or ovary. Abscesses occurring every six weeks within the abdominal cavity, sounds altogether too fabulous to be taken on the patient's statement, no examination having been made by the author of the report. But all her symptoms were on the left side, and that was reason enough to prescribe Lachesis, as the author thought. The second part of this report is a strongly-marked example of others that abound in our journals:—

"But soon the 'chills' came back furiously; they were chiefly of the *natrum mur.* type, etc., which cured the case."

In this, as in the preceding, we are left in the dark as to what was cured, or how.

In another class of reports, the name of the disease and its

remedy are stated, but the indications for its administration are omitted; and this method is chosen by no less an authority than our esteemed friend, Dr. David Thayer, in the *Gazette*, April, 1874, p. 145, etc. Desiring to illustrate his confidence in high potencies, the author quotes several cases of phlegmasia alba dolens. In the first he prescribed the remedy *Bell.*³⁰, upon the statement of the patient's husband, who obtained his information from former medical attendants. Calling a few days afterwards, the author found his patient wonderfully relieved.

In the second case, it is merely stated that it was a severe case of phlebitis, in which *Bell.*³⁰ proved the best remedy.

In the third case, at length, some reasons are assigned for the administration of *Bell.*³⁰ Sense of heaviness in the limb, and disinclination or inability to move it; painful sensation in moving the eyes. These symptoms are considered as incipient appearances of milk-leg, relieved at once by the remedy.

When we consider that the object of these statements was to furnish reasons for the author's confidence in high potencies, and probably, also, to inspire others with similar confidence, it appears as if this purpose could have been reached only by proving that these really were cases of phlegmasia alba., and that they had symptoms pointing to the use of *Bell.* in preference to other remedies. The few symptoms mentioned are peculiar to a great many disorders, and manifold trifling disturbances; they likewise appear among the less important symptoms of many remedies.

In order to prove that a given disease was cured by a remedy, it is necessary, first of all, to show that no other remedy was indicated, and that consequently the cure could not be ascribed to other causes. Although this faulty manner of stating cures has in time become sanctioned by usage, it nevertheless lacks the force of proof in every respect. The author of the above quoted reports, imagining himself in the place of the reader, will, no doubt, admit the truth of these observations, and be one of the first to join us in the desire to reform the traditional method of reporting cures.

There is to be observed another class of imperfections in the

manner of reporting clinical cases, namely, the habit of recording only the name of some grave disease without real evidence, furnishing, however, careful indications for the remedy. We refer to Bönninghausen's case, translated from the commentary of that learned author on the Aphorisms of Hippocrates (*Gazette*, Jan. 1874, p. 26). The statement is substantially as follows:—

It was near the end of March, 1833, that B. was attacked with "*ileus*." It was uncommonly painful, seated in the *right hypogastrium*, and lasted fourteen days before the right remedy was found. This proved to be *Thuja*, selected on account of the symptom that only uncovered parts of the body perspired much, while the covered parts were dry and hot. . . . One pellet of *Thuja*³⁰ relieved the pain in five minutes; produced a copious operation in ten minutes, and immediately afterwards refreshing sleep. We were just enjoying a hearty breakfast, etc.

Though not the slightest doubt is to be cast upon the circumstances of the case so far as related by B., we deem one point of it as insufficient to illustrate the power of a medicine over a dangerous disease. "*Ileus*" is mentioned as a disease. There was a time, long before B. wrote, when it was considered as a disease by itself; but at B.'s time and since then, it is recognized only as a condition peculiar to a variety of disorders of the bowels, of various degrees of intensity and danger, such as inflammation, intussusception, hernia, etc. Again, the word "*ileus*" has been used to denote very different conditions: thus, cases of enteritis and of neuralgic colic have been often called by that name about the time of which B. wrote. In recent times it was agreed to designate as *ileus* only cases with actual antiperistaltic motion, when vomiting occurred, not only of the contents of the stomach but of feculent masses.

We are left in doubt whether the latter definition or the former ambiguous one was intended to apply to B.'s case. It is unquestionably true—and we cheerfully accept it without the testimony of eminent names in its support—that the patient suffered intensely for a fortnight, etc.; but could he suffer fourteen days with what we now call *ileus*? And supposing it to have been *ileus* in that sense, could the patient have safely enjoyed a hearty breakfast next morning? The duration of the

case and the suddenness of its termination even by the correct remedy, render the actual nature of the disorder doubtful. Some hints may be obtained from B.'s definition of ileus on p. 318, *Loc. cit.*, where it is mentioned "as a disease which would inevitably lead to death if we do not succeed in relaxing the cramp in the intestines, which is the cause." In a footnote on the same page he quotes Tardieu and also Valleix as pronouncing *volvulus* as a disease baffling the resources of medical art. But *volvulus* implies a very different condition from that of cramp. B.'s case happened in 1833; he published it in 1863. Within this period of time both the cramp-theory and the *volvulus*-theory had given way to more accurate knowledge and nomenclature.

Now, B. does not state a single symptom denoting the nature of his disorder, not a word about obstruction or vomiting. The pain and other hints as to its nature are peculiar to many intestinal diseases. We are left entirely without knowledge of what was cured. Hence, the circumstance that *Thuja* was selected as the remedy on account of the sweating of uncovered parts and the heat and dryness of covered parts, loses much of its force and value.

Every physician reporting cases in the journals, firstly, owes his readers evidence of what he alleges to have cured; and, secondly, the reasons why the cure was possible, by stating the indicative symptoms. This is necessary to convince others of the superiority of treatment, and applies especially to homœopathic cures. That B. was fully alive to this, and that he fully believed he had done justice to his readers, we doubt not. On pp. 413, 414, *Loc. cit.*, he dwells on the importance of careful statements, and says: "It is much easier to select the proper remedy according to a proper picture (description) of a disease, than to form such picture clearly and distinctly, in all its characteristic traits, and free from all that is unessential."

It is quite true that mere diagnostic symptoms are not always or necessarily essential as indications for the remedy; but the reader has a right to know them in reported cases, he is to judge, not only to believe. On the other hand, a statement is equally imperfect, giving only name and diagnosis of a case

without its therapeutic indications. There are cases, no doubt, in which diagnostic and therapeutic indications are identical; but cases are rarely reported combining the latter conditions.

It is quite natural that one who has great confidence in a method of cure should presume others to possess the same degree of reliance, based upon research and experience. In this confiding spirit many eminent writers on medicine have set examples to their juniors, who, eager to gratify the greed of the profession for practical cases, as they are called, supposed to contain in a nutshell the condensed wisdom of ages, affect a certain rashness of style and tone of authority that seems to have weight, but actually is wanting.

The following cases in the *Hahnemannian Monthly*, Vol. X, No. 2, pp. 75 *et seq.*, by E. W. Berridge, may serve as an illustration of the result of such teaching:—

“*Teplitz and Petroleum*” were prescribed in a case that may have been erysipelas or herpes. The first remedy because, among other symptoms, there was *shooting across the forehead*; and the second because of *tightness of nose* and lachrymation in the open air. The author was informed by a friend that the medicine had quite cured the patient.”

In the first place, the reader is in doubt as to the disease alleged to have been cured (a red spot looking like a collection of pimples, hardened skin, and burning). The symptoms which are said to indicate “*Teplitz and Petroleum*” belong to numerous other remedies. And thirdly, no physician should allow a patient, much less a patient’s friend, to decide whether or not a medicine had cured. The reader, at least, may be allowed to reject such testimony.

Then we read cases like the following:—

“*Bryonia*.—In the morning makes mistakes in speaking from difficult articulation. Cured by ^{cm} (Fincke). Taken *ter die* for two days.”

Or, —

“*Sulphur*.—Itching of anus after stool. Cured by one dose of ^{cm} (Fincke). Etc., etc.”

Such statements are actually beneath the reach of criticism, and deserve only to be called silly; and yet several pages of a

respectable journal are filled with them, taunting the patience of every thoughtful reader. Some of them are given at greater length and with a semblance of proof, challenging analysis. No. 14, p. 77, reads substantially thus:—

“Mrs. —. For the last two monthly periods, blood dark, of putrid smell, in clots. *During* periods, feels hot all over. . . . Head feels inclined to fall forward; objects seem white, etc.”

Because “objects seem white” to the patient, *Sulphur* is selected from a list of seventeen remedies, all said to produce this symptom. To exhibit the inaccuracy of this statement, an examination of the eye-symptoms of a number of these remedies will fail to show that a single one has a symptom that could, even by a stretch of imagination, be construed to mean that “objects seem white,” unless it is mistiness of vision. But if so, why not state it? Thus, *Sulphur* has a white spot on looking into the air; black muscæ volitantes; dimness, as if from mist. *Alum.*: Mist before the eyes; objects appear yellow. *Ammon. Carb.*: Inflammation, with dimness; flickering of white stars before eyes after sneezing; a big black spot before eyes. *Bell.*: Inclination to look into bright light; mistiness of sight; blackness before eyes; letters appear golden and blue; can only see white edge of paper around letters. *Cannabis*: Allusion is made to affections of the white of the eye, and of a zigzag ring near the edge of field of vision. *Phosph. ac.*: Mistiness prevents seeing letters; black stripes before eyes.

Because the patient had “inclination of head to fall forward,” *Sulphur* is again selected from what is alleged to be the entire list of remedies having that symptom. Seventeen remedies are again named. In his Eye-Repertory, Dr. Berridge claims to have scanned 1,171 remedies for every symptom. If he searched as great a number for the above head-symptom, he omitted *Kali.*, *Paris.*, *Puls.*, *Ran. b.* Why not be consistent throughout, and name all?

The offensive odor of menstrual blood is only peculiar to *Sulphur*, says Dr. Berridge. But this symptom cannot be discovered in Hahnemann’s symptomatology of *Sulphur*, nor in

that of the Austrian provings. But, as every one knows, the symptom belongs prominently to *Bellad.*, and other remedies, such as *Carb. a.*, *Carb. v.*, *Caust.*, *Kali. c.*, *Phosph.*, *Kreas.*, etc., while *Sulphur* has only: menses thick, black, and acrid, excoriating the thighs (Chr. Dis. Sympt. 1039), and of sour odor (1050).

One of the most startling assertions is that we find "the clots only under *Phos. ac.*" This happens to be the only remedy that is not known to produce clotted, menstrual blood, though, perhaps, it may not, like *Phosphorus* itself, render the blood uncoagulable. (See Hahnem. Chr. Dis. Sympt. 1632; and W. Sorge on *Phosph.*). But it is well known that *Bell.*, *Cham.*, *Chin.*, *Sabina*, etc., are famous for this property. Why, then, make the above assertion?

But was not *Sulphur*^{c m} (Fincke) prescribed in this case? And is it not stated that the patient recovered entirely? Was not the remedy prescribed with much exhibition of accuracy? It may seem so to careless or very inexperienced readers, but when we take the trouble to examine the merits of each statement, the conclusion becomes inevitable that *Sulphur* could not have cured the case, because the principal symptoms of the case do not belong to the remedy, and that others are much more decidedly indicated.

[To be continued.]

CLINICAL CONTRIBUTIONS TO THE EFFECTS OF SEPIA.

BY DR. H. GOULLON, JR., WEIMAR, GERMANY.

[Translated from *Internat. Homœop. Presse.*]

It is not difficult to show that the disturbances which are curable by *Sepia* tend, for the most part, to assume a chronic course. The cough for which *Sepia* is specific is characterized, when left to itself, by tediousness and obstinacy — we mean whooping-cough — while the headaches which *Sepia* removes are not unfrequently older than the patient who suffers from them. Paradoxical as this may appear at first sight, it is nevertheless

true, as we have reference to those headaches which have their origin in an organic predisposition and are transmitted from the father, and still more frequently from the mother, to the child. *Sepia*, as is well known, is a remedy of great value in pregnancy, in other words it relieves a series of distressing symptoms arising from that exceptional state of the organism which is produced by pregnancy and is therefore marked by a duration of many months. The affections of the eye, too, which experience has proved to be amenable to the peculiar fluid of the cuttle-fish in its homœopathic preparation, are no less chronic; and we must also bear in mind, in this connection, the significance which this remedy has gained in the treatment of those forms of tetter which are distinguished particularly by their protracted course. (As we have no desire to coquette with the physiological school, it will be unnecessary to justify the use here of the traditional term "tetter" for certain forms of pathological processes in the skin. These have been classified most learnedly of late years, and we would add most meritoriously, were it not that the beauty of the classification had caused the connection of these diseases with the human being under the skin to be quite overlooked.) Finally, the beneficial effects of *Sepia* in certain forms of leucorrhœa are to be remembered, among the pathognomonic features of which no practitioner will be likely to count an acute or speedy course.

Chronicity implies obstinacy as a matter of course, but we know little concerning the influences lying at the bottom of this peculiar character of many diseases unless, as above suggested, an organic predisposition, in the broadest sense of the term, be allowed full value as an important factor in its production. It is also affected by the frequency with which attacks of a like or unlike nature have already occurred. Applied to *Sepia*, this would mean that this remedy finds its province more particularly in that class of disturbances in which the whole organism is involved, or which have their origin in the central nervous system. With reference to ætiology, the simile of the sybilline books may be applied without the least exaggeration, or in other words, man, if he would protect himself against disease, may

do so with comparative ease in the beginning; but after he has been repeatedly under the influence of one or the other disturbance even of an apparently superficial character, and whether brought on by his own fault or not, the sacrifices demanded of him (especially those of a dietetic nature) will grow more and more formidable, if he would guard against the recurrence of former disorders or against new ones of an essentially more intense character.

Sepia, then, may not unfrequently be looked upon as a sheet-anchor in those cases in which the much-abused organism appears to be given up unresistingly to the progressive encroachments of disease; and bearing this in mind, it will not appear strange that successes gained by our remedy cannot always be radical, but must of necessity be limited to a partial although sufficiently marked degree of improvement.

The second point of importance in the consideration of the general characteristics of this medicine, of which Homœopathy may well be proud, is to be found in the fact that the type of the female sex affords the greatest number of individuals for whom *Sepia* is indicated. The circumstance that the female constitution is more prone to hydræmic conditions of the blood (anæmia, chlorosis), while in even the most advanced stages of dropsy *Sepia* has often exercised a surprising degree of beneficial influence, justifies this assertion, for which further evidence will be adduced as we proceed.

The more immediate sphere in which *Sepia* manifests its curative effects is that of headache with the character of hemi-crania or sick-headache, which belongs much more to the female than to the male sex, "my lady's migraine," indeed, having almost acquired a proverbial meaning. Furthermore, *Sepia*, as already stated, is a prominent remedy in chlorosis "with diminished or suppressed menses," and also a remedy in pregnancy (a sufficiently significant expression, although it may not have a scientific sound), all of which is suggestive of the sex for which the drug shows a preference.

It may also be said of tetter (*Flechten*, herpetic and furfuraceous eruptions), that they attack the delicate skin of woman more frequently than that of man. The cause of this

may be sought, to a great extent, in the genesis of the eruption, which may not unfrequently be traced to an imperfect exchange of materials in the tissues, or disturbed secondary digestion, a deficient excretion of nitrogen and carbon by the kidneys and the skin. We know that woman, the more domestic sex, from the nature of her mode of living, is, in the majority of cases, restricted to a sedentary occupation, the breathing of confined air of kitchen or chamber, and, therefore, more subject than man to the conditions which favor the development of the herpetic dyscrasia, or its manifestations, if it exist already. Among these latter must also be classed the chronic ulcers of the legs which are more frequent among females than males, and which are favorably influenced by *Sepia*. To count these under the same head with *herpes* will undoubtedly be a stumbling-block for pathologists, but we are sufficiently prejudiced to class even leucorrhœa, with its erosive and debilitating effects, under this head, thus adding another of the correlatives of *Sepia* peculiar to the female sex.

Another circumstance which adds weight to the assertion that *Sepia* is pre-eminently a "woman's medicine" is the fact that the great majority of those remedies which resemble it, in so far as they produce analogous therapeutic effects, are also recognizable as having more marked relations to the female sex. We mention as among these remedies complementary to *Sepia*, *Pulsatilla*, *Ignatia*, *Belladonna*, *Graphites*, *Kali Carb.*, *Calcarea Carb.* It is generally admitted that these drugs have also a special adaptation to the diseases of childhood, more particularly *Belladonna* (in fever), *Graphites*, in scrofulosis, with the characteristic impetigo-eruption behind the ear and *Calcarea Carb.* in pale children predisposed to worm troubles; and the youthful organism certainly approximates that of the female much more closely than the male. In order to avoid misunderstandings, however, we claim for *Sepia* more especially the declining years, those of the menopause, and this accords with the previously mentioned theory of the increasing intensity of disease in the ratio of advancing age.

I.

T., unmarried, has suffered since early in the spring from a peculiar form of disturbed vision, which set in suddenly after the patient had unmistakably taken cold. Since that time she sees black figures, as large as the palm of her hand, fluttering before her eyes, and having the form of spiders' webs or laces. This is accompanied by a sensible pain of a pressing character in the circumference of the orbit, and all these symptoms are in the highest degree trying to the patient in consequence of their incessant and unyielding character.

External examination of the eyes affords no positive data, nothing, in fact, that could even approximatively account for the subjective symptoms. The patient has observed a gradual diminution of visual power for several years, and has worn glasses for sewing since her fifty-second year; in other words, she is presbyopic, which, as she is now close upon sixty-seven, will not appear remarkable.

She received, merely tentatively, *Belladonna*, *Spirit Sulf.*, *Kali iod.*, without effect.

At my request she then consulted a specialist, who declared, after a most careful ophthalmoscopic examination, with almost Spartan brevity and decision: "Absolutely nothing can be done in this case." The diagnosis, therefore, remained as obscure to me as before.

Sepia is one of those remedies which have gained for homœopathy the reputation of a method of cure possessing available resources when those of other methods, more especially those of the allopathic, have proved worthless, — a fact not sufficient of itself to have warranted the exhibition of this remedy in the present instance, but as I called to mind those cases in which it had cured scotomata of a similar character, and as the woman had recognized the hopelessness of her affliction, I felt justified in making a last effort with *Sepia*, which I administered in the 3d trit., as much as would lie on the end of a penknife, every morning for a fortnight.

By this means I succeeded, at the end of four weeks, in reducing the spots from their original size to punctiform objects,

— a result which the patient accepted with extreme satisfaction. This complete and wholly unlooked-for change in her sensations was so much a matter of surprise to me that I felt more than ever desirous of learning the actual result of the ophthalmoscopic examination. I therefore addressed myself directly to my friend, the oculist, and could not refrain from remarking in doing so: "You are, pardon my arrogance, the masters of diagnosis; we, of therapeutics." To this I received the following answer: —

"My dear *confrère*, I regret to have to inform you that the patient in question is recorded in my journal as having *cataracta dura incipiens*. This affection, which, as you know, is only to be remedied by operative measures in its mature state, is the cause of all the varying symptoms of which the old lady complains. The long and short of her story, and that which constitutes the really important feature of her trouble, is her diminished power of vision; and if you will compare the results of determinations of her visual power to-day, with previous ones, you will find no improvement, and it is this point upon which everything else must hinge.

"What you facetiously call arrogance, I can only construe into flattery, as 'Without diagnosis no therapeutics' is precisely the maxim upon which we pride ourselves."

So far the letter, of which the concluding sentence contains the motto of the physiological school, — "Without diagnosis no therapeutics," against which no other objection can be urged than that it is unfortunately too often the case that "even with diagnosis no therapeutics." In this case, for example, the oculist, who is a man of experience, turned the patient away with a papal *Non possumus*; but the diagnosis was saved. Homœopathy, on the other hand, claims greater efficiency, even in the absence of diagnosis. But this can never be construed into meaning that it does not always strive to come as near diagnosis as possible, while it bears in mind that "diagnosis," in too many instances, amounts to nothing more than a nosological term, which too often, again, is meaningless and inapplicable. We rest content with the plain fact that the patient now declares the disordered vision, which has been stationary since spring, to

have been reduced to almost nothing. The weblike figures, which were as large as the palm of a hand, are now no larger than mere specks; and, what is no less important, the constant pain in the region of the *orbicularis palpebrarum* has almost entirely disappeared. Who, then, has performed his duties as a physician more conscientiously,—the diagnostician, proud of his science, or the unscientific (because homœopathic) therapist?

Another point of importance is to be noted here. The objection might be raised, What proves to you that it was your *Sepia* which has been positively active in this particular case, and not nature alone? This is answered by the fact that, up to the time when *Sepia* was administered, the trouble had remained unchanged, as already stated; besides, the improvement, which amounts almost to a cure, shows no tendency to relapse up to this day (middle of November).

Furthermore, and we emphasize this particularly, the history of the case justifies the assumption that the patient was of a constitution peculiarly suited to *Sepia*, a true "*individu réactif*" of Jousset. She had formerly suffered for many years from that form of headache which is characteristic for *Sepia*; she felt as if the headache "came from the stomach," and it was attended with vomiting. Two years ago, while suffering from an attack of influenza, the headache was so violent that she feared an apoplectic stroke; it lasted four days, with the sensation as if a hammer were incessantly pounding. These headaches were brought on by exposure to cold and draughts, to which the patient is extremely sensitive. *Calcarea carb.* perhaps excepted, no remedy is more nearly specific for this form of headache than *Sepia*. In passing it may be mentioned that in addition to all this the patient had been chlorotic in her youth.

II.

On the twenty-first of July, I was consulted by J. of Auerstedt, æt. 14, who has suffered as long as he can remember from headache, certainly for the last six years; and all the

physicians he has applied to have been unable to relieve him. His mother before him had been subject to similar attacks. In the boy's case they are increasing in intensity within the past three months, returning almost daily, or every second day at the least. He is forced to lie down when the paroxysm comes on; then vomiting follows, whereupon relief, more or less marked, is experienced. Sometimes the vomiting is the first to set in, and is followed by the headache; at other times he is unable to eat his dinner, when he is usually sure of an attack in the afternoon. He is usually chilly at the time, the hands and feet being especially cold, which is also the case at night. He has no eructations, but much bitter taste, perhaps from the liver being involved. His constitution since infancy has been one resembling the chlorotic state; but just now he appears more robust and healthy. I also learn that the phenomenon of vomiting, notwithstanding the aggravation of all the other symptoms and the greater frequency of the attacks, is not as constant as formerly.

By the continued use of *Sepia* alone, at long intervals, this patient was cured. Already on the twenty-eighth of July, after having taken *Sepia*⁶ daily for a week, he reports that he has had but one attack, and that one in the beginning of the week, when the medicine had had but one day to develop its effect.

July 28, *Calcarea carb.* During the following fortnight two attacks of headache, on Sunday and Monday.

Aug. 11.—*Sepia* 6.

Aug. 25.—I find that in the comparatively long period of eight weeks the patient has had but five attacks, while before that time they occurred daily or every other day. *Calc. carb.* 6.

Sept. 15.—But one attack in six weeks, after having been over-heated. The attacks have diminished in intensity as well as in frequency. *Sepia* 6.

Oct. 20.—The patient applies for relief from sore throat. The headaches come only at long intervals. He is instructed to report again whenever another attack comes on. Up to this time, Nov. 11, he has not returned.

There have been much more striking cases of this kind.* We mention this case only because it was the last which gave us occasion to recognize the value of *Sepia* in sick-headaches.

III.

The third province in which *Sepia* acts as a specific remedy is that of whooping-cough. I recall a number of cases which defied the remedies usually recommended, such as *Drosera*, *Ipecacuanha*, *China*, *Cuprum*, etc., while *Sepia* exercised a most beneficial effect upon them. The particular case I have in mind was that of a child which was being reared under the most wretched circumstances. It also had the characteristic ulcer under the frænum of the tongue, which old authors declare to be never absent in the worst forms of whooping-cough. The child appeared to be dying, in consequence of complication with bronchitis, followed by lobular pneumonia. It sank from day to day; and even in the intervals between the frequent paroxysms of the cough, the dyspnœa was marked. From the time when it received *Sepia* 9, it began to improve, and convalescence followed rapidly.

In the cases of two other children, (thoroughly scrofulous), *Sepia* 6 shortened the whooping-cough in a marked manner, and checked the frequency of the attacks. But here a dose of *Belladonna* was also administered daily.

IV.

In conclusion, we will mention *Sepia* as an important remedy in dropsical affections, where, besides *Arsenic*, it often produces unlooked-for benefit; unlooked-for, because in cases of organic lesion of ten years' standing, or more, it is scarcely possible to hope for improvement.

A case of this kind came under my care in the person of a peasant woman, who was suffering from a valvular insufficiency,

* Allgem. Hom. Zeitung. Vol. 79, p. 186. *Sepia* for boring hemicrania pains, beginning early in the morning, in the case of a chlorotic patient, æt. 27. By Dr. Polle.

and consequent advanced dropsy. Œdema of the legs and ascites confined her to the bed. After several fruitless experiments I gave her *Sepia* 9, after which I heard nothing more for five weeks, when I learned that after the last prescription the woman had improved remarkably. After a pronounced diuretic crisis she had visibly improved, and to such a degree that, notwithstanding her years, — she is upwards of sixty, — she is again able to attend to her household duties.

We herewith conclude our little clinical illustrations, which do not claim to be learned or scientifically reported cases; but they are matters of fact, and form a small contribution to the knowledge of the wide applicability of a remedy, the study and exhibition of which are attended with the most gratifying results.

TO THE FACULTY OF BOSTON UNIVERSITY SCHOOL OF
MEDICINE.

THE following resolution was unanimously passed by the students of the school at a meeting held Jan. 13.

Resolved, That we express our thanks to the Faculty of this College for their kind entertainment of Dec. 10;

And, That we recognize therein but one of many efforts on their part to lessen the 'distance which usually separates Faculty and Students, and meet us in a manner 'calculated not alone to inspire respect towards themselves, but also to establish personal friendships with us through a more intimate social acquaintance;

And, further, That we believe 'ourselves keenly alive to, and appreciative of the regard for us thus shown.

ALL THE STUDENTS.

BOSTON, January 13, 1875.

The New England Medical Gazette.

BOSTON, MARCH, 1875.

BOSTON UNIVERSITY MEDICAL SCHOOL.

IN order to convey an adequate idea of the progress, standing, and prospects of Boston University Medical School, we print to-day a full report of the exercises at the second annual Commencement, feeling sure that it will be read with interest by every one in New England who has the cause of liberal medical education properly at heart.

The spacious amphitheatre of the college having proved too small, a year ago, to contain the many friends desirous of testifying to their interest in the institution, the Commencement exercises were this year conducted in Tremont Temple, in the presence of a highly intelligent and appreciative audience, which filled the large hall notwithstanding the most violent storm of the season. The platform was occupied by the President and Trustees of Boston University, the Faculty of the Medical School and the graduating class, besides a number of prominent gentlemen, among whom were Gov. Gaston, Hon. Alex. Rice, Hon. Jos. H. White, Ex-Superintendent of Education, John D. Philbrick, and others. Music by the Germania Band and the most tasteful floral decorations in great profusion lent a charm and grace to the proceedings in strong and grateful contrast to the storm without.

The exercises were opened by invocation pronounced by the Rev. David Patten, D. D., and after an overture by the orchestra, followed the address of the Dean of the Faculty, Dr. I. T. Talbot.

ADDRESS OF THE DEAN, DR. I. T. TALBOT.

Mr. President, and Ladies and Gentlemen,—It is pleasant to meet under auspices like the present. Just one year ago, on the occasion of the first annual Commencement of Boston University School of Medicine, we assembled in the lecture-hall of our college, with some three hundred or four hundred of our friends to enjoy the occasion with us.

From our first class of seventy-eight pupils, five were then found worthy of the degree of *Doctor of Medicine*. The year which has since passed has proved that the Faculty of this school and trustees of this University acted wisely in conferring those diplomas. Every one of that class is to-day in successful practice, esteemed and honored by their patients to an unusual degree.

You are aware, Mr. President, that we were then strong in hope and expectation. But here, in this larger hall, and surrounded by more numerous friends, it is pleasant to be able to say that those hopes and expectations have been more than realized. The school has been prosperous beyond the anticipations of the most sanguine.

Our numbers have largely increased. We have had, during the present year, one hundred and thirty-one pupils, fifty-two women and seventy-nine men. Of these, fifty-two have commenced their studies in the graded course of three years, and form the first year's class, while thirty-five are in the class of the second year. The remainder are in the general course, having pursued a portion of their studies elsewhere.

Of their character as students, their earnestness and devotion to study, their aptness and avidity to learn, I am sure I speak the sentiment of the entire Faculty in according them the highest praise. Their general deportment, their courtesy and kindly bearing alike towards their teachers and towards each other, have cemented ties of friendship between teachers and pupils which death alone will shadow.

And here I cannot fail to speak of one subject about which there has been much difference of opinion, — the co-education of the sexes in medicine. I do not stand here to argue the practicability of giving a medical education to women. The time has gone by for that, as two thousand women now in practice in the United States can testify; but what I do aver, and what the most strenuous opponents of women practitioners will concede, is, that if they *do* practise medicine, if lives are to be intrusted to their care, they should be educated as thoroughly in every respect, listen to the same lectures, pursue the same studies, enjoy the same surgical and clinical advantages, and be subjected to the same rigid examinations as are men. Now, how can this be done better than in the same schools with men?

I know that disgraceful scenes occurred in Philadelphia some years since, when women were allowed to go into the wards of a public hospital, and to examine and study disease in the presence of male students. It is true that medical schools for both sexes have been started and abandoned, and that the idea of medical co-education is not popular with the profession in New York or Philadelphia. There are scientific men, learned men, excellent men, and women too, who say that this medical co-education is impracticable, and that results have fully demonstrated it. So, too, you will remember that learned and scientific men once said, and demonstrated, that anthracite coal could not be made to burn, and that a steamer could not possibly cross the Atlantic Ocean: but anthracite now warms many a household, and ocean steamers are essential to the commerce of the world.

The experience of this school in medical co-education has shown that it can be done, and so far from proving impracticable, it has been one of the greatest promoters of success in the school. There has been politeness and true courtesy between the sexes, such as is seldom seen in a medical college, and there has been a generous rivalry, a genuine respect, which has quickened mental effort and

exerted a powerful and beneficial influence on the intellectual and moral life of both sexes.

When, last winter, the Legislature of Massachusetts saw fit to unite to the Boston University School of Medicine the New England Female Medical College, — albeit the first college in the world established for the purpose of giving medical instruction to women, and which had been struggling for twenty-five years, doing the best it could, — some of its old friends deprecated that action, fearing that the usefulness of the school would be injured and that women would be obliged to go elsewhere for a medical education.

What has been the result? The school, for women only, in its twenty-fifth annual catalogue, showed but twenty-six students. In the first year as a school for both sexes, it had thirty-four women, and in the second, fifty-two. I do not attribute this increase in numbers wholly to co-education, but in part to the greatly increased facilities for instruction, and in part to the adoption of homœopathic principles in the school.

But if medical co-education has proved a failure in other schools, it has been because there were those in the Faculty directly hostile to it, or who made no effort for its success; while in this school, if there were any of the Faculty who doubted the feasibility of the plan, they have placed no obstructions in the way.

Of the general progress of the college during the year I can give a gratifying account. The college building on East Concord Street was last year found to be inadequate to the requirements of the school, and an addition was commenced, which has been completed this year. It contains a fine amphitheatre, essential for anatomical and surgical lectures, and a large chemical and general lecture-room; and these are in addition to its former facilities.

The apparatus for illustrative instruction has been increased, and ten new, first-class microscopes have been imported from Paris, making fourteen instruments in constant use in the microscopical laboratory.

The Library contains about a thousand bound volumes, but there is ample room on its unfilled shelves for donations from the friends of the college of valuable books of reference, so needful to students in every department. It is for the generous and the thoughtful, for those who are provident for the future, to think if it is not wise that an institution like this, which is to educate men and women to be intrusted with the health and lives of thousands, should be so endowed and equipped in every department that its graduates may be thoroughly educated at all points. Who can tell but that a small gift, which would add to the instruction of a physician, might some time make the difference of life or death to the very donor? Certain it is that even a moderate sum, which would add to the educational facilities of the school, thereby making better physicians, would be of inestimable value to the whole community.

During the school year the students have had thirty-six weeks of instruction. In that time there have been one hundred and eighty recitations, over eight hundred lectures, a large number of surgical

operations before the class, and frequent surgical and medical clinics. These clinics will be increased the ensuing year, through the facilities offered by the Massachusetts Homœopathic Hospital, which is about to erect a new building on land adjoining the college grounds. But these opportunities for studying disease in its various phases will even then be insufficient, and efforts have already been made to render available to our students the material always offered in large cities.

Opposite the College is the extensive Boston City Hospital, where diseases in various forms are treated. In December, 1873, a petition was presented to the trustees of the City Hospital asking that they would "allow the medical students of Boston University to visit the City Hospital under the same conditions and regulations as the students of Harvard University and of the Boston Dental College." This request is obviously just, but it is such a request as ought never to have been required. Public hospitals have, from their earliest foundations, admitted to their wards medical students without unjust discriminations. Now it required fifteen months of consideration for the trustees of the City Hospital *not* to grant this request, but to evade the claims of Boston University by passing a resolution granting to any *gentleman* interested in surgical science the privilege of visiting the amphitheatre of the Hospital on the public operating day.

Is it possible that an institution supported alike by every citizen of Boston without regard to his or her medical belief can long be permitted to virtually close its wards to the students of one university while cordially inviting those of another to its coveted privileges?

Whatever may be the wish of certain partisans in this matter, Time is a resistless teacher of justice and duty between man and man, and will soon bring us where medical students of either university will be permitted to walk those wards unquestioned as to their medical tenets. Thinkers respect thought, and the intelligent public opinion of Boston will respect the rights of all honest searchers after knowledge, and will sustain the trustees of the Hospital in opening its doors to students of both universities. Further still, it is safe to predict that in the not distant future the poor sick man or woman who is compelled to go to the City Hospital will not be debarred from homœopathic treatment because he is a recipient of the bounty of Boston.

To-day we present thirty candidates for the honors of the university. By hard study they have fitted themselves for practice, and upon rigid examinations they have been deemed worthy of the degree of Doctor of Medicine. From this day hence they go forth to exemplify by their lives and labors the character of the instruction they have received.

Each candidate has carefully prepared a thesis on some subject pertaining to medicine.

Four of these have been selected, from which extracts will now be read, not because of their greater excellence or because the writers ranked higher in the class, but in the hope that they will prove interesting to those who have kindly honored us by their presence.

This was followed by the reading of dissertations by T. C. Gallison, M.D., on Mental Therapeutics, A. H. Tompkins, M.D., on The Hom-

œopathic Law, Mrs. A. S. Morse, M.D., on Diphtheria, D. S. C. Kavalgian, M.D., on Medicine in Turkey. We regret exceedingly that our space will permit of our giving but two of those presented, as all the papers were of decided merit. The two following are selected as representing on the one hand the scientific spirit and attainments of the female members of the graduating class; and on the other, the contrast between medicine in its crude and primitive condition and its highest development, as seen by one of the successful candidates who comes from Asia Minor and has had to grapple with the disadvantages of a strange language while pursuing his scientific studies.

DIPHThERIA.

BY ABBIE SWAN MORSE, M.D.

This dreaded disease, of which we even now know so little, is not, as many have supposed, a new one, but has been known by various names for many centuries. It was described in the days of Homer and Hippocrates; and Aretæus, about the second century after Christ, gave an account of the same, describing both the simple and malignant forms. Later, a similar disorder appeared in Rome as an epidemic.

In the centuries following, the same malady prevailed at different times in various parts of Europe. In Spain, in the seventeenth and eighteenth centuries, the affection was called "Garotilla," as it attacked the larynx and caused death by suffocation.

In 1818, as a new and strange disease it suddenly arose and spread over a large part of France. Everywhere it inspired terror and alarm; people died in great numbers; and for a time it seemed beyond the control of physicians.

This epidemic led Bretonneau to make investigations in regard to it, and the result of his labors was brought before the French Academy of Medicine in 1821. He called this form of angina, diphtheritis, because of its essential characteristic, the membrane in the throat.

He also writes that an inflammation without this exudation is never a diphtheritis; and although at his first writing he regarded it only as a more severe form of croup, later he conceded that a blood-poisoning was also an essential feature.

Dr. Samuel Bard, of New York, wrote one of the earliest essays upon this subject, as "Angina Suffocativa," based upon an epidemic which appeared in 1771.

In 1857 it broke out almost simultaneously in England and in this country, from which time it has occurred in the form of epidemics, of greater or less extent and severity, almost all over the world.

Diphtheria is an acute, febrile, contagious disease, occurring both epidemically and endemically, and distinguished by an exudation upon the mucous membrane of the throat, that has a peculiar color and odor, and by a blood-poisoning that causes great prostration.

It arises from atmospheric poisons, and may occur sporadically; its exciting cause is, or seems to be, due to a specific agent, which enters the system by contact with objects or persons infected by it.

The effect of climate, weather; or the seasons in inducing the disease is comparatively slight. In damp, marshy regions, with poor drainage, and those localities where the decomposition of vegetable or animal matter is prevalent, it more often takes a malignant form; yet no location, however high or dry it may be, is exempt from its ravages.

Diphtheria attacks children more frequently than adults, and is more fatal among them, as it well may be, when older and stronger systems are not able to endure the severity of such a prostrating malady.

There are varied opinions in regard to the degree of the contagion of diphtheria, and to the manner in which it is conveyed from one person to another; but that it is sufficiently contagious to desolate families and communities is a fact but too painfully realized in certain sections.

The virulence of the contagion, as a rule, depends upon the severity of the case from whence it first arises; and yet, exceptionally, infection from a mild form may result fatally, this being dependent upon the age and constitution of the person attacked.

The poison is diffused by the exhalations of the sufferer, and in that way is carried through the air or attaches itself to various objects about him. One author asserts that this miasm clings to rooms and houses and will develop itself a second time in those same places after a lapse of months.

Of late a theory has been given to the medical and scientific world in regard to the relation of certain vegetable organisms to diphtheria, and it has been well proved that the parasites within the diphtheritic deposit upon the fauces are a species of microscopical fungi, belonging to the world of infusoria that are to so large an extent a cause of disease.

These germs are taken into the system by inhalation or otherwise, and deposit themselves upon the mucous membranes, the throat being the favorite location. They also mingle with the blood and are found upon the various organs of the body; without these there can be no diphtheria.

The question, "Which causes the other?" in relation to the two essential characteristics of the disease, the membrane and the blood poisoning, admits of two theories, and each has its strong advocates. It is to be desired that some earnest mind will fathom the hidden depths of pathological knowledge, and reveal the dark points of this direful malady.

The period of incubation may be from two to five days. The great prostration at the commencement seems out of proportion to the intensity of the disease. After a few days of lassitude and general ill feeling, the person attacked has pain in the fauces and difficulty in swallowing.

Upon examination, the tonsils, uvula, and velum palati are found

inflamed and somewhat swollen, with small, whitish-gray spots on different parts of the throat; these spots look like coagulated mucus, that, later, run together and spread over the whole pharynx, and even so far as to enter the posterior nares if not speedily arrested.

The intensity of the fever with this stage varies. In some cases the attack begins with violent fever, even with convulsions; often chilliness precedes the heat, and the fever may be remittent or continuous. The glands about the neck become swollen and turgid. When both parotids are involved some regard it as a very unfavorable symptom. When the surrounding cellular tissue shares in the inflammation the movements of the mouth and head are much impeded. The breath is extremely offensive; the voice become hoarse, sometimes is entirely lost; cough is rarely present, but frequently nasal discharges and lachrymation.

In mild cases the cerebral functions are normal, and they only become disturbed when the circulation is obstructed by the great swelling about the neck, or when typhoid symptoms set in. Albuminuria shows itself about the fourth or fifth day in many cases; perhaps it may be asserted with truth that it appears in nearly all instances.

The symptoms given are more or less severe, according to the form the disease assumes. In mild cases, in four or five days the membrane loosens and is thrown off, leaving a smooth, mucous surface, and the patient goes safely on to recovery.

When the termination is not so favorable, after a few days of little change the fever may suddenly increase to a great height; the temperature of the body rises to 103° or 104° ; the pulse becomes rapid, the head hot and brain confused. The throat has a dry, burning feeling, the membrane rapidly extends, and the disease becomes a croupous diphtheria. This also may be amenable to good treatment or may go on to a fatal end. In the latter case all the symptoms are aggravated; the breath becomes so fetid as to be almost unendurable; the membrane softens, breaks down, and ulceration and sloughing follow rapidly. Then hemorrhage, or complete poisoning of the system, carries the patient beyond the hope of restoration.

The cases which end in recovery, when once the symptoms of true septic intoxication have appeared, are very rare.

Every case of diphtheria, in whatever form it may occur, may be succeeded by partial or complete paralysis. It develops slowly, often appearing as late as the third or fourth week after the healing of the lesion of the mouth and throat.

The most common is the paralysis of the muscles of the soft palate and pharynx generally; more rarely the muscles of the larynx, trunk, and limbs; occasionally this paralysis becomes permanent, but ordinarily terminates in a cure in from six or eight weeks to a few months.

Disturbances of vision are frequent, also functional derangements of various organs; in one case that came under my own observation rheumatism followed a severe attack of diphtheria, and continued at intervals for several years.

Concerning the treatment of diphtheria there are many opinions, as

there must be while it takes such a variety of forms. It has been successfully treated with suitable remedies and local applications, and with equally good results from remedies alone.

In the experiments that were made in regard to the parasitical nature of the deposit, alcohol was found to destroy the growth entirely when silver nitrate, copper sulphate, mercurius corrosivus, and various other applications failed in doing so.

Neidhart says that "chloride of lime is a specific for diphtheria as lime-water is a solvent for the membrane."

Isolation of the patient, so far as possible, the most perfect ventilation of his room, with plenty of pure air and sunshine, regular habits and cheerful minds for the persons about him, are the only means of preventing the spread of the disease.

It has proved so fatal in the past that every one dreads its approach, and the skill of the best physicians is often taxed to the utmost in treating it; so it remains for all who desire to be successful in conquering the malady when met with to study it carefully and earnestly that they may enter the contest well prepared, and with the aid of well-chosen weapons, strive to win the victory in every case that appeals to them for relief, and so keep unbroken many a family and gain the confidence of those about them.

MEDICINE IN TURKEY.

BY D. S. C. KAVALGIAN, M.D.

The study of medicine flourished among the ancient Arabs, and some of our best knowledge and inventions in medicine trace their origin far back to the ingenuity of that intelligent nation, which claims Hippocrates as one of her offspring, giving him the name of *Sheed*, and honors the old father of philosophy, Plato, by a mastership in the curing profession, and the name *Eflatoon*. The great fabulist *Æsop*, also, is numbered among the chiefest of the physicians of Arabia by the name of *Locmān*, to whom the extravagance of oriental imagination attributes wonderful and miraculous cures, so much so that this "Evlia, the accomplished" succeeded in finding the powder of immortality. In his old age, wishing to communicate the secret to his disciples, he gathered them together on the bank of a river, where he ordered one of them to thrust a dagger to his heart, while to another one he intrusted the life-powder, ordering him to put it to his mouth as soon as he was wounded, thus to show that the mortal wound would have no more power than a mere incision. The master was stabbed, but the miserable wretch that had charge of the powder, wishing to pass to his teacher's place, instead of putting the powder to the doctor's mouth, tried to swallow the immortality himself, while his instructor was bleeding to death. But the Almighty Allah not being willing to impart this privilege of immortality to men, the wind blew off the powder from the paper (it must have been a homœopathic powder of little bulk), and the waters carried it away. So *Locmān* died a victim to his audacity, and the students hung the traitor. All that exists now in medical knowledge are the remains of

the Locmănian teachings, whose books the "Giavoor Franks" (European infidels) have secured and translated into their languages, and are thereby farther advanced in the healing art than the descendants of Locmăn or their successors, the Turks.

By the prevalence of Mouhametanism with its wars and plunders, not only medicine but all other sciences, and even the necessities of life, sank into neglect; and that horrible brute who sent orders to destroy the library of Alexandria, saying, "If the books therein are in accordance with the *Kourani Sherif* they are useless, but if contrary to the Holy Writs they are deleterious; one way or the other, burn them," of course ordered the destruction of many valuable treasures in our line of study; and the Arabs, becoming intoxicated with the love of conquest, forgot all about arts and sciences, save perhaps those pertaining to the killing profession.

Islamism, also, by its religious principles of "Namehram" and "Kader," did no little harm to the healing art, — by the first prohibiting male physicians to attend female patients; and by the second, teaching that everything occurs to man by the order of Heaven, and it is not good to meddle with the decrees of fate by trying to cure the sick. On the other hand, however, the shrewd prophet decreed that Namehram might be overlooked in instances of emergency, and that medicine also, as well as the diseases, were created by the same Allah; so that, while on the one hand the regular study of medicine declined, the practitioners of the same never decreased in number. Medicine became a hereditary property in some families, who taught to their descendants what they had learned from their ancestors as a legend. Superstition and ignorance also being mixed with this trifling traditional education of medicine, the noble profession declined to the utmost degradation, all the practice remaining in the hands of rough empirics. Even now it is not uncommon to meet with families of physicians, and whole tribes of oculists and surgeons. In the provinces of Central Turkey, wild Kurds, not having the least idea of anatomy, not imagining even the existence of such a knowledge, — men who, in fact, have never seen, perhaps, any kind of a book in their lives, — practise surgery and perform operations of lithotomy, having no other instruments but a rude wooden spoon and a dull razor. On the Turko-Persian borders there live whole families of oculists, certain members of which travel all about the country to "open eyes," operating with the rudest instruments that an American surgeon could ever think of, — such as knives, hooks, and rusty iron probes; and the rougher a practitioner is, the greater is his fame as an able master.

Accoucheurs are females, almost without exception, generally good-for-nothing jades, having as fair an education as the surgeons and the others have, *i. e.* gross empiricism. What damages ignorance and superstition are working in Mahometan families! A great many poor victims never see the light; and this is one of the reasons why the Asmanlis are gradually decreasing in number year after year, — a Turkish midwife would never touch the fœtus until it is fully born, even if the poor child lingers two or three hours in the external parts of parturition. As soon as the infant is born and washed and pre-

pared, it is squeezed into such tight bandages that movement is impossible,—and this because the child is coming from a tight place and must not be let loose till it gets used to liberty; and this training takes considerable time. The poor mother is not allowed to drink one drop of cool, refreshing water till at least the third day after delivery, though scorching with intense thirst,—the divine sentence being “sorrow” in “bringing forth children”; but the torments of ignorance are innumerable. The poor Devil — *Ginperi* — is very often unreasonably charged with plugging the passages of menstruation or parturition; and the enchanters produce sterility and other disturbances of the various functions of male and female genital organs.

Passing, now, to medicine proper, here another vast field of calamity opens before us. From the capital down to the smallest village the *barbers* have to cure. These gentlemen, hardly knowing how to shave the chins of their Christian friends and the heads of their Islam neighbors, pretend to cure their “chills” and “piles,” and are expected by the people to know how to bleed, drug, and nurse patients. I am personally acquainted with a “physician” of wide practice, who supposed the lungs to be at the left and the liver at the right side of the thoracic cavity! One of the “eye-openers” once gave me an elaborate description of the construction and the function of the eye, — such as our professor here would never think of. He was sure that the eye was “a sea, divided into seven departments, receiving its supply of water from the liver”! I praised his learning, though I could not possibly make him understand the phenomenon of vision. It is easy to imagine what a curse the remedial agents are in the hands of such practitioners. A great many are killed by real genuine Sangrados by means of bleeding. Basinsful of human blood are spilt every year in the month of May, as every man *ought* to bleed once a year, and that month is the most convenient season for enjoying this pleasure, and also the annual purgative.

Cathartics play in no wise an inferior part to blood-letting; and as, fortunately, a good many drugs belonging to that category are the products of the country, — such as Scamonium, Croton tiglium, Castor seeds, Rhubarb, etc., — there is but little trouble to get them in abundance. The doctor, after bleeding his patient or customer a score of ounces, mixes a splendid “sherbet” for him, and in proportion as the *stuff* acts, so much the better and so much the more valuable is the drug. Out of hundreds of cases I mention the case of a gentleman who gave to his sick servant a pretty big lump of Gamboge, weighing about a drachm, to swallow as a purgative; and the poor fellow’s entrails were actually purged out, and the man himself wiped out from among the living. The variety of articles used as medicines is no less notable, — many kinds of herbs and clays, cobweb, the blood of white and black hens; and I know a case where the physician prescribed wolf’s dung mixed with curdled milk, to be taken internally for the cure of enlarged spleen, — and the patient most faithfully took the medicine!

It is pitiful, indeed, to see the poor people putting themselves under

the charge of such quacks, without complaining against these evils. But it is still more lamentable to see the same people preferring to be so abused rather than be under the care of an educated practitioner; to see them neglecting the life-giving rules of hygiene, and recklessly violating the laws of nature. Ignorance is killing the people and undermining the nation.

Another very interesting chapter of our statement is that about the *superstitions* regarding medicine. The fertile and imaginative Oriental mind, though always searching for the cause of everything, is easily settled and dazzled by a mysterious description high above the understanding. This he delights in believing. It is somewhat amusing to see a number of inquirers surrounding a man whom they think to be a *savant*, and asking him such questions as, in fact, nobody can answer satisfactorily; but when the man of science declares that it is the "Kelam-u-kadim," *i. e.* the "Eternal decree," every mind settles down at once, and every objection stops without further investigation. As this people see that certain maladies seem to have a connection with celestial phenomena — such as attacks of epilepsy and relapses of mental derangement and certain skin diseases at the time of full or new moon, and nervous headaches in the days of dog-star, etc. etc., — they readily explain their troubles as the effects of the orbs of heaven or some other mysterious power, or good and bad spirits, imps, ghosts, and devils. Many cases that the "doctor" cannot cure he attributes to a higher power, and advises the patient to call a certain Emir or Hoja to pray or write charms for him, or to cast the devils out of him. This belief has generated another system of medicine, the spirit-cure, its practitioners prescribing other means of relief, such as certain localities, a tree, a fountain, a chapel, the tomb of a prophet or saint, or images and relics of the Virgin, or one of the enormous host of saints. There are different Emirs for the cure of various diseases, who pray, read, write, blow, spit, howl, and growl, and gather the demons to compel them to leave the patient, or to find means for his cure. Erysipelas, with some other œdematous diseases, is regarded as the result of the stroke of an angry spirit, and there are special men and formulæ of prayers for its cure, though our "infidel" professor says that the blue clay expels the devil better than anything else. An electro-magnetic machine was used with favorable result in a case of mental derangement, making the patient believe that every shock which he received from that diabolic "thing" indicated the expulsion of one of his devils. (Similimum.)

In this state was medicine in Turkey, and is even now, to a very great extent, but the brother of the present sultan, the late Sultan Abdul Medjid Khan of blessed memory, among many other reformations, established a military School of Medicine in Constantinople, and this school since its opening has turned out a number of tolerably well educated physicians; and as the government duly recognizes the diplomas of the American and European colleges, many of our young men have gone abroad to Europe and to this country and studied medicine; so much so that a few years ago the legislative power passed a law that nobody should practise medicine unless he possesses the

diploma of a regular medical school — though this law, for the present, is as much in force there as your prohibitory law is here. Other physicians, also, from foreign countries came to practise in Turkey, and some of the missionary physicians from this country are doing a great deal of good; but as far as I am acquainted, the new school of medicine is scarcely, if at all, known in that country, and, in fact, where is it known and appreciated as it deserves to be? “Homœopathy is a humbug,” used to say one of our best doctors at home. “Well sir, you are not the first man making that statement; but how do you know it is a humbug?” — “Why,” would say the doctor, “now see: suppose that this man has a certain amount of acidity in his stomach, how can you cure it unless you give him the due counterpoise of alkali to neutralize the acid, and how can Homœopathy cure it by giving such a small quantity of an *alkali*?” From this statement it is quite evident that he did not know even the first principle of the new school doctrine, of adding a little more *acid* to cure, and not an *alkali* to neutralize the acidity of the stomach. And yet this gentleman was an A.M., M.D., etc. etc., a graduate of the University of Edinburgh, Scotland, wishing to use the stomach of the poor fellow as his laboratory to neutralize his acids and alkalies therein. He is evidently scorning Homœopathy because perhaps his teachers did so. I don’t know why, even in this country, the practitioners of the other school are so full of bile and bitterness against this system, without seeing and knowing and considering what it is, and what it claims. “Beware.” said an eminent practitioner and teacher of the old school in this country to me, “Beware! Homœopathy will not stand long. There are no authorities in it, it is a schism in medicine. Try to learn the good old orthodox way.” “Try everything and get the best” is, and has been always, the language of my instructors here. A number of excellent practitioners fell under the claws of the medical *inquisition* and were *excommunicated* for *improper conduct* because they tried to cure their patients in a more gentle way than the old one. “Do not practise medicine for Homœopathy’s sake, but try to do good to the sufferer by the best way you can,” has been the public teaching of one of the veterans of this school, — a noble and humane principle.

Of some of the facts relating to medicine that have come to my knowledge in this country, I cannot and dare not give an explanation. In America quackery is consuming the life of the common people as well as anywhere else, and the people who exercise great care to buy the best butter or tea are readily cheated by the first *charlatan* they meet. In a large neighboring city there are fifty-six physicians, and only one half of these belong to legitimate schools of medicine. My brother students here are much in the same annoying condition as I am in Turkey, — to see *every man* practising medicine while *they* have spent the three best years of their lives to secure the same privilege. Any one that can, mixes a *stuff*, puts it in a queer bottle with a gilt label, giving an enormous name to it, and the *thing* is ready for sale. The people pay for it, and swallow it, and there is nobody to look after the consequences! Why are these things so?

But in this school of medicine I have been requested and taught to

regard medicine as a *science*, as a grand field of observation and investigation. I have been advised to learn *to know what I do*, and for *what purpose*, and not to give magnesia for an acid stomach and quinine for "chills," because the *instructor of my professor's teacher* did so, and advised to do so. Truth has been imparted here to me to be my life-work, to study *it*. I am not a *sectarian* and will never be, being always ready to do anything that I can to alleviate pain; but I pay my homage to my Alma Mater, and am proud of her, and will never dishonor her fair name.

Gov. Gaston followed in a few well-chosen remarks, congratulating the University and Medical Faculty on the success which had so far attended their efforts, and expressing sincere wishes for their continued prosperity.

ADDRESS OF THE PRESIDENT, WM. F. WARREN, S.T.D.

THE NEW MEDICAL EDUCATION.

Ladies and Gentlemen, — Your presence here in such numbers this stormy evening is to me, I confess, a pleasing surprise. It is, to my mind, an impressive evidence of Boston's interest in what we may henceforth call the New Medical Education.

Of the Old Medical Education, especially as administered in Anglo-Saxon countries, we all know something, — some of us, possibly, more than we could wish. Let me recall to your memory one illustration of its historic spirit.

In the year 1860 a young lady in England desired to study medicine, with a view to practise among her countrywomen. She found that she could obtain the best of advantages for the study in Paris and in other cities upon the continent, but that the degree of a foreign school, even the highest, could not obtain for her, under British laws, the right to practise in her own country. Scrutinizing, then, very carefully every medical school in the United Kingdom, and every university, she found that by oversight the charter of one degree-conferring corporation, the Apothecaries' Hall, was so worded that they could not refuse to examine and license any person who fully complied with the required scholastic conditions. These conditions required that the candidate should in every case attend upon the instruction of certain specified professors. Some of these refused to admit her to their public classes; but with such, at great expense, she arranged for private instruction. Driven from one hospital, she took refuge in another. At last the long five years' curriculum was finished, a successful examination passed, and in 1865, by virtue of her degree, the first English trained woman was legally entered upon the *British Medical Register*. Great was the dismay of the profession. What one woman had done others might succeed in. What was to be done? One brilliant organ of the Old Education suggested, that as women could never be allowed to attend all the required lectures publicly in company with men, a rule forbidding students to receive any part of their

medical instruction *privately* would meet the emergency, and forever bar out the dreaded woman. The magnanimous authorities of the Hall accepted the suggestion, passed the rule, and thus securely bolted the only little door by which in all the United Kingdom a woman could contrive to learn the art of healing her sick and sorrowing sisters.

Let me give you another illustration, — one which shall convince you that the narrowness and illiberality of the Old Medical Education are not altogether things of the past. I will take for my illustration a transaction in the British Parliament during the past year. Mr. Cowper Temple had introduced a bill enabling the Scotch universities to arrange for the instruction of women in medicine, should the proper authorities of those universities see fit to do so. Twenty-six professors in those universities had asked for the legislation; the Municipal Council of Edinburgh — the body which entirely controlled the Edinburgh University down to the year 1858 — had memorialized the Premier in favor of the bill; sixteen thousand women by petition stood pleading at the bar, reminding these lawmakers that under existing laws no woman could anywhere in all the United Kingdom obtain a medical education, or acquire a legal right to practise: and yet, notwithstanding the purely permissive character of the legislation sought; notwithstanding the numbers and weight of the petitioners; notwithstanding the disabilities of English women are such as exist in no other Christian nation, — such was the strength and persistence and tactics of representatives of Old Medical Education that the bill was not allowed to come even to a vote. And this after earnest young women, seeking a medical education, had labored for six long years and spent thousands of dollars in partly qualifying themselves for the degree which had at one time been promised at Edinburgh, but afterward denied. Surely this is a significant illustration of the present spirit of what may be called the Old Medical Education. It makes one blush for one's sex and for one's old English lineage to think of the scene, — sixteen thousand women pleading at the bar of the British House of Commons for so slight a boon, and yet refused. Why, the very pagans shame such legislators! You may have read the story of brave Agnodice, the maid of ancient Athens, who, having studied her profession in disguise as a man, and distanced all competitors in her skilful practice, was betrayed, accused of being a woman, and for the crime arranged before the Court of Areopagus. The law was explicit, — no woman was to practise medicine on pain of death. The crisis was imminent. Straightway every woman in all Athens, who, in the awful hour of childbirth, had known Agnodice's mysterious touch, or, agonizing over delirious children dearer than life, had found in her strange hand and voice a sympathy and skill they felt but could not understand, — straightway all these flocked to Mars Hill, crowded about the judges, declared they would no longer own them as husbands and brothers and sons if brave Agnodice should be condemned; and though they rallied no sixteen thousand to that pagan tribunal, they prevailed. Instead of executing the noble maid who had braved so much to serve her sex, the court repealed the

ancient law and enacted in its stead that to every free woman of Athens the study and practice of the healing art should evermore be free.

Friends, in Boston, at least, we have got beyond the British Parliament. We stand to-night on that old Hill of Mars. Though more than nine tenths — almost ninety-nine hundredths — of even American Medical Colleges stand by the exclusivism of the Old Education, Boston's University and Boston's Public declare that if any man or any woman wishes to obtain qualifications to heal the sick and to assuage human suffering, they shall have a fair and equal chance. This I shall call the first and fundamental principle of the New Medical Education.

But the New Medical Education makes another demand. It is that the Medical School of the future teach, not the tenets of one sect or the theories of one party, but all that is known and all that is believed with respect to disease and healing. The school of the future must give to the student of medicine the broadest and most catholic training.

In every teaching Faculty there must, of course, be a certain degree of unanimity and agreement of opinion; but the unanimity must be, not that of ignorance and bigotry, but the unanimity of intelligent conviction. Under the new dispensation, medical Faculties should be made up of men who have been trained up in schools representing all the opposing medical parties; they should be men who have studied on more than one side of the questions which divide the medical world; they should be men who have broadened themselves by foreign studies, — men greater than any system, generous enough to hold fellowship with all conscientious cultivators of science, however differing in results.

In this particular, as in the former, I think our School of Medicine deserves recognition as a representative of the New Education. The unanimity of its Faculty is not the unanimity of ignorance. Nearly every professor — if not every one — has been taught and graduated in schools of two or more medical parties. A very large percentage of them, besides completing the best American courses, have also availed themselves of the best facilities afforded in Europe. A considerable number acquired their original training in Europe first of all. Whatever may be their present convictions and theories in medicine, they are at least acquainted with all rival ones, and eminently qualified to scientifically present them. Besides this many-sidedness of training and qualification for their posts, they are also men of broad and generous sympathies. They belong to a party almost too broad to be called a party. They have accepted a code of professional ethics singularly high-toned and catholic. As I am not suspected of over-much sympathy for the party as such, you will allow me to read a brief extract from this accepted code: —

“No tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive science. Its history shows that what is heresy in one century may, and probably will be orthodoxy in the next. No greater misfortune can befall

the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or 'regularity.' It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee, —

" 1. A truly fraternal good-will and fellowship among all who devote themselves to the care of the sick.

" 2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science, as it exists in all sects and schools of medicine, as the essential qualification of a physician.

" 3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness intrusted to his care."

As a layman in these matters, it would be unbecoming in me to take sides in the great professional controversy which divides the medical world; but were I a medical student, debating the question of my future professional alliances, I confess that such manly and generous sentiments as I have just read would go no small way towards settling the question.

But this brings to view another, a third characteristic of the New Education, namely, its attitude towards the entire medical profession. The medical school of the future must be something more than a mere recruiting office for medical belligerents. It can never be made a mere funnel to anybody's partisan eel-pot. To make it this is to make it the medical school of the past, not the medical school of the future.

In this respect, also, the School of Medicine of Boston University rightfully claims to represent the New as opposed to the Old Education. Its authorities belong to no one medical sect. Some of us sympathize with one of the State associations, some with another. Some of us employ in our families physicians who like to be called "regular," some physicians who are known by other designations. Probably there is not an important scientific theory or standpoint in medicine which is not represented among the authorities of this school. But while we may disagree in some things, we all agree in this, namely, that the University must hold a perfectly impartial attitude towards all legally recognized branches of the American medical profession. In this respect the University must be like the State. Whatever forms of medical practice the State authorizes and encourages, the University must be ready to authorize and encourage. So long as the laws require no party-shibboleth of the practitioner, the school that prepares him should also require none.

This, then, is the position of Boston University. It is the intention of the authorities to provide in this department a broader and more inclusive, and therefore more scientific, education than is furnished in any existing school. If no one Faculty can do it, let us have two or ten. Boston must have one school in which everything can be learned that can be learned in any one school whose graduation-gates open out

into every branch and division of the medical profession. This we are now to have. By a statute just enacted every student who shall hereafter satisfactorily complete the regular course of medical study in Boston University shall be at liberty to present himself for examination to any incorporated State Medical Society in the United States, whatever its theories, and on due recommendation by the authorized examiners of such State Society may take the degree of Doctor of Medicine at the hands of Boston University, with a diploma stating the name of the society on whose recommendation it is given. This is a position whose height, fairness, and dignity appeal to every liberal mind.

Ladies and gentlemen of the graduating class, I congratulate you to-night upon the successful completion of your undergraduate professional studies. I do it in the name of the entire corporation and of the senate of the university. I even venture to do it in the name of all these friends, whose presence here at your graduation exercises bespeaks the warm interest which they feel in you and in your fellow-students. Some of you have encountered grave difficulties since you set out to obtain a medical education. In some cases, friends have tried to dissuade you from your purpose and turn your eye to other pursuits. Others of you, or possibly the very same at other times, have had to contend with still more disheartening misgivings of your own, personal doubts as to whether you could ever master so exhaustless a science or reasonably succeed in so high an art. At times, more than one of you have been discouraged by lack of means to support yourselves in study, and have almost despaired of ever reaching this day's goal. Three years you have been mariners out upon the untried sea of opening life; many a siren song has lured you to nearer, and to all appearance, fairer havens; between many a Scylla and Charybdis have you had to steer your little bark; oft have storms tossed you dizzy, and cruel, hard winds beaten you back; many a time has the water been bitter and the rations short: but to-night, with favoring gale and sails all set, you make the harbor of your hope. We who have believed in you, who have watched you, who have prayed for you, we can but crowd the pier, swing the hat, and lift huzzas of welcome.

Personally, as you know, it has not been my privilege to participate in your instruction. This I regret. I covet in your memories the place of honor and affection which every faithful instructor can win for himself in the hearts of those whom he may help to knowledge. One thing only reconciles me to my loss: it is that I can all the more freely felicitate you upon the privileges which you have enjoyed, and charge you to remember with affectionate esteem the noble men and women at whose feet you have been sitting. All the more freely can I describe to you the great features of the New Medical Education, and bid you be true to its ideas and inspirations.

You are, henceforth, no more individual men and women merely. Wherever you go, you are representatives. You represent every man upon this stage; you represent a great nineteenth-century movement; you represent an educational policy which is in the van of the

world's progress. Cherish the memory of your *Alma Mater*, and be sure that your life redounds to her credit.

And now, thanking you most heartily for the uniform courtesy and dignity and friendliness of our past relations, I take great satisfaction in opening the unreluctant gate through which the student passes forth to life. God bless you every one!

By virtue of the authority committed to me, I now admit you to the degree of Doctor of Medicine, together with all rights, honors, dignities, and duties appertaining thereunto. In testimony whereof you will now receive the appropriate University Diploma.

At the close of his address, which was received with evident enthusiasm by all present, the President conferred the degree of Doctor of Medicine upon the following gentlemen and ladies who had successfully passed their examinations:—

| | |
|-----------------------------------|-----------------------|
| Albion Horace Allen, | Boston, |
| Galen Allen, | Bath, Me. |
| Matthew Poole Browning, M. D., | New York. |
| Samuel Calderwood, | Belfast, Me. |
| Frank Benson Clock, | Boston. |
| Charles Sumner Collins, | Loudon, N. H. |
| John James Connolly, | Boston. |
| Rudolphe Lorenzo Dodge, | Portland, Me. |
| Edwy Wells Foster, | Boston. |
| Jefferson Cushing Gallison, | Bridgton, Me. |
| Mrs. Mary Almeda Garrison, | Syracuse, N. Y. |
| Mrs. Aurelia Eliza Gilbert, | Boston. |
| Mrs. Tirzah Eveline Goodwin, | Weymouth. |
| Mary Briggs Harris, | Andover. |
| John Wilbur Hobart, | Melrose. |
| Caroline Amanda Hurd, | Taunton. |
| Harlan Miller Irwin, | Galesburg, Ill. |
| D. Seropé C. Kavalgian, | Adapazar, Asia Minor. |
| Alonzo Lewis Kennedy, | Newcastle, Me. |
| Guy Alvan Theodore Lincoln, | Boston. |
| Mrs. Mary Dennison Moss Matthews, | Providence, R. I. |
| Mrs. Abbie Swan Morse, | Salem. |
| George Morse, | Salem. |
| James Henry Osgood, | Boston. |
| George Harkness Payne, | St. Johnsbury, Vt. |
| Frank Laimbeer Radcliffe, M. D., | Brooklyn, N. Y. |
| Benjamin Albert Sawtelle, | Sidney, Me. |
| Moses Edwin Smith, | St. Johnsbury, Vt. |
| Steven Alden Sylvester, | Fitchburg. |
| Albert Henry Tompkins, | Boston. |

VALEDICTORY ADDRESS TO THE GRADUATES ON BEHALF OF THE FACULTY, BY PROF. H. B. CLARKE.

Ladies and Gentlemen, Graduates,—By the favor of my colleagues of the medical Faculty the honor has been assigned me of offering you fraternal greeting to the ranks of the medical profession, and also to speak the parting word which sunders our relations as teachers and pupils.

The performance of this duty is rendered particularly agreeable by the conviction that the diploma which you receive to-night is worthily bestowed, and certifies to a proficiency in medical education of which you are actually possessed; while the respectful attention you have given to your teachers, the earnestness with which you have pursued your studies, and the dignified deportment you have maintained among yourselves, afford the best assurance that, in so far as it may depend on you, the character of this young institution, whose welfare we all have so much at heart, will be secure.

Accept, then, our hearty congratulations at the success which thus marks the conclusion of your student life, and the expression of our confidence that the new duties you now enter upon will be as faithfully discharged.

You go forth from here to-night bearing a diploma which entitles you to claim recognition as the peer of any who belong to our profession.

Among the practitioners of our own school of therapeutics, this evidence of your fitness to be their associate will be honored, and you will be received with a cordial welcome.

And it may not be altogether unprofitable for me to remind you that among the adherents of the ancient methods in medicine, this diploma will not be held in less esteem or treated with less respect than is bestowed upon those emanating from their own institutions.

Are you surprised to hear me say this? Am I mistaken? Let me make the proper qualification: they will pay the same honor and respect to this diploma of ours that they do to their own whenever their graduate dares to avow medical opinions like those which you cherish. This qualification, I need hardly say, is utterly without ethical force, and only indicates an extreme degree of confusion in the ancient medical mind.

Indeed, the bigotry which in this century ignores scientific attainment, purity of character, and professional skill, on account of a difference in view concerning the therapeutic action of drugs, and which attempts to punish what it pleases to consider heresy by excommunication and anathema, while it maintains a conspiracy of silence upon the question at issue, can only be counted as madness, and we may be content to leave it to the promised vengeance of the gods.

These two things, then, you may be sure of: that your claim to the title of physician will be recognized among those of your own faith in therapeutics, and it will be repudiated by those of the old school.

But there is another tribunal to pass upon this claim, — the tribunal of public opinion, — more impartial than your professional brethren of the old or the new dispensation, from whose verdict there is no appeal, and by whom the diploma of any school is held simply as a certificate that the bearer has prepared himself for, and has a right to demand, a fair trial.

I congratulate you upon the arrival of the day when, before this tribunal, the diploma which issues from this college will not be questioned as to its validity. While to win the favor of that public opinion which an honorable ambition may covet, you have only to be true

to your own highest ideal of professional excellence and of manly and womanly character.

Determine resolutely at the outset of your career to sacrifice all petty and temporary advantages for those permanent ones which come from duty conscientiously performed. Remember that the greatest good to the patient is to be the primal rule of professional action. Continue your studies diligently in order that every resource known to our art for the removal of disease or relief of suffering shall be available to you. Remember, also, your obligations to your profession; on this subject permit me to read a paragraph from The Code of Ethics of the American Institute of Homœopathy: "Inasmuch as every member of the medical profession partakes of the honor in which it is held, is entitled to its privileges and immunities and profits by the scientific labors of his predecessors and associates, it is his duty faithfully to endeavor, in his turn, to elevate the position of the profession, and, by every honorable exertion, to enrich the science of medicine."

Lord Bacon says, "I hold every man a debtor to his profession; from the which, as men, of course, do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by way of amends, to be a help and ornament thereunto."

And here is no divided duty; the same effort by which you strive to advance your calling develops the ability to command its best resources.

On this point allow me to be somewhat explicit.

Correct observation is the art upon which all advance in medical science depends; there is none other so important, none more difficult to attain, none more grievously neglected. In this, more than anything else, lies the secret of that power which distinguishes the leader of medical thought from him whose professional life degenerates into an empirical routine without intellectual stimulus or possibility of fructifying influence.

To succeed as an observer, there must be a careful training of the special senses, and every effort made to bring pathological changes directly under their cognizance; there must be a habit of accurately recording the results of investigation numerically and quantitatively as well as qualitatively; and finally there must be cultivated the faculty of generalization and of deduction, by means of which the products of the observation may be made available for scientific use.

Let me urge upon you to acquire the habit at the commencement of your practice of making a careful analysis of the cases that come before you and of recording your observations. You will find this habit invaluable as a means of developing your faculties of perception and a powerful stimulus to the investigation of all medical problems.

For other ways in which you may serve your profession besides this primary one of adding to the general fund of medical knowledge I refer you again to the code of the American Institute. Indeed, I cannot too strongly advise your giving this body of ethical rules attentive study. Its wise suggestions will often make plain the path of duty amid the many embarrassing circumstances incident to profes-

sional life. You will find in it valuable help to the solution of many questions which will arise involving the reciprocal duties of physicians to physicians, to their patients, and to the public.

But the brief time allowed me for these remarks is nearly exhausted, and it only remains for me to bid you farewell.

Go forth upon your humane and beneficent labors, assured that you bear with you our heartiest wishes for your professional prosperity and the deepest interest in your personal welfare.

Remember that the trusts you have this day assumed carry with them great responsibilities; that to your care will be confided the dearest interests known to humanity; that you have to bear your share in sustaining the honor of one of the noblest professions; and that still more closely will the good or ill repute of this your Alma Mater hang upon your individual effort. That in all these responsibilities you will acquit yourselves creditably we have the assurance of your hitherto unblemished record; and so, confiding in this assurance, and grateful for the promise it affords, students of the graduating class of 1875, now and hereafter medicinal doctors, Hail! and farewell.

This was responded to by Edwy Wells Foster, M.D., on behalf of the graduating class, in an eloquent address, which nothing but absolute want of space prevents us from publishing. This concluded the public exercises, which elicited repeated expressions of the warmest sympathy and applause from the audience.

The graduates then assembled at the Tremont House, where they were entertained at supper by the Faculty, an occasion which will be long remembered by all present. Among the numerous speeches and toasts the most notable was the Class Poem, by Dr. E. W. Foster, which we have not the heart to withhold from our readers.

CLASS POEM.

Read at the Class Supper, tendered by the Faculty to the Class of '75,

AT TREMONT HOUSE, BOSTON, MARCH 3, 1875.

BY EDWY WELLS FOSTER, M.D.

THRICE greeting to our noble school!
 May all that's fair her portion be,
 In health and fortune, high and fine
 As triple thousandth potency!
 All hail these happy, social scenes,
 Part of her rich diversity!
 Long live the friends and teachers of
 Fair Boston University!

First, then, our worthy PRESIDENT,
 Of sacred law and classical,
 With Christian graces richly blent,
 Long may he be her seneschal,
 And, ægis-like, defend the truth
 Where love and labor plant her!
 And over all, "Similia
 Similibus curantur."

Our gracious DEAN we also greet,
 Always our good he's striven for;
 The School is happy as the State
 While having TALBOT Governor.
 May coming years keep fresh the crown
 We here would place upon his brow,
 And feel the press of friendly hands
 Enclasp his own as warm as now!

Our REGISTRAR WOODBURY all
 Our trials in his manly breast,
 And prove to us, of all beside,
 That love is strongest, love is best.
 And may he ever find response
 To friendship he himself has shown,
 And at the lapse of honored life,
 Receive the welcome of "Well done!"

Anatomy, whose wonder-horse,
 To which the soul came from aloft,
 Has found a true interpreter
 In earnest WALTER WESSELHOEFT.
 He'll tell you where the red sap flows
 From out the trunk to all the tree;
 Discourse upon the brain, and show
 Its ventricles and mystery.

Still more: in this *Anatomy*
 (So slippery that it oft did vex us),
 He came to it as sweetly calm
 As if there'd never been a *plexus*!
 And more: the wonders still increase,
 So intricate, so finely spun;
 He'd ravel out the *ganglia*,
 Or trace the nerve of — Jacobson!

BOOTHBY, a clever adjutant,
 So kind and helpful in his part,
 Can also trace the springs of life,
 And probe the secrets of the heart.
 At first you would not think him strong,
 Yet, on reflection, sure you would;
 He's shown more *muscle* in the class
 Than any twenty Heenans could!

We've truly had in WESSELHOEFT'S
 And SMITH'S *Materia Medica*,
 The splendid law of Hahnemann,
 Clear as by Camera-Lucida.
 Of men, as careful and profound,
 In medicine, cannot be too thick;
 Correct, discriminating, sound,
 Each word was strictly therapeutic.

They told us of *Arsenicum*,
 Its wondrous power, its every manner;
 Of *China* and *Stramonium*,
 And wheezy *Ipecacuanha*;
 Of fever-quelling *Aconite*,
 Of *Sulphur* and *Nux Vomica*,
 Of *Rhus*, and *Bell.*, and *Carbo Veg.*,
Calcareo, *Carbonica*.

Of *Stannum*, *Ferrum*, *Aurum*, too,
 Of bright, erratic *Pulsatilla*,
 Of *Camphor* and *Ranunculus*,
 And even colicky *Chamomilla*.
 Of *Colocynth* and *Opium*,
 Of *Ledum*'s creeping chills and rigor,
Mercurius and *Lycopo*,
 Of *Phos.* and *Helleborus Niger*.

Of *Cocculus* and *Causticum*,
Euphorbium officinalis;
 Old *Thuya occidentalis*,
 With *Pod.*, and *Zinc*, and *Digitalis*.
 Of *Croton Tig.* and *Coffea*,
Veratrum, *Iris*, *Nux Moschata*;
 With *Lachesis trigonaceph*
 And sweet *Viola odorata*.

While we've been told the form and force
 Of cells in BROWN'S Histology;
 DE GERSDORFF showed their morbid tricks,
 In his profound Pathology.
 He traced them to the noisome swamp,
 He drove them from their dangerous ease;
 By sea and land, by town and camp,
 He sought the nest of fell disease.

He found *Angina*, *Scarlatina*,
Carditis and *Anæmia*,
 Old *Carcinoma Hepatis*,
 And vicious *Septicæmia*.
Encephalitis and *Scorbutus*,
Nephritis parenchymatosa,
Hydrocephalus acutus,
 With *Laryngitis stridulosa*.

Neuralgia, *Trigemini*,
Cerebro-spinal Meningitis,
Hysteria and *Tetanus*,
 And e'en the pest *Amygdalitis*.
 He found *Diphtheria* and *Croup*,
 Also *Angina granulosa* :
 And *Fistula thoracica*,
Conjunctivitis scrofulosa.

Morbid Anatomy has friends,
 And chief is AHLBORN, clear, exact;
 His prophesies are verified
 By Autopsy's revealing fact.
 None better can pronounce the hurt
 That death deals out to human life;
 He lights the candle of research,
 Its dimming wick trims with the knife!

Next, STOWE, an able *aide-de-camp*,
 Can hurl out symptoms and prognostics,
 Review the cohorts of disease
 From off the throne of diagnostics.
 How beats the heart, how throbs the pulse, —
 The slightest change in normal law
 He can declare and emphasize,
 And in perfection find a flaw.

If with your arm you strike a man,
 It may not always be discreet;
 CARRUTHERS said he shouldn't mind
You only correlated heat.
 I grant there may much heat arise,
 But less than "six months" you'll get no lease;
 Instead of correlating heat,
 You'll find you correlated Police!

Where crafty molecules disport,
 In magic fields of chemistry,
 'Tis BABCOCK'S wand allots to each,
 Its own beloved affinity.
 No juggler of the Orient,
 Before Mikado or Ting Sen,
 Can crowd upon the marvellous
 As much as he with oxygen.

O wondrous acts of chemic force!
 Which, by experiments rehearse
 And reproduce in miniature
 The secrets of the universe.
 These mighty proofs of cosmic power
 Flash on the dazzled intellect,
 And trace the footsteps and the course
 Of Earth's Almighty Architect.

The dread Goliath of disease
 Has fallen like the one of yore;
 Pierced to the brain, his trembling bulk
 Fell lead-like on the gory floor.
 While gasping here, his eager friends
 Both sought the fatal cause, and where,
 Slow pointing to a sturdy man,
 Said, "You will find *my* DAVID THAYER!" (there).

Maternity confides its stress
 To FRANCIS KREBS, true to the letter;
 He drives away the threatening clouds,
Und est ist schönes wetter!
 He welcomes all with ready grace
 Into a new world full of woe
 And care and death and — taxes too.
 And yet the children love him so!

Likewise to WOODBURY, so true,
 Who brings relief from many woes,
 That make the sum of wretchedness,
 How great, 't is only woman knows.
 Here skill is manifestly high,
 When Science, wedded unto Art,
 Informs the mind, and guides the hand,
 All glowing, from a kindly heart.

Next BLAKE, who taught of pale *Chlorosis*,
 Of *Cysticercus cellulosa*
 Of *Dermoid Cyst* and *Carcinoma*,
 And back to plain *tellæ fibrosa*.
 On these, and many more discoursed,
 Nor did a single symptom miss;
 Could hunt the source and wayward wiles,
 Of *Echinococcus Hominis!*

NOW HASTINGS, ever busy too,
 Can cut or carve, can stew or roast,
 And keeps a motley stock of bones,
 No Roman catacomb can boast.
 And in the line of *ologies*,
 The embryonic kind proclaims,
 And all its wondrous processes
 Consecutively treats and names.

We've WILLIAMS' PAYNE and WESSELHOEFT,
 And BELL — most able councillors;
 With Health are on the best of terms.
 Disease? — they've turned him out o' doors!
 Thrice precious gift of human right!
 By it we most of knowledge gain.
 The keys that lock this priceless gift.
 We give to ANGELL and to PAYNE.

WOODVINE and CLARKE tell plainest truth,
 As every scholar testifies;
 But, sorry am I here to add
 That DOCTOR KIMBALL *magnifies!*
 In floral haunts, brave COLBY stands,
 'Mid all their *blows*, he calmly whistles;
 He tells their secrets truthfully,
 Nor trembles at their pointed pistils.

In all this motley botany
 The *Floating Heart* can find no rest.
 The *Shepherd's Purse* is filled with seeds,
 And *Good-King-Henry's* none the best.
 By lonely groves the *Yew-tree* weeps,
 The *Sage*, though wise, is rather merry;
 And fair *Sweet William* hovers near
 The purple robes of *Elder-berry*.

In the red line of Surgery
 We've TALBOT and we've JERNEGAN.
 They treat disease as it deserves, —
 And rarely will it come again!
 Their keen and glistening blades descend,
 Not as the sword of Khiva Khan,
 Or murderous blade of Saracen,
 But nobler, — *for the love of man!*

The little ones have many friends,
 But chief are MORSE and JACKSON here,
 Who, with their wise and loving hands,
 In health build up each tender year.
 Oh, guard ye well these little buds,
 Whose full flower yet the world shall name!
 When our strength wanes, we'll need of theirs;
 Sow love, if you would reap the same!

Most honored President and Dean,
 Respected Teachers, one and all,
 Thus far together have we been:
 Here we divide, where duties call.
 By your warm hands have we been led
 To grander heights above the plain;
 Your wiser years have ours fed
 With broader views of life's domain.

O Teachers! toiling in the mine,
 Where patience and self-sacrifice
 You daily offered at the shrine
 Of noblest art, — be yours the prize!
 From all these gifts, the mind concludes
 That life is much more than to live,
 And chief of its beatitudes,
 It is most blessed thus to give.

The smallest may be longest sight,
 The oak must to the acorn bend;
 Remember! 't was the widow's mite
 That brought the largest dividend.
 If we would take an honored place,
 The cause we plead must have our best.
 The cry of pain, old as the race,
 Still fills the earth, and knows no rest.

In feeble lines one ill can trace
 The feelings now his thoughts control;
 Hope throws about each happy face
 A crimson sunrise of the soul.
 'T is love you sowed, 't is love you 'll reap,
 Through web and woof of life inwrought;
 This love you gave, still shall you keep,
 As due the Teacher from the Taught.

God grant you never-failing hope,
 And strength, that you may long do good;
 And with the problems of disease to cope,
 So bless our common brotherhood.
 Classmates, we take their honored gift.
 Remember, we shall serve it most,
 By living where high duties lift
 And crown with honor every trust.

All trials melt by courage met;
 All labor true has power to bless;
 On faith, the buds of promise set,
 Which later bloom in full success.
 Press onward, then, and Truth explore.
 Press on! work ever for the Right;
 Press on! new worlds lie on before;
 Press on! nor doubt the coming light.

AN APOLOGY. — We beg pardon of Drs. Lilienthal and Cushing for having failed to publish in our last issue their letters to the GAZETTE. The omission was entirely unintentional, and we make the only redress in our power — publish the correspondence this month, and publicly acknowledge our fault.

And in this connection we would say, our columns are always open to our subscribers, and we shall be pleased to have them address the GAZETTE at any time. The department of Correspondence can easily be made an interesting feature of our journal.

HOMŒOPATHIC MUTUAL LIFE INSURANCE Co. — The annual report of this company for 1874 is before us. The policy-holders have reason to be well satisfied with the exhibit made, for its financial condition is excellent.

A glance at this report shows that the principle on which this company conducts its business, viz. cheaper rates to the homœopathists, is a sound one, for, while our patients hold three fourths of the policies, more than three fourths of the deaths have been among those employing old-school treatment.

We believe that it is our duty, as homœopathic physicians, to support a company which is doing so much to prove the efficacy of homœopathic treatment.

CORRESPONDENCE.

NEW YORK, Jan. 12, 1875.

WALTER WESSELHOEFT, M.D. :

In the January number of your valuable journal, Dr. Adolph Lippe, of Philadelphia, stigmatizes the editor of the *North American Journal of Homœopathy* as the “*professedly* homœopathic editor” (the italics are not ours), and blames him for not making foot-notes concerning the broad falsehoods stated in that paper.

I acknowledge that I was once guilty of this breach of etiquette in an article, where I defended a standpoint taken by Dr. Lippe (*N. A. J. of H.*, xxi, 270), and I did it unknowingly; but as my friends have taught me better, I let matters now stand as they are without comment, notes, or foot-notes.

Dr. Millard, after returning from Europe, requested to print his reply to our good friend, Dr. Korndoerfer. A just principle says, *Audi alteram partem*; the Good Book says, Do as you wish to be done by; and a refusal to print this reply would have been rank injustice, especially as I am somewhat known, at least in this neighborhood, as a *professed* homœopath.

This is the third time and the third journal, in which Dr. Lippe wishes to ostracize me. Really, I have been found in bad company, for I call such *professedly* homœopathic physicians as Carroll Dunham, Constantine Hering, and others, my most valued friends. *Peccavi! peccavi!* And the world moves on after all.

I intend to give my answers by illustrations, as such were demanded in the pages of the *Hahnemannian*. I select cases from other journals, so that I cannot be accused of making cases to suit the object.

Fraternally yours,

S. LILIENTHAL,

230 W. 25th Street, N. Y.

For the New England Medical Gazette.

MR. EDITOR,—The citizens of Lynn have been trying to establish a hospital in our city. As the ladies have had nearly the entire charge of it, they have made the following addition to the Constitution:—

“As this institution is intended to meet the wants of the entire community, there shall be no discrimination in favor of any school of medicine.”

A certain medical journal asks, “What does this mean?” Simply this,—another stroke of the bell ringing out the death-knell of bigotry.

Now, Mr. Journal, what does this mean? In the introductory lecture of the one hundred and ninth session of the Medical Department of the University of Pennsylvania, delivered in the new Medical Hall, Oct. 11, 1874, by Alfred Stillé, M. D., Professor of Theory and Practice of Medicine, etc., we read the following:—

“The history of medicine is marked by successive periods, in which empirical and scientific methods have by turns prevailed, and a study of them both must satisfy impartial inquirers that neither can be relied upon exclusively to establish principles or to found a method of practice. Of the two, the empirical is unquestionably the most fruitful in lasting results.”

A. M. CUSHING.

Lynn, Mass.

REVIEWS AND NOTICES OF BOOKS.

. Books sent to THE GAZETTE for notice will, after suitable examination and criticism, be presented to the College Library, where they will be accessible to the profession under the rules of the library.

TEXT-BOOK OF MODERN MEDICINE AND SURGERY, ON HOMŒOPATHIC PRINCIPLES. By E. Harris Ruddock, M.D., of London.

We agree with the author, when he says in his preface, that, although the law of similars is becoming more and more general among medical practitioners, the recognition of “*Homœopathy*” is still repudiated. So much more must we regret that he has exerted his energy mainly in the first-named direction, where it seems least needed, for, while his work may make the modern method of cure still more accessible and easy to laymen and beginning practitioners, we cannot think that this large and not impracticable volume will give much impetus in scientific quarters towards the recognition of Homœopathy. By trying to be all to all in this eclectic work, he has failed, or omitted to furnish the homœopathic method with any new arguments, or to develop new corroborating truths and proofs such as we had expected to find when we opened its pages. However, in as much as his aim has been to write for laymen or the half educated practitioners, this text-book contains as complete a *pons* to homœopathic treatment as we can find; the chapters on hygiene, diet, and regimen, and those on

accessory treatment, especially surgical, and on accidents, are compiled with good judgment and practical sense. Therefore we think that as a practical text-book it will recommend itself and sell well.

G. H.

CONSPECTUS OF THE MEDICAL SCIENCES comprises manuals of anatomy, physiology, chemistry, materia medica, practice of medicine, surgery, and obstetrics. By Henry Hartshorne, A.M., M.D. Phil.: Henry P. Lea.

ESSENTIALS OF THE PRACTICE OF MEDICINE. By Henry Hartshorne. Phil. Henry P. Lea.

The only thing to be said of these two compilations is that they are "good of their kind," but that their kind is exceedingly bad. The ingenuity displayed in crowding into the narrow space of one thousand and twenty-four octavo pages the whole science and art of medicine, as is done in the "conspectus," is truly surprising; but the surprise is by no means of a pleasing character, if we reflect that the works are prepared for those who have no time to read better ones. The author has the temerity to announce in the preface to the first edition of the conspectus, that the book is written for medical students, and to claim at the same time that the work of preparing "tonics" is a legitimate one, as students, while attending lectures, are too much occupied to make use of more extended text-books. Greater fallacy was never uttered in preface, and it is especially to be regretted that it should come from one who may lend authority to his words by writing himself Professor of Hygiene in the University of Pennsylvania.

We can do no more here than to warn all conscientious students that knowledge gained by the hasty memorizing of the contents of such works will bring them nothing but failure and chagrin in practice, whatever temporary advantages it may offer during the important period of their preparation for the onerous duties of the physician. — *Verbum sapienti sat.*

ITEMS AND EXTRACTS.

BUFFALO HOMŒOPATHIC HOSPITAL. — The trustees beg to announce to the public that they have purchased the valuable property, corner of Maryland and Cottage Streets, and that the Buffalo Homœopathic Hospital is now permanently established at this eligible location with increased facilities for the comfort of its inmates. Having an experienced matron, assisted by well-trained nurses, with the best medical attendance that the city can afford, this institution will be found a most desirable home for the sick and afflicted. The present building is large and commodious; but, having ample grounds for the purpose, it is the intention of the trustees, at no distant day, to erect buildings suitable for a Homœopathic College, in obedience to the earnest desire of many patrons of that school of medicine in this city.

J. F. FARGO, *President.*

A CURE FOR LOCKJAW.—The extraordinary action of nitrate of amyl upon the human body has invested this agent with remarkable importance. A distinguished chemist, Professor Guthrie, while distilling over nitrate of amyl from amylic alcohol, observed that the vapor, when inhaled, quickened his circulation, and made him feel as if he had been running. There was flushing of the face, rapid action of the heart, and breathlessness. Dr. Benjamin Richardson, an eminent English physician, finds that this nitrate of amyl produces its effect by causing an extreme relaxation, first of the blood-vessels, and afterward of the muscular fibres of the body. To such an extent did this agent thus relax that he found it would even overcome the tetanic spasm produced by strychnia, and forthwith recommended its use for removing the spasm in some of the most extreme spasmodic diseases. The results have more than realized the doctor's expectations. Under the influence of this agent one of the most agonizing of known human maladies, called angina pectoris, has been brought under such control that the paroxysms have been regularly prevented, and in one instance, at least, altogether removed. Even tetanus, or lockjaw, has been subdued by it, and in two instances of an extreme kind so effectually as to warrant the credit of what may be truly called a cure.

THE LOCAL USE OF TANNIN.—Dr. Philip Miall states that for a number of years he has employed a concentrated solution of tannin (tannin ζ j, water ζ vi) as an astringent for topical application. This powerful astringent, which is almost free from irritating properties, is said to form one of the best dressings for wounds, far superior to collodion and even less irritating than the styptic colloid, which it somewhat resembles. If applied by a brush, and allowed to dry, it soon forms a pellicle which excludes the air, and gives ease to pain. It may be applied to any form of ulcer and to wounds after amputation, or other operation, especially when not very deep. It answers well, for instance, after the operation for hare-lip, painted over the pins and threads, in the same way as collodion is sometimes used. For cracked nipples this solution, diluted with an equal amount of water, is the best application, and corresponds to the tannin solution commonly used for this purpose. It is also recommended for the purpose of reducing enlarged tonsils, and as a styptic in severe uterine hæmorrhage. —*British Medical Journal.*

ACKNOWLEDGMENTS.—The ladies of the "Buffalo Homœopathic Hospital Association" desire to acknowledge their indebtedness to Messrs. J. Brayley, J. Pierce, C. F. Allen, and J. F. Fargo, for their liberality in furnishing teams for the removal of the hospital from its old quarters on Washington Street to its present permanent location, corner of Cottage and Maryland Streets. They also feel grateful to C. W. Miller for his kindness in providing carriages for the comfortable transportation of the patients to their new quarters.

MRS. L. LEWIS, *Secretary Ex. Com.*

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[VOL. X.

FAULTS AND FALLACIES OF CLINICAL REPORTS.

BY C. WESSELHOEFT, M.D.

[Concluded.]

THE following are the conditions necessary to render the reports of cured cases available in demonstrating the two general objects aimed at in the publication of cured cases: First, to prove the applicability of a general law, governing the use of medicine in disease ("*Similia similibus curantur*"); and, secondly, to prove the superiority of such law over lawless empiricism, and the absence of method in the use of drugs.

In order to furnish evidence that shall carry conviction with it, each published case of cure, besides naming age, sex, occupation, etc., of patients, should show:—

1. That it was a case of the kind asserted by its diagnostic definition or superscription; its degree of severity should also become apparent from its description.

2. In order to show the relation of medicine to disease, the symptoms leading to the medicine, or other therapeutic means, should be clearly stated by themselves or pointed out in italics; because, as above stated, the indicative symptoms are not always identical with diagnostic symptoms.

3. The medicines used, their potency and frequency of repetition, should be mentioned, as well as dietetic and other measures applied in the cure.

4. In order to judge of the efficacy of therapeutic measures, the duration of a case before (last) treatment should be stated; also how soon after the use of the efficacious remedy or other

treatment improvement became evident, and how much time elapsed between it and established convalescence.

It is only by conscientious observance of rules like these that the reader of reported cures is enabled to judge of the efficacy of the treatment of a given case. In all schools of medicine readers are ever expected to believe in cures merely because they were recorded by members of the party with which they are allied, and by which they are expected to stand. This is so in the old school; it is so in ours. It is a partisan spirit that has gradually permitted the acceptance of mere assertion in the place of detailed evidence.

It is extremely difficult to judge of the actual nature of a described case or the merits of its cure; and many are reported in all schools, where, for lack of proof, it is possible and reasonable to ascribe the cure to the natural termination of the disease. To know positively how much the treatment contributed towards the cure, it is absolutely necessary to know what would have been the average natural course of the disease if left to itself under ordinary care. In the old school famous pathologists have doubted the existence of reliable knowledge of the actual natural course of diseases left to themselves, hence re-observation under "expectant treatment" has been urged.

Our school affords the conditions for observing the undisturbed course of disease that does not yield to medicine at once. But our experience is slow; we had to depend on old-school authorities, who, for instance, teach the great danger of erysipelas, pneumonia, etc., of which, as *we* have learned, patients rarely die. If we dare not attribute the improved result to our medicines in all instances, we are certainly right in ascribing it to our treatment; and in rejoicing at the contrast between the results we were taught to expect by the old school and those actually experienced in ours.

In the publication of cases, proof must be established that not only our cautious regimen, but our medicines also, through their peculiar preparation, accomplish the results.

The observance of the above conditions in reporting cases does not imply prolixity, or dull rehearsal of dry facts. Cases may, under these rules, be as well related, in an attractive man-

ner and style, which is not at all incompatible with truthfulness and accuracy.

The cases reported in the last number of the *Gazette* were analyzed in the spirit of the foregoing principles; in their light we propose to examine some recorded cures of the old school. Fearlessly acknowledging our own errors, we have a right to question the works of others.

The following examples from old school sources are introduced to show, notwithstanding favorable results, how feeble is the connection between cases of disease and the remedies prescribed. Let us take the very first case at hand from Dr. T. K. Chambers' "The Indigestions," Case LIV, p. 88, substantially as follows:—

Oct. 1865. A maiden lady, aged thirty-four, applied, who suffered from costiveness since girlhood, and for twenty years had used purgatives daily of her own accord. For the last few years she had almost habitual pain in epigastrium, immediately increased by solid food. She had ceased to take meat. Catamenia had diminished and appeared only about three times a year; complexion fair, but patient was very thin.

The treatment consisted in allowing the bowels to go unopened for four days, and then to use only a simple water enema; to bear the pain caused by the first mouthful of food, and to eat more and more meat every day; to drink burgundy. To aid her in this, she had for a few weeks quinine and strychnine three times daily.

March 23d, '66. She made her last report to the effect that she required no enemata; scarcely any pain from food, though she is able to eat more; catamenia reappeared a month ago, after an absence of about nine months.

We are not informed whether they continued regular. But even granting the patient to have been entirely cured, and though we are pretty accurately informed as to the nature of her case, furnishing even a homœopathist with sufficient indications for the remedy, we are at a loss to know whether the dietetic or the medicinal portion of the prescription produced the favorable result. As in most of the author's cases, greater stress is laid on diet than on medicine: why were medicines given at all, and why quinine and strychnine? Were they given singly or combined? And which of the two was the efficacious remedy? Notwithstanding the absence of proof, the

author asserts that the constipation was cured by "flesh diet," while the remedies, as well as the omission of injections and purgatives, are entirely ignored. The next case is in substance as follows:—

CASE LXXXV, p. 136.— M. S., Irish maid-of-all-work; depressed in spirits; she looked in pain; tenderness of epigastrium at pressure at cardiac region, increased by eating bread, potatoes, and tea. Eructations two or three hours after meals, chiefly at night; on rising in the morning, a sudden gush of fluid would come into the mouth once, and again, but never a third time without retching or actual vomiting; the ejected fluid was colorless, opalescent, alkaline, like thin saliva, exhibiting, under the microscope, pavement epithelium and some granular globules; tongue red in centre, with white-coated edges; catamenia irregular for several months. The disease was attributed to hard work and bad food.

She was treated with mustard poultices and leeches in several relays, at first four being applied, then three every other evening for a week or ten days, on the tender spot on epigastrium, with fifteen grains of bismuth thrice a day for ten days. Then, iron pills and shower-baths. Her diet was principally broth with milk and lime-water.

The leeches and bismuth seemed to relieve the eructations and pyrosis; but the cardiac pain remained till she got shower-baths and iron. Perhaps the most conspicuous effect was that which is to be credited to the diet; for she gained twenty-one pounds in weight between April 27 and June 8, 1855, when she left.

Here we have another case, of which diagnosis and indications are given with the author's usual accuracy and terseness. But the reader is left to search in vain for the cause of the cure, unless he accepts the author's explanation of the result. A great many powerful remedial measures were used; a part of the cure is boldly attributed to the leeches and bismuth, while the effect of the mustard poultices is entirely ignored. Any student of our materia medica would easily decide this question, knowing that the eructations of fluid are often relieved by very minute quantities of bismuth, and that the leeches were a mere formality; he would, also, have decided upon iron at once; for it is most clearly indicated by the *pressing pain in the stomach after eating, and the vomiting of slime and water every morning*. It is curative in sickness, because in health it produces a condition very closely resembling (similar to) the one for which it was prescribed. A better case could scarcely be found to convince any one of the efficacy of the homœo-

pathic law, and of its unconscious observance by the old school.

Besides an abundance of medicines, some correctly chosen, simple diet was substituted for the coarse food and tea causing the patient's indigestion. To this change the author attributes the most conspicuous effect. In a case like this, a change of diet alone would have been sufficient. To prove the efficacy of treatment, the proper course would have been to change the diet first; no improvement following, as is often the case, medicines would then have been in order; not two or three at a time, but singly and simply, according to the above clear indications; thus curing the patient a fortnight earlier, and enabling the reader to recognize the connection between disease and the therapeutic agencies employed.

It is a strange fact that the author attaches so much importance to the blood drawn by leeches from the surface of the body near the epigastrium, — as if the leeching in that region could, as he asserts, secure a free circulation and diminution of congestion in the alimentary canal, better than if they had been applied to the arms or legs. As we understand anatomy nowadays, those leeches, though directly over it, were practically as far from the stomach as if they had been applied to the extremities; but such is the force of tradition.

As another instance of a case which, though candidly and fully reported, fails to show its relation to the remedies prescribed and the result, we will give one of cerebro-spinal meningitis reported by W. Osgood, M.D., *Boston Medical and Surgical Journal*, Oct. 29, 1874, substantially as follows:—

Ida, aged three years, after some indisposition, suddenly had a convulsion on May 30, 1872; seeing her soon afterwards, found the face flushed, pulse 146, temperature $101\frac{1}{2}$ %. A dose of santonine and calomel was ordered, four grs. of each, on suspicion that the convulsion was caused by worms. May 31, — no more convulsions, bowels moved freely, no signs of worms. Pulse and temperature were much lower; skin moist; urine dark and scanty; general hebetude with occasional twitching of muscles. Ordered potass. brom. grs. iv every third hour. June 1. — Pulse, 92; temperature, $99\frac{1}{2}$. The torpor is now broken by uneasiness and piercing shrieks at short intervals. June 2. — Worse in every respect; constantly screaming and tossing; shows no signs of intelligence; impossible to take pulse or temperature. Bromide increased to gr. iv per hour, and

tinct. of ergot gtt. x every hour. . . . From this time the patient's condition varied, some improvement following a blister. June 4th, bromide and ergot both being continued. From June 8th to 19th, there was general aggravation, head often bent back, much torpor, restlessness and screaming, mouth and tongue sore, lips and teeth covered with sordes; much thirst; during that time, wine tinct. opii, gtt. vi to x, and chloral, either alone or combined, were used per enema and otherwise, without benefit. On June 14th the patient had slept some during the night, after two or three doses of opium, "and seemed torpid" in the morning; takes no food; skin generally dry and harsh, thirsty, etc. From June 16th to 22d there was some improvement, ending again in an aggravation. On the 22d the patient was removed to the country, the weather being hot and the location in the city unhealthy. The change produced a very beneficial effect, improvement setting in rapidly after July 7th.

The case is reported in a manner allowing the reader to follow and judge of every stage of the disease and its progress under treatment. It appears pretty evident that the attempt at improvement occurred between June 16 and 22, notwithstanding the medicine, which, instead of being persisted in, should have been discontinued; and we are not far from the truth in surmising that the improvement was delayed for several days after removal into the country while the effects of opium and chloral were still present. These drugs cannot be said to have been selected on account of any special relation to the case, for they were used in this, as in any other case accompanied by sleeplessness and pain, to quiet the symptoms most alarming the attendants, but of less importance as indications for curative remedies.

The santonine and calomel, levelled at an imaginary foe, on mere suspicion of his existence, is characteristic of the treatment calmly sanctioned by the dominant school. What a pity the enemy was not a windmill!

The conditions under which chloral might have been serviceable are as follows: In convulsions of a child during measles; thumb flexed on palm; fingers straight and flexed on hand; hand flexed on forearm, this on the body; thighs flexed on body, legs on the thighs, and toes firmly drawn upward; abdomen rigid as in tetanus; touching the limbs caused pain, especially of hand and arm. Rolling of head, with occasional

convulsions and piercing screams. Chloral gr. ii in a teaspoonful of water every hour or two. (J. G. Pinkham, *Boston Medical and Surgical Journal*, Vol. VII, p. 173.) It proved useful, and will be so again, also under the following conditions: Stupor after convulsions (after a fall on the head two weeks ago) with fever and pungent heat all day, with three convulsions at intervals. Chloral gr. xx, in syrup ζ i, a teaspoonful every hour. (W. A. Harvey in the same, Vol. VIII, p. 194.)

The former case shows in what kind of affection chloral is useful; but we know from its physiological effects that the law of similars applies better to the second case. It is to be regretted that the simplicity in the administration of medicines, notwithstanding its success, finds no imitation in that school, preferring purely routine prescriptions, ending in sending the patient into the country, astonished at "the remarkable fact that recovery could follow a disease of such great severity."

We are astonished at the recovery after treatment, not only of great severity, but also entirely unadapted to the case.

There are a number of well reported cases (by Hasket Derby, M.D., *Boston Medical and Surgical Journal*, November 5, 1874), on amaurosis and amblyopia following the abuse of alcohol and tobacco, and cured by the subcutaneous injection of strychnine, as recommended by Hippel and Nagel. Eight per cent of all cases applying for treatment were caused by those narcotics, and three of them yielded to that treatment. A synopsis of one case may serve as example:—

"Jan. 9, 1873, Mr. B., generally healthy; for a year his vision had steadily decreased, a mist seeming constantly to surround him, and to thicken; for some time reading and writing had been given up. The patient had for years averaged three drinks of spirits and eight cigars a day. The case presented the usual symptoms of *amblyopia ex abusu*. The optic nerve had passed the stage of congestion, but showed no marked whitening; the vessels were slightly diminished in calibre. Vision: right, $\frac{3}{200}$; left, $\frac{6}{200}$.

Entire abstinence from stimulants, the use of tonics, abstraction of blood from the temples; then phosphate of iron, quinine, and strychnine were administered; and although "the nerves looked decidedly whiter and the vessels thinner," vision had improved to $\frac{20}{200}$ and $\frac{13}{200}$, respectively (somewhat paradoxical), by Feb. 20, when improvement became station-

ary with general decline of health and spirits. A regular course of strychnine injections was now begun. From April 7th to June 26th thirteen injections were made, beginning with $\frac{1}{40}$ of a grain and ending with $\frac{1}{4}$. At the last date vision was improved of the right eye to $\frac{20}{30}$, left $\frac{20}{70}$; *i. e.* a line of print discernible by a normal eye at 30 to 70 feet was seen by the patient at 20 feet; while in the beginning he could not see it at from 3 to 6 feet. The patient was again able to return to business, and to read and write with ease.

This was certainly a gratifying improvement, and though accurately reported, these cases, like those of Dr. Chambers, confirm the unintentional and unconscious application of the homœopathic law of cure, and especially what has been known since the earliest days of Homœopathy,— the beneficial effects of strychnine (and nux vomica respectively) in cases of abuse of alcohol and tobacco — provided the result in above instances was not to be ascribed to the abstinence from these stimulants, so clearly the cause of the disease; and again, had strychnine, administered internally, been allowed to act undisturbed by iron and quinine, possibly the subcutaneous injections would have been unnecessary.

The observation here forces itself upon the mind of the reader that every cured case published by the old school, is by its adherents considered as authoritative proof of the efficacy of treatment, while volumes of excellent reports on the part of our school are not considered worthy of the slightest attention — in front of the curtain, before the public, though things are very different behind the scenes. Such is partisan spirit. We have to rejoice at the absence of such narrowness on our part, preferring to read daily the reports of both sides, thus being enabled to observe and to judge with greater impartiality. In its exercise, we arrive at the conclusion that, if the cures of the old school are entitled to credence, those of our school, if equally well reported, are also to be believed.

Therefore, by way of comparison with the preceding cases, and to show that homœopathic cures should also be accepted as due to the means employed, and in order to afford the reader some practical material, with the hope that others may meet with similar success, the following cases are offered for perusal.

PRURIGO.

I. July 3, 1873, there appeared in my office Mr. E., an old German laborer. His face was haggard and expressive of great distress; being questioned as to his case, he threw off his vest and shirt by way of reply, and, unfastening his belt, stood before me a picture of misery. His old and emaciated body was covered with what originally was a papular inflammation of the skin, now in a state of irritation, causing it to appear *as red as a boiled lobster*. In many places the skin was hypertrophied and raised over back and thighs into *hard welts*, as if produced by blows with a heavy lash, the result of scratching to obtain relief from the *intolerable itching*; this was so troublesome *at night in bed* that sleep had been almost impossible for months. *Scratching invariably aggravated the itching atmost to madness*, so that the patient inclined to tear his skin with his nails, such efforts always *ending in violent burning*.

There were no vesicles nor scabs, but many nodular elevations and some exfoliation of cuticle; also numerous abrasions from scratching. In other places the surface was *smooth and shining, as if polished*, in appearance. The disease began a year ago, and was severe for the last six months, probably the result of poor food and damp dwelling, all circumstances aggravated by poverty, owing to inability to work.

It is worthy of remark that authors like Neumann, following Hebra, consider prurigo of adults as absolutely incurable.

The italicized symptoms point very closely to Rhus tox.; but the itching, aggravated by scratching and followed by burning, is so characteristic of that medicine that it deserves to be considered as one of its leading indications. The reader is herewith referred to a proving of the variety of Rhus tox. called *venenata*, by G. Æhme, M.D. (*Gazette*, I, 121 and 149.) The dilution used in these cases was prepared from the tincture furnished me by the prover. The prescription was one drop of 5th Cent. dil. in one half goblet of water; a tablespoonful to be taken every fourth hour; the solution to be renewed every day for five days.

On July 15, the medicine having been repeated as before,

the patient reported decided improvement; he had been able to sleep some hours every night; the itching, redness, and elevated stripes had diminished very much. July 25 the improvement was so marked that only little redness could be seen, and the itching was insignificant, so that the old man could sleep and follow his occupation again.

II. April 27, 1873. Mrs. —, aged 55, living in affluent circumstances; mother of several children, and past the climacteric period, was afflicted with prurigo vulvæ for more than six months. She had previously always enjoyed very good health; it was only disturbed by a severe concussion caused by a fall from her carriage, soon after which the prurigo appeared; at first for short, then for longer periods, and now almost constant. It is present mostly at night while undressing, but also at other times, setting in with such violence that the patient must yield to the desire to scratch or become desperate. When she once submits to the irresistible inclination to relieve the terrible irritation, she is then unable to cease, but must continue till violent soreness and smarting begin to take the place of the itching. There had been boils on the labia at times; walking aggravated the itching. Examination reveals swelling of the parts; the skin is red; hard and smooth in some places; in others rough, cracked and torn by the finger-nails. The patient is much emaciated, easily fatigued, and appears worn from loss of sleep, as well as from the constant irritation in the daytime, though her appetite and general health is good; no uterine or vesical disease being discoverable.

A prominent dermatologist had exhausted every remedy known to him, including black wash, corrosive sublimate, Pond's extract of hamamelis, sulphur and lard, leadwater, petroleum, as well as laxatives every morning, — all without other effect than steadily increasing aggravation.

Mezereum, which had relieved a similar condition, having proved useless in this case, the redness, swelling, and especially the intense itching, aggravated by scratching, and followed by soreness and smarting, led to the use of *Rhus tox.* This was given on May 1st, in the fifth cent. dil., one drop in one half goblet of water; the solution to be renewed daily for three days.

May 8th. — Though the itching was still constant, she had only one severe attack each day since taking the last medicines.

May 15th. — General improvement; there was so much less itching the past week that the patient has been able to abstain from scratching most of the time; there is only some itching at night, but the redness and swelling have mostly disappeared; she is less fatigued after exercise. Same prescription repeated.

May 23d. — There is constant improvement; the parts are normal in appearance; the patient can scarcely realize the change from the condition of torment to that of comfort; in fact she was quite well, and remained so.

PREVENTIVE MEDICINES.

BY LUTHER CLARK, M.D., BOSTON.

HOMŒOPATHISTS, looking from their standpoint, are better able than others to discover anything that is of value in the contributions made to medical science from whatever quarter.

The editor of the *Charleston (S. C.) Medical Journal* sends to a local newspaper some extracts from a work by Dr. A. Murino, just received from Rome, as containing information so important that he hastens to give it to the public. He does not give particular instructions to enable the public to practically avail itself of the discovery, but promises in the April number of the *Journal* an extended article upon the subject, with full directions. The inestimable value of sulphur in a very wide range of diseased conditions, and of mercury within a narrower range, is peculiarly well known to homœopaths. They will not, therefore, be indisposed, after making large allowances for the enthusiasm of the writer, to suspect that there is in what he says some valuable truth, solidly based upon the law of similars. Besides what Homœopathy teaches in relation to sulphur, we have also the remarkable facts respecting the exemption of the employees in gas works, and others exposed to the vapors of sulphur, from various epidemics. As to the utility of mercury, when a medical student I learned from conscientious old-school instructors to be extremely cautious in the use

of it, as a deep-acting poison. Hahnemann's cautions as to the use of mercury, and my own observation, have caused me to use it sparingly, even in its attenuations. Nevertheless, it is my great reliance in some epidemics, especially autumnal dysentery and ulcerated and diphtheritic throat. In these epidemics I sometimes give a very few doses of mercury as a preventive, and always give it upon the earliest indications for it. With this experience, I have myself little doubt that the combination of sulphur and mercury mentioned below would prove a very efficient preventive of certain diseases, if used in properly attenuated doses. We can only hope that our old-school brethren will use it so carefully as to do a minimum of harm with it.

The following extracts from Dr. Murino's book are given:—

“Professor Socrates Cadet, for a long time devoted to the study of contagion, in order to discover an efficient means to annihilate or neutralize it, found that Ethiop's Mineral (black sulphuret of mercury) possesses the two virtues above-mentioned, namely, to abolish the contagion and yet to prove innocent in regard to the person using it. He subjected it to every proof; wrote to his colleagues in the profession; and the solemn and indisputable facts have confirmed his theory. . . . And that Ethiop's Mineral is truly an anchor of safety in such diseases, by the testimony of solemn and well-known facts, and of men the most learned and distinguished, is also proved by the special nature of contagion, which being parasitic, cannot but be subdued by that salutary agent, which is *par excellence* an anti-parasitic.”

“Then, with a full consciousness of what I am uttering, with my ‘soul in my pen,’ if an antiquated expression will be pardoned, with a profound conviction, the result of a varied experience instituted by myself in cholera, in croup, in diphtheria, and in convulsive cough, I call upon all parents, all instructors, those in charge of institutions, and in general all heads and directors of industrial establishments, arsenals, colleges, and schools, who wish to preserve themselves, their children and dependents from communicable diseases, on every invasion of contagious maladies, to provide themselves with Ethiop's Min-

eral, and to take it and administer it every day to those under their care, with a view to preserve them wholly from the threatened contagion."

"I know that many, even among physicians, will smile at the idea of Ethiop's Mineral producing such marvellous effects. . . . But let those deride who have not seen, as I have seen, cholera in ten persons cured with Ethiop's Mineral in less than one hour; who have not seen, as I have seen, an entire religious community preserved by the same agent, though living in a convent where there was a lazaretto containing not less than a hundred cholera patients constantly. Let those deride who have not seen, as I have seen, many children, attacked with croup, cured in less than two days; who have not witnessed, as I have, more than seventy children with diphtheria cured by the use of Ethiop's Mineral." L. C.

MORPHINE POISONING, OR "REGULAR" TREATMENT.

BY J. H. SHERMAN, M.D.

It has been my good fortune within the past six months to treat successfully three cases of poisoning by opium, and as they do not essentially differ, except in degree, will report but one. These cases had each been treated by "regular" physicians. A. C. B., age forty-three years; occupation, painter; had always enjoyed good health with exception of an attack of small-pox in 1851, when he was very sick. In 1863 had what the doctors called scrofulous enlargement of the glands of the neck, for which he was under medical treatment about a year. In the summer of 1871 was troubled with constipation and suffered much pain in the bowels while at stool. The pain would commence in the region of the umbilicus, gradually extending in all directions until it involved the entire abdominal cavity. The pain was soon followed by syncope, which compelled the patient to lie down for a while, when both syncope and pain would pass off and he would resume his work. These attacks gradually increased in frequency and severity, until in a few weeks they were accompanied by vomiting, sometimes of

ingesta, but usually a slimy green fluid; they would occur also at other times than when at stool and without any apparent cause. Neither the quantity nor quality of the food eaten seems to have had the least influence in causing the pain.

In February, 1873, colic and vomiting became almost constant; was confined to his bed for three weeks under the care of a physician in Medford, Mass. On partial recovery from this continued colic he came to Boston, and put himself under the care of a skilful (?) allopathic physician, who pronounced his disease lead poison. From the patient's description there is no doubt but that the treatment was truly heroic. To relieve the attacks of colic, morphine was injected hypodermically in one and one half grain doses, and repeated as often as the colic returned, which was frequently twice in twenty-four hours. After continuing this treatment for several months the colic "spells" became more frequent as well as more severe, and a change of physicians was made, but the same or very similar treatment was adopted, the subcutaneous injection of morphine being the sheet anchor. After a few months' trial with this physician, another was called, who followed in the footsteps of his predecessors. The patient, becoming desperate and determined to be cured if in the power of physicians, continued to summon the available medical skill in his vicinity until he had been under the treatment of seventeen "*regular*" doctors, and, astonishing as it may seem, the man still lived, and was now fully ripe for a trial with a homœopath. I was called to see this patient November 20, 1874. He was then suffering from one of his colic attacks, having had no morphine since the previous day.

The man was a perfect picture of agonizing despair; emaciated, extremely pale, bloodless, and seemingly as wretched as it was possible for a human being to be. After listening to the history of his case, a part of which was related by himself and the rest by his wife, I could but pity him and her. He said he had been sick for more than two years; that when taken sick he was earning good wages as a fresco painter; that he had deposited in the bank some of his hard-earned savings, after supporting his family, a wife, and two daughters in their teens;

that he had paid eight hundred dollars to seventeen physicians ; that his money was now all drawn from the bank, the doctors no longer took an interest in his case, and he did not see what was to become of him. He was asked if he was willing to follow out our plan of treatment, though it would cost him great suffering. If he could be assured of a perfect cure, he replied, he would submit to anything, but, said he, " Doctor, you must relieve me of this dreadful distress." I told him the distress was produced by morphine, and the only way to get rid of it permanently was to abandon the further use of it. He agreed to be governed by my advice, and *Bell.* 1st decimal was given in water every two hours, hoping it might have some effect to antidote the morphine, but principally for the mental effect. Now commenced one of the severest struggles to conquer an enemy that we ever witnessed. He was in agony day and night ; for three days and nights he neither eat nor slept, and to such a strain was the nervous system subjected that he was verging on delirium. Milk punch was ordered freely, after learning that the patient had never been accustomed to the use of alcoholic stimulants. This served a good purpose as a temporary expedient, but was discontinued after a couple of weeks, when the patient began to have an appetite. The colic gradually subsided, the paroxysms were not so frequent or severe. The patient took courage, but he was very much prostrated ; for three weeks he could hardly raise his head from his pillow, and it was three months before he became strong enough to walk on the street ; but for several weeks past he has been entirely free from pain, eats more than his full allowance, sleeps well, has gone to work, and says that he is increasing in weight at the rate of half a pound daily. He wants no more morphine nor regular practice.

P A L L I A T I V E S .

BY DR. AD. LIPPE.

DR. WM. H. HOLCOMBE, Professor of Clinical Medicine in the Pulte Medical College, President of the American Institute of Homœopathy, and author of numerous works, has delivered

and published an Introductory Lecture on "*The Philosophy of Cure.*"

In said lecture he says a good many clever things and some things that are not at all clever, nay, that are very erroneous and utterly at variance with the teachings of the school founded and promulgated by Hahnemann. It is our object to deal in *this* paper with only one of these great "errors."

Prof. H. says, "*It sometimes is a mercy and a duty to relieve pain by 'ANODYNES,' when it is excessive and uncontrollable.*"

Hahnemann devoted *nine* paragraphs of his *Organum* to the "palliative" treatment of diseases. He shows that the palliative treatment is just the opposite to Homœopathy; he quotes allopathic authorities condemning it as injurious, and expresses his astonishment that medical men who see the evil effects of this palliative treatment have not thought long ago to do just the opposite of what in their hands proved to be so injurious to the sick. And what Hahnemann in paragraphs 56-65 so earnestly rejects is now again recommended to the students in a *professedly* Homœopathic College as a practice of mercy, and even represented as "*a duty.*"

Does the professor find, "authority" for this, his earnest advice, either in Hahnemann's writings or in Swedenborg's works, which he seems anxious to palm off on us as fundamental works on homœopathic medicine? Nothing of the kind! It is a gratuitous attempt to falsify our school, an attempt to shield "lazy doctors." Under no possible condition are we justified in administering anodynes; under no possible condition can they do anything else but great harm. Let us take up the most hopeless case of sickness, a case incurable by its nature: the patient suffers severe, very severe pains; there is no longer any hope of effecting a cure. It is precisely here that it would be a mercy to save him from the greater suffering which necessarily follows the administration of anodynes; it is then, as ever, our duty to hold fast to "our principles." The administration of an anodyne for excessive pain is followed by an apparent cessation of it, to return more severe, as soon as the effect of the dose administered is exhausted. We repeat, and the pains repeat; but that is not all, — the

poison does its work besides: the digestive functions are disturbed, and, worse than all, the intellect, the consciousness, the only spiritual part of the sick individual, — let us call it “mind,” — becomes seriously impaired. Is that mercy? Are we in duty bound to destroy a person’s “mind”? The true “healer,” who not only makes professions of faith, but who has really comprehended and accepted the teachings of Hahnemann, *never stands in need of an anodyne*. In the course of time every physician will find himself in attendance on an *incurable* case; he will find himself so situated that it becomes his imperative duty to wait on the incurably sick to the end. Here it is that the great value of Hahnemann’s teachings is fully appreciated, and that a strict adherence to our fundamental principle will be followed by most satisfactory results. The “healer” knows by past experience that the most similar remedy is also the greatest palliative. Under ordinary circumstances that similar remedy would have “cured the sick,” but if such changes of tissues have taken place that a cure is no longer possible, the palliation may last for days, the same symptoms do not return again, the progressive or destructive process manifests itself now in a different manner, and a new selection of the similar remedy must be made — diligently to be sure; relief will follow again, and the sufferings of the sadly afflicted, incurable patient are in this manner wonderfully lessened, lessened to the last moment of the earth life. To be sure, this is a very *laborious* practice, requiring more frequent changes in the prescriptions as the vitality of the sick decreases, and each prescription becomes more difficult. But what of that? What are we here for? Why, we are here that we may heal the sick, that is *our duty*, and if we cannot heal them (make them well), to relieve their suffering; and we must spare no pains to learn to accomplish it, and earn the only reward which awaits the true healer, — the thanks of the cured, the blessings of those to whom we administer true relief.

Whosoever calls himself a homœopathician, and administers anodynes, does so in violation of his professions, and who teaches this pernicious practice does so in violation of the principles of the Homœopathic School of Medicine.

CLINICAL CASES.

BY ANNA MUNROE, M.D.

BENNIE F., *æ*t. ten months, had always been in perfect health, and is of a remarkably healthy family. He was suffering from nausea, with vomiting; tongue perfectly clean. The parents suggested that he might have swallowed some of the hair from a sofa which was broken on the edge, and with which he had amused himself, as on one occasion a small quantity had been found in the stool, and at another time a piece had been taken out of the mouth after he had partly swallowed it, and which was drawn out, apparently, from the whole length of the *œsophagus*.

During the night blood began to pass from the rectum without any straining, or even the odor of *fæcal* matter, and continued about thirty-six hours. On the third day it was decided in consultation that nothing could be done except to treat symptoms and await a revelation. From the first day the vomiting had been of bile, unmixed with anything, except just after nursing, when the milk, if not instantly ejected, would be returned coagulated shortly after.

On the fifth day there was found on the napkin a piece of mucous membrane about half an inch wide and two inches long, very vascular, and having the appearance of duodenal mucous membrane. Vomiting of bile continued, but the food was retained if he was kept perfectly quiet after having nursed very sparingly, or after drinking cold milk, which he relished.

On the eleventh day a solid substance, of the nature of a gland, was passed, of dark color, ragged surface at the base, but smooth over the rest of its extent, and measuring about half an inch in diameter each way. At night the same day, there was a loose discharge from the bowels, the first appearance of *fæcal* matter since the attack. After the bloody stools ceased, there was constant discharge of altered mucus and pus like that from an abscess, but without producing any excoriation around the anus. The bowels have moved well since, and the patient is apparently as well as usual, although he has never recovered his lost flesh.

From the second to the eighth day of the attack he was

very sick; eyes sunken, corners of the mouth drawn down, skin wrinkled, accompanied by a constant desire to run the fingers down the throat. He took no notice of any one, but eagerly drank when milk or water was offered. Never had, during the progress of the disease, any heat of the head, fever, or any of the usual symptoms of inflammation.

A minute examination of the hair with which the sofa was stuffed showed it to be considerably mixed with split whale-bone; and when rolled on the tongue for a few seconds, left a smarting sensation, as though the surface had been cut.

Ella D., affected with partial hemiplegia. While at work beside her mother, the latter noticed that the patient's mouth laughed only on one side, and reproved her for making faces. Upon going to the mirror, she noticed, for the first time, that the face was somewhat swollen, and contracted only on one side; the eye of the affected side was weeping, and the tongue could not be protruded in the middle line. The menses, which were nearly established, had failed to make their appearance for eight weeks; but otherwise the patient was in perfect health. *Caust.* relieved all the symptoms in a few days.

Mrs. M., æt. forty-two; *excessive menstruation at critical period.* After vainly trying various domestic remedies, at last sought medical aid. *Lach.* relieved at once, and continues effectual when the flow is excessive.

NEURALGIA: ACONITE. — Lizzie G., æt. twenty; subject to facial neuralgia (both sides) to such a degree that she often walked the floor all night, and finally, when driven to desperation with the pain, took paregoric to obtain sleep. Various remedies of the old school were tried in vain. Every kind of medicine, no matter how pleasantly it was administered, produced a sensation of nausea, which rendered her condition much worse. At last *Acon.* 200 was taken, and in fifteen minutes the pain ceased, and did not return. She had a few subsequent attacks, very slight; but *Acon.*, in any potency, always relieved immediately.

VOMITING IN INFANTS. (1.) PEPSIN. — W——, æt. 5 mos.; taken suddenly with vomiting of food, which the usual remedies failed to relieve in the least. The vomiting became so excessive that there was scarcely an interval between the

contractions of the stomach, and a clear fluid was almost constantly ejected; not even the smallest quantity could be retained in the stomach. In twenty-four hours the head had increased in size so that the swelling was apparent to all, and there seemed to be little possibility that the child could endure more than a few hours. At this juncture, everything else failing, the saccharated *Pepsin* was tried. A half grain was laid upon the tongue, and eagerly eaten by the child, who seemed ravenous when anything touched the lips. To satisfy this craving, numerous articles had been given, in the smallest possible quantities, including gruel, milk, farina, arrowroot, toast-tea, concentrated beef-tea, etc., but as soon as swallowed they were ejected. When the *Pepsin* was swallowed no vomiting followed, and the patient recovered immediately, the head remaining large, but well-formed.

(2.) *KREOSOTE*. — K——, æt. 3 mos.; had been afflicted with vomiting from birth, and the physician, an allopath, said at last that he was puzzled and could do no more; that possibly the child might outgrow it. *Pepsin*, which acted so admirably in the preceding case, failed to relieve, but *Kreos.*³ gave relief, and in a day or two cured. The vomiting in this case was not incessant, but in paroxysms, being constant for an hour or two and then subsiding. It was not connected with meals, but was as likely to recur when the stomach was empty as at any other time. There were no other symptoms, except a certain restiveness, which was finally relieved by *Nux*.

CLINICAL CASES.

BY E. W. BERRIDGE, M.D.

(1.) *Alumina*. — A child had a diarrhœic stool whenever she urinated; for a week. One dose of *Cm.* (Fincke) cured it.

(2.) *Arsenic*. — Miss —— . Burning in throat. When coughing, soreness in chest, and pain as if something was digging into throat from before, backwards. Painless throbbing in the roots of every tooth. Took 103^m (Fincke) which relieved very quickly, and soon cured.

(3.) *Sulphur*. — Miss —— . Shooting from under right breast to back on drawing a deep breath. Cured by 2^m (Jenichen).

(4.) *Paullinia Pinnata*. — Mrs. — For a week since the cold weather began, weight over left eye, worse on stooping.

My MS. Head Repertory now being prepared for publication, gives under *Heaviness in lower forehead*, only one remedy, — *Paullinia Pinnata*. Though it has not the aggravation by stooping, it was the most similar, so I gave one dose of 200 (Lehrmann). The pain was relieved in 30 minutes, cured in 90 minutes, and did not return though the weather continued cold. *Paullinia* is one of Mure's Brazilian remedies. His provings contain most valuable symptoms, yet scarcely any cures have been published except with *Elaps*. Is it because our wretchedly imperfect repertories omit them? *Paullinia* is made use of in the Pathogenetic Cyclopædia, published by the Hahnemann Publishing Society; omitted in the continuation thereof, the Cypher Repertory, from Eyes to Abdomen, and indexed again in the new chapter on stools. Do the authors of that work wish us to believe that the Head and Stool symptoms are reliable, and the intermediate ones not? And if so, where is the proof?

(5.) *Phosphorus*. — Mrs. — . For six days, from being in a hot, close room, full of people, the *right* eye has been red, waters, with feeling of dust in it under lower lid; worse in the evening, when it also feels hot; afterwards, there supervened swelling of *right* eyelids, with adhesion thereof; *right* eye looks small.

Diagnosis according to my Repertory.

Right eyelids swollen (one of the latest symptoms). caust. lyc. phosph. senega, sepia, Vespa.

Right lids adhere. — Borax, Calc., Euphorb., Kali-nitr., Natr-carb. phosph., sulph. This reduces the list to phosph.; and as this remedy corresponded accurately to the *latest* symptoms, and fairly so to the rest, I gave one dose of 19 (Jenichen).

An aggravation followed, but next day was better, and in three days was well.

With regard to the treatment of diseased eyes, a new light (?) has been thrown upon the subject by Dr. Ruddock, a voluminous author, one of the chief characteristics of whose works is a perpetual reference to his other publications and himself gen-

erally. (See an excellent *exposure* of his tactics in the January number of the *British Journal of Homœopathy*.)

On page 243 of the eighth volume of his journal, the *Homœopathic World*, appears a review (?) of my Eye Repertory, which he there calls an "elaborately arranged mass of rubbish." The learned (?) critic continues, "The affections of the right eye are treated by an *entirely different* set of remedies to those of the left eye." [This is a *falsehood*, as one hundred and twenty-one of the remedies are the same in both lists. E. W. B.] "*Suppose, however, that both eyes experience the same symptoms, must two sets of remedies be prescribed at the same time, or must one eye sustain the disagreeable symptom while the cure of the other is going on?*" I guess that every homœopath who reads this will say, "Where in the world did the critic study Homœopathy?" How long the profession will support literature emanating from the brain — no, I mean the *cranium* — of one who shows such a deplorable ignorance of the first principles of the system which he professes to teach, remains to be seen.

(6.) *Natrum Sulphuricum*. — Mrs. ——— for two or three days had had dry heat of feet at night. Took 200 (Lehrmann) every three hours till better, and the symptom did not return. A confirmation of symptom 447 of Hering's *Mat. Med.*, which belongs to *Nenning*, whose symptoms it is the fashion for the pseudo-homœopaths to ridicule.

(7.) *Stramonium*. — A girl aged five has had for four months a propensity to destroy things or hide them; she, at first when accused, denies it, and afterwards confesses it.

Diagnosis according to my MS. Head Repertory.

Destroys things. Agar., bell., carburet-sulph., hura, (hyos), lach., laur., merc-iod., mosch., plumb., solan-tub-agrot., stram., strout-carb., sulph., verat.,

Hides Things. Bell.

Hides Himself. (This is a similar symptom, and should be compared.) Arsen., beil., camph., cupr., erythron., eugen., hell., puls., stram.,

Confessing. Stram.

One dose of *Stramonium Cm.* (Fincke) was given Aug. 22d. In seven to ten days the symptoms had gone, and had not re-

turned when I last heard of the child, Jan. 11th of the following year.

Niccolum. A girl aged nineteen had the following symptoms:—

Sept. 16, 1 P. M. Shooting from vertex to forehead, since midnight. Weakness for three months. Nausea for three weeks. Always before menses (since they commenced at the age of fourteen), pain in abdomen like forcing downwards, first on the left side then the right. No appetite.

Diagnosis. My Repertory gives under *Shooting from vertex to forehead*, only *Niccolum*. As this was the latest symptom, I gave her one dose of 200 (Leipzig). Her employer says it acted "like a miracle." She was quite well in a day or two, except the menstrual trouble; but on Dec. 21st she reported that this pain also had almost gone. A valuable clinical symptom is hereby added to *Niccolum*. If I had alternated with it some other drug for the menses, nothing would have been learnt even if I had effected a cure.

CLINICAL CASES.

BY C. R. NORTON, M.D., MADISON, WIS.

MRS. A., æt. 35, tall, slender, of blond complexion, a consumptive. Had in January, 1864, the following symptoms: glands of neck swollen; fauces but slightly congested; throat sore, hurting to swallow, especially solids and sour or hot substances; right side of throat more painful than the left; would wake up in the night with a strangling sensation; stringy phlegm in the throat; coughing until it seemed as if she would vomit; talking painful, and a feeling when swallowing as if a large fish-bone was in the throat.

Gave *Hepar sulph.*, high, but with no good effect. Then *Nitric acid.*, high, relieved the painful swallowing for a week or two; but the patient became worse, and, as she could swallow but a small quantity of liquid food, and that only with extreme pain, had become very weak. She now said that during the intervals of swallowing there was often a *stinging pain* in the throat.

Consulting Dr. Hering, I was led by his advice to give *Apis mel.*, 5m (Fincke); this remedy helped at once, and by giving

for a few weeks an occasional dose, each time of a higher potency, the throat symptoms gradually disappeared. A subsequent relapse, with the same throat symptoms, was quickly cured by *Apis mel.*

Mr. M., a tailor, æt. 50; dark complexion. Had been subject to attacks of asthma for twelve years; always worse in cold weather.

In November last I was called to see him, and found him suffering with excessive dyspnoea; the chest was full of rales, and he had been vomiting mucus; was troubled with flatulency, passing much wind per anum; the breath smelled badly, tongue was coated, and at times there was a taste in the mouth like rotten eggs; no thirst; could not lie down on account of the oppressed breathing, yet liked to lean the head slightly forward; said that he thought he would need no medicine if he could only sit by the hot stove, the heat so ameliorated the hard breathing.

Gave *Arsenic*³⁰, in water, every two hours. The next day found no material change in the symptoms; then gave *Nux vom.*²⁰⁰, in water, every two hours. Marked relief followed this remedy; on the next day he was much better, and continued to improve.

A few weeks later he had a similar attack, for which *Nux vom.* proved quickly curative.

TRAUMATIC TETANUS, AND TRISMUS.

BY DR. W. SORGE, BERLIN, PRUSSIA.

Translated from Hirschels' Zeitschr. für Hom. Klinik, Dec. 15, 1875.

THE patient, a small farmer, æt. between forty and fifty, large and powerfully built, and addicted to the use of brandy, was taken sick in the beginning of October, 1856.

Oct. 9th I found him in bed, perspiring profusely and persistently, complaining that for several days he had been unable to open his mouth more than the sixth part of an inch, and that now the left foot, and to some degree the left arm also, had become stiff. The neck and back were likewise stiff and immovable, making it impossible to turn the head except to a very limited extent, while the motion of the right extremities was unrestricted. The affected muscles were hard and firm to the

touch; frequent and painful jerkings passed from the left foot to the loins; the spinous processes of the middle dorsal vertebræ were excessively sensitive to pressure; the bowels constipated, but micturition undisturbed.

I was disposed to declare this condition to be a rheumatic inflammation of the spinal meninges until I inquired for any external injuries or wounds. I was then told that ten days ago the patient, while at work on his manure-heap, had run a sharp bone into his foot, but had drawn it out at once, and that the wound was now as good as healed. On close examination I found a partially cicatrized wound in the right heel, from which I succeeded in removing a piece of bone $\frac{1}{4}$ " in length. The wound, which penetrated nearly to the calcaneus, was enlarged and covered with warm poultices, while for internal use I prescribed *Nux. vom.* 2¹⁰, gtt. j in a large glass of water, — a tablespoonful every two hours.

Oct. 11th, marked aggravation of all the symptoms. The wound was clean, but quite as deep as before, and extremely sensitive; all the spinous processes were very painful to the touch, and the right foot had become stiff. Violent jerkings, proceeding from the lumbar region, passed through the extremities and pectoral muscles over the region of the heart, threatening suffocation, especially when the patient tried to sleep, in which he succeeded but very imperfectly; no action of the bowels. Has passed no urine, owing, as he thinks, to his having made an effort to retain it.

In order to relieve the sense of suffocation he wants his knees bent, and has linen put between his teeth to prevent the tongue or cheeks from being bitten. Nourishment was given through the gap of an absent tooth by means of a tube. The fæces and urine were henceforth voided by mechanical means from time to time; and for the inflammation along the course of the nerves and the intense irritation of the spinal cord, I administered *Bell.* 1^x gtt. v. in water, every hour.

Oct. 13th. Towards evening almost constant cramps of arms and legs, but the spine is less sensitive. Medicine continued.

Oct. 16th. He declares the cramps to be much abated, and that he feels much better; wants more medicine. *Bell.* gtt. v. in water every two hours.

Oct. 17th. Saw the patient in the evening. Has had but one more of the suffocative attacks, at noon. The wound has healed, the painfulness of the cramps diminished; the right leg can be extended without pain, but not the left. The arms are movable, the neck is still stiff, and the mouth closed as before. The patient is delirious, plucking at the straw in his bed. His face looks sunken; the pulse 72, large and full, — an indication, to my mind, of weakness and loss of tenacity of the muscle-fibre of the vascular walls, threatening paralysis.*

The intensity of the irritation in the nerves of the spine was overcome, and the altered condition calling for its proper remedy, I selected *Arsenic* after mature deliberation, and administered it in two-drop doses of the 7th dil. every two hours.

Oct. 24th. The patient is much emaciated, groans frequently, and is still delirious. The back is still stiff, and the cramps, as well as the attacks of suffocation, still trouble him occasionally. He is not yet able to open his mouth, but can bend the legs fairly, without assistance. *Arsen.* 4, every two hours.

Oct. 29th. No more delirium. *Arsen.* 4 every three hours.

Oct. 31. Spine still a little sensitive to pressure, from the lumbar region downwards, but the patient has had some quiet sleep, and can open his mouth sufficiently to eat heartily, which he is very eager to do. He still feels something unyielding in his left leg when he attempts to bend it, but can turn himself in bed, and pass water without difficulty. This he was unable to do until four days ago, so that I feared permanent paralysis of the bladder. *Arsen.* 4, gtt. iii. every two hours.

Nov. 3d. The patient is able to walk a few steps with assistance; sleeps much better, has a most ravenous appetite, and complains only of drawing pains in the legs and shoulders. *Arsen.* 4, four hourly.

Nov. 5th. Still some stiffness in the shoulders, and is not yet able to open the mouth to its full extent. Bleeding piles, from which he formerly suffered at irregular intervals, have again set in.

Nov. 30th. Some stiffness still lingers in the left temporo-maxillary articulation, with slight pains which move about from the loins, the head, teeth, and shoulders. Otherwise perfectly well and in good spirits.

* We are disposed to look upon these cerebral symptoms, supervening so suddenly, as a medicinal aggravation, the effect of the *Belladonna*. — Ed. Zeitschr. J. Hom. Klinik.

The New England Medical Gazette.

BOSTON, APRIL, 1875.

ON the day following the very interesting Commencement exercises of Boston University School of Medicine a significant incident occurred in the State House, which may be taken as an indication of the temper of the medical schools. It seems that Dr. Day, of Fall River, an honest and straightforward physician of the old school, thinks that educated physicians of every school should unite to protect the community from those cormorants of society, the abortionists and ignorant, unprincipled quacks, whose very life entails destruction and murder. For this purpose he introduced a bill into the Legislature making a joint commission, composed of Allopaths, Homœopaths, and Eclectics, to carry forward measures for the prevention of quackery.

At a hearing before the Judiciary Committee, Dr. Day, in a liberal-toned address, stated the necessity for suitable restraining laws, and that, as it was essential for success that all schools should unite in enacting such laws, he felt certain that he would have the hearty support of all.

Dr. Underwood, of the Eclectics, gave hearty and earnest support to the movement; Dr. Calvin Ellis, Dean of Harvard Medical College, wished it distinctly understood that this bill did not originate with Harvard Medical College or the Massachusetts Medical Society. He was not prepared to speak as to the utility of the proposed law, but he could say that the proposed union for such a purpose was impracticable, in fact *absolutely impossible*. As for himself, he did not know what an allopath was; he was a "regular" physician. Dr. Talbot, Dean of the Boston University School of Medicine, said he thought that the liberal men of homœopathic faith would gladly unite with liberal men of other schools if thereby good could be accomplished.

It is a noteworthy fact that the same spirit which was here exhibited by the representative of the so-called regular practice sought, in our country's greatest extremity, to shut out from its defence all of a different medical belief; it has sought since, in blind madness, to ostracize them and to brand them as guilty of dishonorable conduct, and would even be glad to apply those harsher measures to which heretics have before been subjected. Fortunately, the grip of the nineteenth century holds this viper firmly; but possibly, in its insane writhings and contortions, it may drive its own fangs deeply into its own flesh, and die of the same poison it is seeking to insert into its opponent's cuticle.

CORRESPONDENCE.

PHILADELPHIA, March 23, 1875.

Editors New England Medical Gazette:

In the March number of your journal (p. 141) I find "Correspondence" by Prof. S. Lilienthal, M.D. (N. Y.). The question is, Was the paper published by Dr. Millard illogical, irrational, contradictory, and anti-homœopathic? The editor of the *Quarterly* does not enter into "arguments," but resorts to personalities, loses his amiable temper, and thereby makes public confession to the weakness of his position. An editor who admits a paper without comments (even a foot-note) *endorses* it. *Illustration 1.* Suppose *Harper's Magazine* should publish *now* a pro-slavery paper without foot-notes (which act would be quite a parallel with Prof. L.'s publication of Dr. Millard's paper), what would be the result? Why, every contributor possessing self-respect would decline to write for a professedly progressive journal giving publication to a paper on a subject which belongs to the Past. Next to it, the number of subscribers would fall off, and the publisher would probably see his error in retaining an incompetent editor in a responsible position.* The attempts to "ostracize" belong to a set of distinguished men who are not to be mentioned: we never attempted such a thing. Our aim has been, is, and will forever be, to "perpetuate, elucidate, defend, and illustrate" "fundamental and infallible principles." We do not feel inclined to worship "infallible men," nor do we pin our destiny, or claim to be sustained by *any man*. What Cabanis, the philosopher, wrote in 1791 seems to remain "unrevealed writings" to the editor of the *Quarterly*. Let the men of distinction, whose great friendship he claims, protect him and the publishers, *if they can!*

Yours very truly,

AD: LIPPE.
1204 Walnut Street.

HOMŒOPATHY IN THE MAINE GENERAL HOSPITAL.

To the Editor of the Kennebec Journal:

To Speaker Thomas belongs the credit of preserving intact and carrying through the appropriation in favor of the Maine General Hos-

* In order to forestall any possible misunderstanding, we take occasion to express our entire non-concurrence with the proposition here enunciated by our correspondent, and to declare that we stand by the paragraph of our prospectus, which invites the most full and free discussion of all subjects connected with our science, including, as a matter of-course, the expression of sincere convictions from any quarter, so long as they give evidence of being based upon scientific deduction or observation and experience. *That every contributor has the sole responsibility of his sentiments and assertions, must be fully understood.*

Unluckily, the conflict of opinions and the misapprehension regarding the principles, the aims, and the limits of Homœopathy can by no means be considered as "belonging to the past." They still exist in the minds of so large a proportion of our friends, as well as of our enemies, in every direction, that anything like a parallelism between an antislavery publication to-day and a homœopathic journal is plainly out of the question. The only possible way to consign all errors and misconceptions to their proper place is to encourage discussion, to meet erroneous views and assertions with something better, and to pass over in silence whatever appears too insignificant to merit an answer. — [EDITORS GAZETTE.

pital. He descended from the chair on Saturday and addressed the House in favor of the resolve without the amendment providing for homœopathic treatment. The solid arguments used were convincing; but we entertain the opinion that personal consideration for the highly esteemed Speaker had much to do with the sweeping victory achieved by Mr. Thomas. — *Kennebec Journal*.

Well, I do not envy the gentleman the honor. Let us look, a little, at his solid arguments. His first and chief proposition is that the honorable gentleman who proposed the amendment, and those who favored it, were mistaken and misled as to its purport and results; that he, himself, at one time even regarded it as “reasonable,” but now has become convinced that it would be a fire-brand in that beneficent institution. Why? Because he has discovered, since Thursday last, that the two schools are at swords’ points. Who told him this? We have had no interviews with him, nor, indeed, have sought to influence a single member. It must be, then, he has learned it from those distinguished allopathic physicians from Portland who have been so busy here for days past. But they have no right to speak for us, and I will now assure the honorable gentleman, in the name of the homœopathic physicians of Maine, that *this is not true*; that there is but one sword’s point, and that is turned against us. It is the old story of the lamb disturbing the water so that the wolf could not drink farther up the stream.

There is *no* reason except bigotry on the part of the old-school fraternity why any suffering creature in that hospital should not have the same rights as suffering creatures out of it, and be allowed the benefit of an intelligent choice, by himself or friends, as to what school of medicine shall come to his aid.

Our physicians are as self-sacrificing as theirs, and as willing to be put to the service of suffering humanity; but they are now compelled to render such services in places where their patients are exposed to noisome and unwholesome influences, exposed to cold, hunger, nakedness, and neglect, when there, on that beautiful hill, “in the beautiful city by the sea,” are light, warmth, cleanliness, food, quiet, and care,—all that a beneficent public can provide, and these poor creatures are shut out, all because they are intelligent enough to choose what millions esteem as a better method of practice. All honor to the honorable gentleman for his victory! We ask no conflict; we seek no conflict; there need be no conflict. We only ask that we may take our poor, fever-heated patient out of the hot attic by the noisy street, or away from the damp, low house by the filthy water-side, and put him in a clean, sweet bed, in the cool, quiet room, and have him watched and fed while we minister to his recovery.

Long may the eloquent speaker enjoy his vigorous health, I devoutly hope, even to his latest day; but should he ever fall sick and know the weakness of suffering, may he have the ministrations of home and plenty and his chosen method of practice,—privileges to those poor creatures now denied.

We ask no appointments; we ask no management; we ask only to be allowed to minister to those who intelligently crave our help, and we are denied. Whose is the sword’s point?

The gentleman's facts concerning the experiments elsewhere are very wide of the mark; but I will not stop to controvert them, because, if true, they only prove the same intolerance on the part of the old school which is the cause of all difficulty. It is the determination to regard us everywhere as medical pariahs, as outcasts, as publicans and sinners, on the part of our pharisaical brethren, which moves them to refuse the bounty of the State, and even, as they said privately, shut up the institution, rather than yield us the smallest recognition as possessing a common aim and pursuing a common service to humanity. The lamb is willing to lie down with the wolf, but the wolf is afraid the lamb will eat him up.

But now let us inquire, why did not our honorable friends find out sooner about the fire-brands, the gunpowder, and the sword's points? When the great Hospital Fair was in progress in Portland, it was conceded by all that some of the noblest devotion to the work was shown by faithful adherents of Homœopathy, and that one half the proceeds of that Fair were due to the efforts of those noble ladies. Why did not our medical friends whisper to the Speaker then, "These things cannot mix; oil and water would be more congenial, gunpowder and fire more friendly, than will this homœopathic money in an allopathic hospital." We were working and giving, all over the State, for humanity, for a great public charity, and had distinct and authoritative pledges that we should have the privilege of giving also our services; that we should have a ward in that hospital, were we could also minister to the poor.

Why did they not tell us then, "We are at swords' points"? Why did they not tell us then, "When two thousand able and representative men petition us to fulfil our obligations, we will treat them with the silence of contempt"?

But they say now, Build a hospital of your own and we will help you. How do we know? Will pledges broken once be kept when made again? And why burden the people, or any city, or the State with the weight of erecting another hospital, with all its appurtenances, when one is already on the way towards completion, large enough for all, and which our money and our taxes have helped provide?

This, then, has the honorable gentleman accomplished; by the magic of his voice he has put us in the place of factious opposition, when we only ask that which is reasonable, fair, and right; by the spell of his presence upon the floor of the House, and the expression of his personal request, he has controverted, for the time, the will of THE PEOPLE. For the first time in two years the King has descended from his high estate, and bidden the sea go back and the tide be stayed. But will it stay? We shall see.

JAMES B. BELL, M.D.

AUGUSTA, FEB. 22.

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

TWENTY-FOURTH ANNUAL MEETING.

THE New York State Homœopathic Medical Society met in the Common Council Chamber at ten o'clock Tuesday morning, Feb. 9, 1875. In the absence of the President, the Society was called to order by Dr. L. M. Pratt, of this city.

Prayer was offered by Rev. Dr. Irving Magee.

The minutes of the preceding annual and semi-annual meetings were then read by the Secretary, Dr. F. L. Vincent.

Dr. L. M. Kenyon, President of the Society, having arrived, assumed the chair.

Committees on Credentials, Nominations, Audits, and Invitations were then announced.

The report of the Secretary and Treasurer was read, and referred to the Auditing Committee.

A number of permanent members were then elected.

On motion of Dr. T. F. Smith, of New York, a committee of three, consisting of Drs. Smith, H. D. Paine, and Fiske, were appointed to draft resolutions expressive of the sense of the Society, on the death of Dr. B. F. Bowers, of New York.

REPORTS OF BUREAUS.

Dr. H. M. Paine presented the report on Societies and Institutions, in connection with which Dr. Stiles read the report of the Middletown Insane Asylum.

Dr. H. D. Paine, of New York, reported on the Department of Necrology, and read in connection therewith an article on the death of the late Dr. Albert Wright, of Brooklyn.

On motion, suitable resolutions were adopted upon the death of Dr. Wright.

Dr. L. B. Waldo reported on Climatology, that he had received but one paper, which was entitled "Resort for Consumptives," by Dr. H. N. Avery, of West Virginia.

MISCELLANEOUS.

Dr. H. M. Paine, from the Committee on Credentials, reported a list of those members who were present.

Dr. W. M. L. Fiske spoke upon the subject of Vaccination. The President and Dr. Vincent also made remarks bearing upon the matter.

Dr. Hasbrouck spoke of the case of a license being granted to a lady to practise, and the President said the proceeding was now considered regular.

Dr. Holden, of Glens Falls, from the Auditing Committee, presented a report upon the Secretary and Treasurer's Report, which was adopted.

The Society, on motion, at 1.45, adjourned until 2.30 P. M.

AFTERNOON SESSION.

The Society met again at half-past two o'clock.

Dr. H. M. Paine presented and read a carefully prepared report of the Committee on Legislation.*

At 10.30 P. M., during the course of Dr. Paine's remarks, Mr. William Cullen Bryant appeared in the chamber, accompanied by Mr. Pelton. Mr. Bryant was conducted to the President's desk, and introduced to the President by Dr. Hand. The President addressed him as follows:—

Mr. Bryant: It is with emotions of great pleasure that I welcome you to the session of the Homœopathic Society of the State of New York. Gentlemen, allow me to introduce to you the poet and sage, William Cullen Bryant, of New York.

Mr. Bryant responded:—

Gentlemen: I am very sorry that I cannot remain here longer and be a witness of your proceedings, which I have no doubt will be interesting. I take great interest in the growth of the homœopathic system, and I am glad to see it spreading, as it has, in the community. I believe there is no country in the world now in which the homœopathic system of cure is so generally adopted, so widely diffused, as in this country; and nowhere, probably, are those who practise it better acquainted with it, study it more attentively, and prescribe more wisely. I am very glad, gentlemen, to see you together upon this occasion, and only regret that an engagement prevents me from remaining here longer and listening to what will here transpire.

On motion of Dr. Hand, a recess was taken, in order that the members might shake hands with Mr. Bryant.

After the departure of the gentlemen, Dr. Paine continued his argument.

Dr. Watson, of Utica, introduced resolutions in reference to a State Board of Health, and supported them in an able and extended speech.

An able debate on the adoption of the resolutions ensued, participated in by Drs. H. D. Paine, H. M. Paine, Watson, Hand, Holden, and Fiske.

Dr. Talcott moved that the report of the Committee on Legislation with the resolutions be adopted. Carried.

Dr. Waldo offered a resolution relative to the death of Dr. E. P. K. Smith, which was adopted and referred to the Committee on Necrology.

The President stated in making the list of the nominating commit-

* To be issued in pamphlet form.

tee in the morning he had put down the name of Dr. Belden instead of Dr. Baylies, and that the latter-named gentleman would serve on the committee.

Dr. Waldo moved that the rules be amended, and that the nominating committee report at half-past ten o'clock this morning. Carried.

Dr. Smith offered a resolution relative to the death of Dr. B. F. Bowers of New York, which was referred to the Committee on Necrology.

Dr. H. D. Paine, of New York, spoke in relation to the death of Dr. Bowers, and related a remarkable circumstance connected with his history. The circumstance referred to especially was that Dr. Bowers, at the advanced age of seventy-nine years, had reviewed the studies of his youth and passed a brilliant examination before the first State Board of Examiners, being the first candidate to successfully pass the required test.

Dr. Wm. M. S. Fiske read the report of the Bureau of Surgery; Dr. W. M. Guernsey read the report of the Bureau of Gynæcology; Dr. H. R. Stiles, superintendent of the State Homœopathic Insane Asylum, read the report of the Bureau of Mental and Nervous Diseases. The reports of the several bureaus were referred to the publishing committee with power.

Dr. Talcott offered a resolution relative to the death of Dr. Nathan Spencer, of Winfield, N. Y. Carried.

Dr. Kellogg made his report as chairman of the Bureau of Vital Statistics.

Dr. Helmuth, of New York, made a statement relative to the Homœopathic Surgical Hospital of New York.

The Society at 5.45 adjourned to meet in the Assembly chamber at half-past seven o'clock.

EVENING SESSION.

At half-past seven o'clock the society assembled in the Assembly Chamber and listened to the annual address by Wm. Tod Helmuth, M.D., of New York; on Professional Animosities. The address was an able and exhaustive one, and was listened to with marked attention.

SECOND DAY'S PROCEEDINGS. — ELECTION OF OFFICERS, ETC.

The Society re-convened at 9.30, Wednesday morning, President Kenyon in the Chair.

MISCELLANEOUS.

The bill introduced in the Senate a few days since by Mr. Laning, entitled "An Act to regulate the Practice of Medicine and Surgery," was then taken up and discussed, when Dr. H. M. Paine, of this city, offered some suggestions intended to remove a feature obviously unjust and evidently not intended by the authors of the bill.

After debate on the subject, in which Drs. H. M. Paine, Fiske, Waldo, Holden, and others took part, on motion, the Committee on Legislation was requested to suggest several modifications of the bill.

Dr. T. F. Smith, of New York, moved that the sessions of the Society hereafter occupy three days instead of two, as at present. Adopted.

On motion of Dr. H. M. Paine, the question of changing the time of meeting to the first week of February was referred to the committee on Legislation.

ELECTION OF OFFICERS.

Dr. Stiles, from the nominating committee, submitted a report, after which the following candidates were ballotted for and elected:—

President — Dr. A. W. Holden, Glens Falls.

Vice-President — Dr. E. M. Kellogg, New York.

Second Vice-President — Dr. H. V. Miller, Syracuse.

Third Vice-President — Dr. R. S. Bishop, Medina.

Recording Secretary — Dr. Frank L. Vincent, Troy.

Corresponding Secretary — Dr. L. M. Pratt, Albany.

Treasurer — Dr. E. D. Jones, Albany.

CENSORS.

Northern District — G. W. Little, Fort Edward; H. D. Brown, Potsdam; S. J. Pearsall, Saratoga.

Southern District — T. Franklin Smith, New York; W. M. L. Fiske and R. C. Moffatt, Brooklyn.

Middle District — L. C. Warren, Jordan; A. E. Wallace, Oneida; C. E. Swift, Auburn.

Western District — T. C. White, Rochester; W. B. Brown, Palmyra; H. S. Hutchins, Batavia.

HONORARY MEMBERS.

G. W. Swazy, Springfield, Mass.; J. H. Pulte, Cincinnati, Ohio.

Regents Degree — Constantine Hering, M.D., Philadelphia.

On motion, Article 12 of the By-Laws of the Society was so amended as to allow nominations hereafter to be made openly.

Dr. Barrett, President of the New York State Dental Society, being present, was introduced and welcomed, after which he briefly addressed the Society.

Dr. Barrett, by request, then addressed the Society upon the subject of rubber-plates as used in dentistry.

Dr. Houghton then moved that the Committee on Publication be directed to omit from the proceedings of the Society all matter that has been previously published in medical journals. Adopted.

The Secretary then read the opinion of Townsend and Browne, of Troy, relative to the statutes governing medical societies.

Dr. H. D. Paine referred to the erection of the monument to the late Dr. H. Gram. Dr. Gray has erected a monument himself. The money was offered to Dr. Gray, but he prefers it should be given to the widowed sister of Dr. Gram. He moved that the committee have power to comply with the wish of Dr. Gray. Carried.

By Dr. H. M. Paine, —

Resolved, That the Recording Secretary be authorized to commence the publication of the next volume of Transactions at a period not later than the first of June next.

Resolved, That the next volume of Transactions be numbered Volume XII, and that hereafter the volumes be numbered consecutively; and further, that the current volumes be named "Second Series" rather than "New Series."

Referred to the Executive Committee.

On motion, the time and place of holding the semi-annual meeting was referred to the Executive Committee with power.

A vote of thanks to the retiring President was adopted; also to the Mayor and Common Council for the use of the Common Council Chamber; also to the Legislature for the use of the Assembly Chamber.

Dr. H. M. Paine moved a vote of thanks to the Recording Secretary for the care and labor bestowed by him in the preparation and publication of the annual volume of Transactions. Having served in the capacity of secretary so many years, he (Dr. P.) could fully estimate and properly appreciate the labor required to produce a volume so beautiful in appearance and so free from defects as this the eleventh, or, as it has been numbered, the first of the second series of the Transactions of the Society. Dr. Vincent merits and should receive a cordial expression of the approval of the Society.

The resolution was unanimously adopted.

The Secretary read a list of a large number of papers and reports by title, which were ordered to be preserved for presentation at the semi-annual meeting, unless published in the volume of Transactions prior to that time.

The Society then adjourned *sine die*.

F. L. VINCENT, M. D., *Rec. Sec'y*.

REVIEWS AND NOTICES OF BOOKS.

***Books sent to THE GAZETTE for notice will, after suitable examination and criticism, be presented to the College Library, where they will be accessible to the profession under the rules of the library.

Allgem. Homœop. Zeitung.
Herschel's Zeitschr Jür Klin. Medicin.
Cincinnati Med. Advance, March.

TREATMENT OF PLEURISY. By J. W. Corson, M.D. New York: Wm. Wood & Co.

DENTAL PATHOLOGY AND SURGERY. S. James A. Salter, M.B.F.R.S. New York: Wm. Wood & Co.

ELECTRICITY FOR NERVOUS DISEASES. Freber. Trans. by Geo. M. Schweiz, M.D.

HOMŒOPATHY IN VENEREAL DISEASES. Stephen Yeldsam, L.R.C.P. and M.R.C.S. Third Ed. London: Turner & Co.

MEDICAL USE OF ALCOHOL. By James Edmunds, M.D. National Temp. Publication House.

TRANSACTIONS OF THE HOMŒOP. MED. SOC. OF THE STATE OF NEW YORK. Vol. I. New Series. 1873-4.

DIARY OF THE LATE JOHN EPPS, M.D. London: Kent & Co.

ORTHOPÆDIA. By James Knight, M.D. New York: G. P. Putnam & Sons.

MEDICAL ESSAYS. Austin Flint, M.D. Philadelphia: H. C. Lea.

INFLAMMATION OF THE LUNGS. By Dr. Ludwig Buhl. Trans. by Matthew S. Bauer, M.D., and Sam'l B. St. John, M.D. G. P. Putnam & Sons.

CLINICAL LECTURES. Sayre. Hip Disease.. G. P. Putnam & Sons.

CYCLOPÆDIA OF PURE MATERIA MEDICA. By T. F. Allen. New York.

CLINICAL LECTURES ON VARIOUS IMPORTANT DISEASES, delivered in the medical wards of Mercy Hospital, Chicago, by Nathan Davis, A.M., M.D. 2d ed. Philadelphia: Henry C. Lea.

Among all the evidences of progress and enlightenment in this progressive and enlightened country, none can speak more eloquently for the healthy development of the American nationality under the freedom of republican institutions than the rapidity with which the new towns and cities everywhere springing up, almost as if by a sudden act of creation, assume the aspect of high culture and become centres of radiation for the best knowledge of the day. And nothing shows more plainly the practical as well as the ethical character of this advancing civilization than the number of excellently appointed hospitals which, with the school-houses, even as far west as Denver City, lift up their testimony to the soundness of the basis upon which our progress rests, and stand as answers to the sneers at the crudeness of our customs and manners, with which, in older countries, it is the fashion to discuss our development. Already these hospitals are the centres for the diffusion of scientific medical knowledge, more especially for clinical instruction, the most essential part of all medical study; so that nowhere, even in the most distant parts, need the medical student of the present generation suffer from that lack of practical acquirements which made the beginning of professional life, especially in remote regions, so trying to the majority of newly-fledged doctors of but one generation ago.

Of the character of this clinical instruction we have evidence before us in the little volume which embodies the substance of Dr. Davis's clinical lectures. It already presents itself in the second edition, apparently within a very short time; and as we have reason to infer from this fact, among others, that it has found favor in the eyes of the medical public, it demands more than a mere passing notice at our hands, more especially as there probably has never been a time when the clinical teaching of eminent American physicians, in all departments of practice, has made itself so widely felt as it is to-day in this country. On first opening the volume, we confess that the prej-

udice which not unnaturally possesses the critic's mind in these days of making many books, in approaching a work from a distant source, led us to look for scarcely anything of sufficient weight to claim an extended review; but on closer examination we are forced to declare that the book has merits of its own which constitute it a fair and able representative of the ruling theory and practice of the day.

Dr. Davis is unquestionably a gifted teacher, possessing, in a high degree, the faculty of seizing at once upon the salient features of a case, and of illustrating these in terms as precise and clear as the nature of the subject — or, we should say more correctly, as the phraseology of his school — will admit. It is his aim to be thoroughly practical, and there can be no more proper aim on the part of a clinical teacher in the presence of his class. But unfortunately all medical teaching must of necessity become hopelessly dogmatic as soon as it attempts to construct plain and easy rules of practice upon the unstable data afforded by physiological and pathological speculations. This lays it open to the most serious objections which can be urged against any teaching claiming to be scientific, as such rules can only be based upon attempted explanations of what is, in its very nature, inexplicable. In order to have a starting-point, therefore, the rational school finds it necessary to take many things for granted in medicine and science generally, thus burdening itself in the outset with a whole host of ill-defined and contradictory dogmas in its efforts to escape from the thralldom of a single “exclusive” one. To prop up these assumptions, then, and give them plausibility, an amount of ill-bestowed ingenuity is exercised, which, among the young or unreflecting, will always go for erudition and comprehensive reasoning, while it is actually nothing more than a perpetuating, in a new form, of all the ancient fallacies which, from a time even before the advent of Galen, have been the curse of the healing art.

It is after this fashion that Dr. Davis too often assumes a vague and baseless theory, or a mere phrase, to be a substantial fact. From this he then infers certain rules of treatment, and having declared these infallible he again reasons from them to the correctness of the premises, thus establishing one of those fallacies of generalization which so possess the “regular” mind as to make it incapable of recognizing the existence of any law governing the action of drugs on the system in health and disease. In order to show the method of establishing clinical rules adopted by Dr. Davis and the school to which he belongs, we quote one or two passages which, being selected from a large number of similar ones, may stand as the representatives of the principle underlying “regular” practice as commonly taught at the foremost seats of medical learning in this country to-day.

Speaking of intestinal inflammation and its treatment, he says (p. 136, *et seq.*): “The consequences of peritoneal inflammation, when uncontrolled, are thickening of the membrane, plastic exudations, and serous effusion. The second often leads to adhesions, the third to ascites or abdominal dropsy. Most pathologists, in treating of the nature of inflammation, have restricted their attention too exclusively to the condition and movements of the blood or fluids in the parts

affected. Thus, Dr. Williams makes inflammation consist, essentially, of a determination of blood to the structure involved, with the circulation through it partly increased and partly diminished. We regard every inflammation as involving three primary elements or morbid conditions, namely: an accumulation of blood in the part, an exaltation of the elementary property of the tissue, which we call susceptibility, and an alteration of the vital affinity.

“If the accumulation of blood in the part is accompanied by an active determination to it, with increase of both the susceptibility and affinity. it constitutes what is familiarly known as active, sthenic, or phlegmonous inflammation. If on the other hand the accumulation of blood in the part results not from increased determination, but from an impaired action of the capillaries themselves, with diminution of vital affinity while susceptibility alone is increased, it constitutes asthenic or plastic inflammation. We thus claim that the movements of fluids and the properties of the solids are both necessarily involved in every true inflammatory process. Hence, we have two uniform and rational indications for treatment, namely, to allay the morbid susceptibility, and to diminish the fulness of blood in the part. Anodynes and the local application of cold constitute the principal means for accomplishing the first, while the means of accomplishing the second will depend upon the immediate cause of accumulation. Thus, where active determination of blood to the part inflamed exists, depletion and arterial sedatives will be required; but if the cause of the accumulation is an impaired condition of the capillaries of the part, then, instead of sedatives, such stimulants or excitants as are capable of giving increased tone and contractibility to the capillary system will be most promptly efficient. These observations relate to inflammation in its first or elementary stage. If it has existed long enough to produce secondary effects,—such as infiltration of texture, effusions either serous or sanguine, softening, suppuration, etc.,—these will afford other indications for remedial agencies. In the case before us, there is not that fulness of pulse, or force in the action of the heart, which would call for either depletion or sedatives, neither are there any signs of effusion. Hence, the only clear indications are to subdue the extreme morbid susceptibility of the inflamed membrane and overcome the irritability of the stomach.

“The most efficient means we possess for this purpose are narcotic fomentations and full doses of opium, with alterative doses of calomel. To be effectual in such cases, the opium must be given in doses sufficient not only to allay pain but to induce more or less sleep. In inflammation of the serous membrane, this can be done with impunity,” etc.

It will be seen at once that the whole passage is made up largely of “glittering generalities,” which, however they may impress the youthful mind with confidence in rational treatment, will be proved, on a moment’s reflection, to be nothing but empty phrases. Irrespective of the fact that the definition here given of inflammation is wholly at variance with the known sequence of phenomena in this process, and the accepted idea of it as established by careful experiment and

observation,* it makes use of the terms "susceptibility," "vital affinity," "sthenic" and "asthenic," "impaired action of the capillaries," etc., as if they expressed some demonstrable states of which the variations in kind and degree could be readily determined, while, in fact, they are admitted, on all hands, to stand merely as convenient expressions for certain doubtful theories, but conveying no definite meaning, at all events, describing no observable state of the tissues. To say, for instance, that inflammation depends upon increased susceptibility, is merely stating a proposition, without offering anything like an explanation from which it would be justifiable to infer a rule of practice or a remedial measure. But upon the subject of susceptibility it will be necessary to say a word more when we shall meet with a definition of this phenomenon. The expressions "sthenic" and "asthenic," like "constriction" and "relaxation," are among those vague and fallacious generalizations, which from the time of Themison, some hundred years B.C., to that of John Brown, and from his to our own day, have sat like an incubus upon medicine, obstructing all progress from the fact that they are looked upon as descriptions of actual conditions of organs or tissues, when in reality they are only admissible as suggestions of certain indefinite states of the system generally. The same holds good of "vital affinity," a more modern term, and undoubtedly a property of the tissues, but not one which is measurable except by its simple increase in hypertrophy, or its simple diminution in atrophy, unattended by other morbid processes. Whether it is increased or diminished in inflammation is as yet a matter of doubt: hence any rule of practice deduced from it must of necessity be of an exceedingly uncertain character. It is upon such baseless fabrics that the two uniform and rational indications for treatment — namely, to allay morbid susceptibility and to diminish the fulness of blood in the part — are founded, *i. e.* depletion and arterial sedatives in active or sthenic inflammation, and full doses of opium and alterative doses of calomel in asthenic."

It will be seen that Dr. Davis is of the old school indeed, and that the modern affectation of doubt in the efficacy of drugs finds no favor in the wards of Mercy Hospital. Again, in speaking of the causes of summer complaints, he says, p. 148, "While we attribute to the extremes of the seasons, confinement to the nursery, dampness of the atmosphere, malaria and other impurities, a predisposing influence, I am fully satisfied that the immediate exciting or efficient cause is a high atmospheric temperature." After enumerating many instances of cholera-epidemics and endemic intestinal fluxes occurring during the hot season, he continues, p. 149, "To understand the *modus operandi* of caloric, or a high temperature, in producing disease, we must have a clear con-

* Dr. Hugh Bennett, of Edinburgh, whose authority may be safely accepted on this point, describes inflammation as consisting essentially of exudation of liquor sanguinis following upon active congestion. The experiments of his, Samuel, Techaussos, and others, not only confirm this description fully, but also proves the active congestion to be, not "accumulation of blood in the part," but a contraction and dilatation of arteries succeeded by similar phenomena in the veins with *increased flow of blood through them.*

ception of the normal properties of living, organized matter, and the manner in which those properties may be modified by exterior agents. A careful analysis of the phenomena connected with organization and life shows that every organized living structure, whether vegetable or animal, is possessed of two properties, elementary and essential to the existence of matter in an organized and living state. The first is an affinity by which the organic atoms are made to assume a definite arrangement, constituting the primary structures and types of organization; this property, for convenience, we call *vital affinity*. The second is a susceptibility to impressions from exterior influences, or a capability of being acted upon; this susceptibility must not be confounded with nervous sensibility, which is merely one of the functions of nerve-structure, and not an elementary property of organized matter. The two elementary properties here alluded to will be most clearly appreciated by reference to the simpler types of organization, such as the germinal cells of the ovarium, the egg, or the acorn. You examine the latter, for instance, and you find the organic atoms of which it is composed arranged in a certain definite and uniform manner, in strict obedience to a *special affinity*. That the particles thus arranged possess a special susceptibility is easily demonstrated by the action of certain exterior agents upon them." The author then instances the effect of heat and moisture on an acorn and a piece of chalk, by which the former is made to produce a miniature oak, while the latter remains unchanged, "thus demonstrating that the acorn possessed a susceptibility, though passive or dormant, peculiar to organized matter."

"If you see thus clearly what we mean by vital affinity and susceptibility, as the elementary properties of all organized living matter, you are prepared to understand the effects of a high temperature, both as a predisposing and exciting cause of disease. Caloric is one of those imponderable agents capable of prevailing all matter, whether organic or inorganic; and its effect is to expand all bodies by causing the atoms of which they are composed to be separated farther from each other. Hence, it is the great antagonistic power to affinity, whether simple, elective, or vital. Its direct effects upon the living tissues of the human system constitute no exception to the general law of its operation upon other matter; every successive addition of caloric or increase of temperature, increases the expansion of the tissues, and, of course, lessens in the same proportion the vital affinity between the atoms of which the tissues are composed." In illustration of this the phenomenon is mentioned that of a finger held in water allowing a closely-fitting ring to be slipped on to it, while the ring is immovably fixed if the finger be afterwards held in warm water, in consequence of its increased size. "But caloric not only expands living tissues, thereby diminishing vital affinity, but it also increases their susceptibility. It is chiefly by its power thus to diminish the tonicity or compactness of the tissues, while it increases their irritability or susceptibility, that caloric, or a high temperature, becomes an efficient predisposing or exciting cause of disease. Acting more directly on the cutaneous surface, and, both by continuity of structure and close

physiological sympathy, on the whole internal mucous surface, also, a high atmospheric temperature renders these structures morbidly sensitive, while their expansion renders them more lax, and thereby puts them in the most favorable condition for sudden and rapid fluxes of fluids into and through them. Hence it is that, in the midst of summer, all classes and all ages of people are more or less disposed to intestinal affections, characterized by increased flow of fluids, such as diarrhœa, cholera morbus, etc." Having mentioned the pathological changes, as he conceives them, and some of the symptoms consequent upon these fluxes, the author declares again, p. 157, "These pathological views afford us clear and definite indications for treatment in each successive stage of these diseases. Thus, in the first stage of those cases characterized by simple serous discharges, either by vomiting or purging, the indications are to allay the morbid irritability of the mucous membrane and to increase the tone or contractility of the capillaries. To fulfil these requires the judicious combination of a tonic and anodyne." Now, it is easy to understand that all this, coming from Prof. Nathan Davis, A.M., M.D., and delivered with that air of authority with which a man will speak who feels himself backed by the whole force of the "regular" wing of the profession, must sink deeply into the plastic minds of a medical class eager for knowledge, yet but ill-prepared, for the most part, to judge of the soundness or unsoundness of the doctrines so boldly enunciated. But if the rules which are to constitute the healing art must be derived from the sciences outside of therapeutics proper, common justice towards suffering humanity, and the honor of the profession itself, demand that these sources shall at least be the modern and accepted sciences of the day, and that the rules be constructed with some regard for the plainest principles of reasoning.

The confusion reigning here is not only a confusion of ideas, but the terms in which the passages quoted are phrased are themselves so hopelessly mixed and twisted that it is by no means easy to extricate the little sense which has become entangled in them. Not only is heat at first declared to be the "immediate exciting or efficient" cause of intestinal fluxes, and then elaborately shown to be the predisposing cause, but the whole subject, too, of the vital and physical properties of matter is in a frightfully loose condition in the science of which Dr. Davis is the exponent. The property of *vital affinity* is mistaken bodily for that of *differentiation in growth*, as it is, in reality, by virtue of the latter that the organic atoms of the acorn "arrange themselves in a certain definite and uniform manner," while the former enables the ultimate elements of tissues to select and attract to themselves, through the delicate vascular walls, the materials necessary for the continuance of growth and functions after the tissues, organs, and organisms have assumed their typical forms and structure. Then a "special susceptibility" is said to be the "elementary property" — a term, by the way, which Dr. Davis is very fond of using — of organized matter, in contradistinction to both vital and physical properties. Now, the facts are that "elementary properties," if ever they had place in science, have ceased to be recognized, in physiology at all events, and that matter is known

to manifest itself to our senses either by its physical or its vital properties, but by no other; while Dr. Davis's "special susceptibility" or "capability of being acted upon" can be nothing else than what is known to-day as the *potential energy* of matter, — a very different affair, from the susceptibility of the bowels to disease, and affording no more of an explanation of the production or cure of intestinal fluxes than the morphological law according to which the acorn develops into the distinctive type and form of the oak-tree.

The want of clearness in laying down his principles, and the absence of all proper connection in reasoning from them, is very apparent in Dr. Davis's choice of illustrations of the effect of external heat upon germinal matter. Besides the egg and the acorn he mentions the germinal cells of the ovarium, somewhat unfortunately we venture to suggest, as we are not aware that it is customary among mammals generally to expose their ovaria to external heat or light, or any other mere force, when they design to initiate the process of development in their germinal cells: this, however, by the way. Had he chosen the egg, which passes through stages analogous, within certain limits, to those that mark the germinating process of the acorn, but passes on to an infinitely higher phase of organization, in which the presence of vital forces is manifested, capable of controlling the physical properties of the matter composing the organism, according to the laws which govern animal life exclusively, — had he chosen the egg, we say, something like a reasonable chain of evidence might have been adduced in favor of the analogy between the "capability of being acted upon" of organic matter in general and the susceptibility of the bowels to disease. This, however, is no part of his purpose: on the contrary, it is his aim to establish, not the analogy between the two phenomena, but their identity; and as this is not a possible thing he is necessarily led to deal in vague assertions and to disregard the rules of reasoning in a manner which strikes an "irregular practitioner," one guilty of practising according to an "exclusive dogma," as rather peculiar, even in a rational therapist.

The same desire to uphold the gross materialism and to display the ready method of constructing indications for treatment, which are still the pride and glory of the dominant school, is shown again in the unwarrantable assertion that "the direct effects of heat upon the living tissues of the human system constitute no exception to the general law of its operation upon other matter." That the tissues may be said, in a certain sense, to be expanded by heat is undoubtedly true, but that this does not take place in the purely physical manner, Dr. Davis would have us believe must be apparent even to an unscientific mind. He here falls into the vulgar error of supposing the living tissues to be in a fixed, unvarying condition, in which they yield passively to the influence of external forces, while, in fact, they should only be conceived as existing in a state of incessant change and reaction, which constitutes their life, and depends upon such a complexity of elements and forces that the direct effects of heat and other exterior agencies upon their molecular properties are so largely modified as to be almost entirely withdrawn from the reach of ordinary calculation. The corollary,

therefore, that heat is the great antagonistic power to affinity, whether simple, elective, or vital, is a statement which we cannot but deplore in a professor of clinical medicine. "Simple affinity" — evidently a Western idiom for cohesion — is certainly lessened by heat; but even here there are exceptions, and so far as chemical affinity is concerned, it must be borne in mind that heat in varying degrees both favors and destroys molecular combinations under certain recognizable conditions; but its effect upon vital affinity is not to be thought of for a moment in connection with these phenomena, as chemical and vital affinity have absolutely nothing in common but the name.

The idea of excluding from the consideration of a morbid process occurring in the human organism an element as essential to its existence as sensibility, — which Dr. Davis describes as "merely one of the functions of nerve structure," while it can only be looked upon as a vital property, inherent in the ultimate particles of nerve-tissue, — is one of those unaccountable freaks into which a man can only be led who feels himself in the position of a prominent representative of a school powerful by tradition and numbers. That sudden changes of temperature are prejudicial to health, and often the cause of intestinal fluxes, is beyond question, but to convey the idea that heat by expanding the tissues, and thus lessening their vital affinity, produces a condition favorable to the escape or running out of the fluids of the system, is to fly in the face of all physiological physics and chemistry. We not only know positively that the tissues of our bodies are composed of precisely such materials as are best calculated to resist the effects of sudden changes,* but that they resist these changes in an incomparably greater degree in life than in death, *i. e.* that this power of resistance is dependent much more upon vital than upon physical properties; but we also have sufficient evidence to declare, without fear of contradiction, that heat is not a substance, but a force; that it is converted into various forms of motion in the tissues, by which means high degrees of it are prevented from exercising their destructive effects upon the system; † that accessions of external heat cause a diminution of those processes by which animal heat is generated, while cold increases them, and, finally, that this power of increase and diminution is subject to the influence of the nervous system. ‡ To show, however, the utter fallacy of Dr. Davis's explanation of the *modus operandi* of caloric in producing disease, and of the manner in which the properties of organized matter may be modified by exterior agents, it is only necessary to recall the fact that the temperature of the human body remains unchanged under the greatest extremes of external heat and cold compatible with life. Not only did Blagden and Chantrey expose themselves in ovens to temperatures considerably higher than that of boiling water, without sustaining injury, but it is also established that man, with his more

* Tyndal: Heat a Mode of Motion, p. 199 *et seq.*

† Op cit. p. 187 *et seq.*

‡ Vide: in Stricker's Med. Jahrbücher, Winternitz Experm. on Animal Heat.

highly developed nervous system, can sustain life with comparative comfort under degrees of heat in which the hardiest animals perish; that the temperature of the human body is the same in the Arctic regions as at the equator; and also, that an abnormal temperature may follow or attend morbid processes, but does not precede them. We may add that the greatest number of deaths from intestinal fluxes does not occur in the hottest weather, but in the beginning and end of summer, about the middle of June and the end of September, and that it is exposure to cold nights or sudden changes which gives rise to diarrhœa; consequently that there are other agencies at work in the production of these diseases, much more potent and direct in their mode of attacking the system than caloric, agencies of which the varying effects can only be explained — and, we maintain, can only be cured — by the recognition and careful study of that sensibility which Dr. Davis would banish out of the discussion of the genesis of disease.

We have occupied so much space with the consideration of Dr. Davis's theory — as this has a direct bearing on some of the most important points of difference between his school and our own — that none is left to devote to his practice; but it will be evident from the passages quoted that this is of the sort that is still preferred by the great mass of doctors and laymen, notwithstanding the loud and specious disavowals put forth, both in season and out of season, from leading quarters. Dr. Davis rarely mixes less than four drugs in a prescription, but often more, and administers these on purely empirical grounds, while he supposes his knowledge of drug effects to be derived from science.

However, it is neither the theory nor the practice contained in his book by which we are prompted to declare it to have merits of its own, but the fact that there are to be found in it succinct and clear descriptions of the course and symptoms of the more common diseases, and admirable suggestions for the differentiation between allied and similar forms. This we consider a merit of no ordinary character, and one so rare that we can gladly recommend the work to our readers, notwithstanding the unkind cuts delivered at Homœopathy. One of these we cannot forbear to mention, in conclusion, as it conveys an idea of "regular" ethics. In speaking of *cholera infantum*, the following passage occurs, p. 145: "If you ask the mother why she neglected her child so long, her ready and uniform answer is, 'Oh! it was teething'; and she has been looking, every day, for some one or more teeth to come through the gums to afford relief; and by way of doing *something*, she has very likely given one or more doses of castor-oil or vermifuge. This, however strictly in accordance with the homœopathic principle, *Similia similibus curantur*, is nevertheless calculated to hurry the little patient faster to the grave" The "strictly in accordance" is harsh, but it is more in sorrow than in anger that we would remind Prof. Davis and other "regular" professors of Dr. Watts's lines: —

" Oh, what a tangled web we weave,
When first we practise to deceive "

ITEMS AND EXTRACTS.

HOMŒOPATHY.

ACTION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PHILADELPHIA ON THE ORDER OF THE GUARDIANS OF THE POOR, DISCRIMINATING AGAINST HOMŒOPATHIC STUDENTS.

A REGULAR monthly meeting of the society was held last evening at the college building, Filbert Street, above Eleventh. After the reading of the minutes, the secretary called attention to the action of the Hospital Committee of the Guardians of the Poor discriminating against the students of Hahnemann Medical College of Philadelphia, by which they were refused certificates of attendance on clinics, while certificates are to be granted to the students of the Jefferson College, the University, and two dental colleges.

The president made a statement relating the substance of interviews held with certain members of the Hospital Committee of the Guardians, by which he was given to understand by those members that the order discriminating against the students of the homœopathic college was passed by the members of the committee.

Mr. Evans, a student, chairman of the meeting of students to take action in the matter, made a statement, under privilege, to the effect that a gentleman, representing himself to be a member of the Board of Guardians, had stated to the students assembled at a clinic that certificates of attendance would not be issued to students other than those of the Jefferson College, the University, and two dental colleges.

The secretary then offered the following preamble and resolutions, which were unanimously adopted after a spirited discussion, and he was authorized to offer them with portions of the minutes of the meeting for publication in several of the daily papers of the city:—

Whereas, The "Hospital Committee" of the Board of Guardians of the Poor of Philadelphia has adopted a rule which prevents students of the Hahnemann Medical College of Philadelphia from obtaining certificates of attendance upon the clinical lectures of the Philadelphia Hospital, which certificates are to be furnished to the students of certain other colleges; and,

Whereas, The said hospital is maintained entirely by appropriations of public money; therefore

Resolved, That whatever may be the laws under which the Board and its committee assume to act, we deny their right to discriminate against the students of any regularly-incorporated medical college in this city, and such discrimination is an outrage not only upon the students but also upon those who may hereafter need their professional services.

Resolved, That the avowed object of the Hospital Committee, viz. to prevent an improper use of the certificates, is an insult added to injury, since, while it implies confidence in the honesty of the students

of certain colleges, it intimates a doubt of the integrity of the students of the Hahnemann Medical College of Philadelphia.

Resolved, That in relation to the clinics of the Philadelphia Hospital, we assert our right to privileges equal in all respects to those enjoyed by physicians of any and all other schools of practice, and all the benefits which accrue to us under that right we propose to have, and without petition.

Resolved, That so long as medical students are admitted to the clinics of the Philadelphia Hospital, and certificates of attendance therein are furnished to *any* medical students, the students of the Hahnemann Medical College of Philadelphia — a regularly incorporated medical college under the laws of Pennsylvania — are entitled to all the privileges accorded to any and all other students of any and all other medical colleges.

Resolved, That we hereby enter our emphatic protest against the action of the "Hospital Committee" of the Board of Guardians, in making invidious discrimination against the students of a reputable and regular medical school, as un-American, and a prostitution of the privileges of a public charity to sectarian purposes.

Resolved, That a copy of these resolutions be transmitted to the Board of Guardians of the Poor, and in case of any refusal on the part of said Board to accord us our rights, or of any unnecessary delay in taking action therein, the secretary of the society is hereby authorized and directed to call a meeting of all the homœopathic physicians of Philadelphia to take such measures as may be necessary to enforce our just demands and prevent the recurrence of a similar outrage.

[We learn from the *Amer. Jour. of Homœ. Mat. Med.* that the Board of Guardians have since pressed a resolution directing that no certificates be issued to students of any school, "thus virtually rebuking the attempt at stigmatizing the Hahnemann students, and placing all upon the same level." — EDS. GAZETTE.]

VEGETABLE MEAL. — Mr. H. Hartenstein has for some time manufactured and sold a strengthening soup powder under the name of vegetine. A mixture composed of a fine meal of vegetables and cereals, proportion of carbon containing, and pure carbon substances, 1 : 3, 8.

In Berlin and other parts of Germany it has been used, especially among the poor, as a substitute for animal food, particularly for convalescents suffering from derangements of the mucous tract. This meal is exceedingly fine and free from cellulose particles, which makes it easy to digest.

For a dish of soup take a large spoonful of the meal, put it in cold water, cook it half an hour, add a little salt, and you will have a better and a more nourishing soup for the sick than can be made of any other material.

By means of chemical analysis the properties of this meal are established. Several well-known chemists have tested it.

The finest meal made of lentils contains, for example, 83 per cent of carbon containing material.

The fat-containing and fat-venting material reaches nearly 3 per cent.

There is 52 per cent of amyloid, cellulose 8 to 10 per cent, phosphorus 0.15 per cent.

Pure vegetable meal in its nutritious value nearly approaches beef, and about equals it, when a small quantity of Sirbig's Meat Extract is added to it, whereby its phosphorus is increased.

It very nearly approaches the nutritious properties of cow's milk, 1 : 3, 9.

A pound of the finest meal contains almost $37\frac{1}{2}$ times more of solid properties than meat, and more than 7 times more than milk. The price of the meal is about 15 groschens per lb.,—comparatively cheap compared with the price of meat. Many practical experiments made with this food by well-known physicians in Germany have strengthened the confidence of the city in it.

The excellent properties of the so-called Revalenta Arabica are quite similar to those of the vegetable meal, but the cheapness of the latter makes it a more desirable article of food for the poor.

This meal has proved very excellent for the food of children after the fourth or fifth month. Some of the meal has been used in Boston, and if pure proved equal to the high recommendations given it on the other side of the water; it may be well for the Americans to turn their practical eye to it, for verily the poor they have ever with them.—*A free Translation from a German brochure upon the subject, by M. J. S. B.*

IODINE IN TABES MESENTERICA.—I have seen several cases of this affection in children, characterized especially by a marked irritability of the mind. The patients became exceedingly cross, screamed in anger when simply looked at, talked to, or touched. The other prominent symptoms were large, tumid, doughy abdomen, loss of appetite, emaciation, and diarrhœa, with copious, slimy, *fœtid* stools. Other remedies, such as *Calc.*, *Calc. phos.*, and *Hep. c. s.*, failing to give any relief, prescribed *Iodine*³ every four hours. Rapid improvement followed, and in a few months the patients were well. That marked irritability of mind in scrofulous patients seems to call loudly for *Iodine*.—DR. E. M. HALE, *American Observer*.

PERSONAL.

PERSONAL information will receive due attention, if forwarded to the Editors. We cannot be blamed for omissions, if we are not promptly informed of changes of residence, etc.

REMOVALS.—A. M. PIERSONS, M.D., has removed from No. 30 to No. 24 E. 127th Street, New York City.

C. B. CURRIER, M.D., has removed from Middlebury, Vt., to 134 East 71st Street, New York City.

IRA B. CUSHING, M.D., has removed from Taunton to Brookline, Mass.

OBITUARY.

DIED, at Cleveland, O., March 7, of cardiac rheumatism, W. E. Saunders, M.D., æt. 36.

At the last regular meeting of the Cleveland Academy of Medicine, the following resolutions were passed:—

WHEREAS, By the dispensation of Divine Providence, our late brother in the medical profession, Dr. W. E. Saunders, has been suddenly taken from our midst by death, and

WHEREAS, In his departure from this life, we regretfully recognize and lament the loss of a dearly beloved friend and arduous co-worker, whose absence will be keenly felt and sincerely deplored for his many kind and social qualities, for the high order of his intellectual abilities, extensive learning, and superior ability as a physician and surgeon; and

WHEREAS, this sad bereavement will be felt with greater severity by his surviving family; therefore,

Resolved, That the members of the Cleveland Academy of Medicine and Surgery record with the most profound regret the death of our much admired and highly gifted fellow-member.

Resolved, That we tender to the family and relatives of our lamented friend and brother our sympathy in their grief and affliction.

Resolved, That a copy of these resolutions be presented to the family of the late Dr. W. E. Saunders as an indication of our sorrow on this melancholy occasion.

Resolved, That the members of this Academy attend his funeral in a body.

Resolved, That these resolutions be published in the daily papers of Cleveland.

THE
New England Medical Gazette.

No. 5.]

BOSTON, MAY, 1875.

[VOL. X.

ELECTRO-THERAPEUTICS.

BY S. M. CATE, M.D., SALEM, MASS.

PART I. — *Read before the Massachusetts Homœopathic Medical Society.*

I DO not propose to treat of the chemistry of electricity, but to explain its application to some diseased conditions for which it is especially adapted, and to consider some of the devices and instruments by which electric action is evoked, point out some of their defects, and show some methods of producing this action which are best adapted to our needs.

First, of the methods of evolving electricity. The oldest electrical apparatus for producing electricity for medicinal use is the glass cylinder and pad, by means of which the mechanical force is made productive of electricity which is accumulated in a Leyden jar. This form of electrical machine has been supplanted by various kinds of galvanic and electro-magnetic machines. The first of the latter instruments which it was my fortune to use was composed of the inductive apparatus known as a helix, and a galvanic cell formed by a cup of copper containing a smaller one within it, in which was suspended, upon isolated pegs, a zinc cylinder, the cup being filled with a solution of the sulphate of copper. When the cup and cylinder are clean and the solution fresh, this cell produces a very reliable current. But the zinc cylinder rapidly becomes covered with oxide and sulphate of zinc and the oxide of copper, by reason of which the chemical action weakens and the evolution of the current ceases. The labor of keeping it clean

and ready for use is so much that it is little employed by physicians, though to some extent by families and amateurs.

I next used a galvanic cell having zinc and platinum plates. The chemical action was produced by a solution of sulphuric acid. To prevent too violent chemical action the zinc needs to be well amalgamated with quicksilver, which, however, is quite rapidly destroyed, requiring a renewed application. Then the zinc becomes coated with the oxide and sulphate of zinc, which must be removed before the cell will produce a galvanic current. These difficulties are serious to those who use an electrical machine only occasionally and wish it to act at once, yet find they must wait a considerable time to put the galvanic cell in order. This cell is open to still another objection: the plates must be removed from the acid solution when the current is not wanted, or else the chemical action continues till the chemical is exhausted or the plate destroyed.

The zinc and carbon plates have been devised to obviate some of these difficulties. One manufactured by Thomas Hall, of this city, is so adjusted that the zinc can be plunged into the chemical when the current is wanted; and when it is no longer needed, by turning a screw a spring throws the zinc up out of the chemical and the action ceases. The solution advised by Mr. Hall is composed of bichromate of potassa and sulphuric acid. When the plates are clean and the solution fresh and strong a very good galvanic current is produced, but I have found difficulty from the deposit of the crystals of the bichromate upon the carbon plates, and the rapid corrosion and coating of the zinc. Here, also, if the zinc plate is not frequently amalgamated with quicksilver it is rapidly destroyed. The cleaning and amalgamating necessary to have the battery always ready for use, and its failure to act just when it is wanted, are rather serious matters for a busy man. I have obviated this, in a degree, by using a solution of sulphate of mercury. With a solution of this salt the chemical action is more sure and prompt, and continues till the strength of the solution is exhausted or the plates destroyed. It is equally adapted to the zinc and carbon and the zinc and platinum plates. The zinc plates are kept amalgamated and clean

by the chemical action resulting from the use of this salt; and though it costs more in the first outlay than the solution of sulphuric acid and bichromate of potassa (some three or four dollars a pound), on the whole it is not so much more expensive as it seems to be. I had a cell of this kind operate a battery, in the hands of a patient, for more than two weeks, using it for fifteen or twenty minutes a day, before the solution was exhausted.

A small French pocket-battery, by A. Gaiffe, of Paris, is a very good inductive instrument. The sulphate of mercury is the chemical used to operate it, and it has the advantage that it will always go. It is sold by all the surgical instrument dealers.

I have thus far treated of the induced or Faradaic current. But physicians often need the constant or direct galvanic current. The battery before me produces such a current, as also the larger one furnished through the politeness of Mr. Hall. Both have cells so constructed that they can be drawn up on to the plates when the current is to be produced, and lowered when it is no longer needed. The one before me has a slide, on which is a pad to cover the cups, so adjusted that, by turning two screws, the chemical solution is confined secure from slopping, and the battery is quite portable. It is the only successful portable battery, producing the direct current, that I have seen. Some defects in it as it came from the manufactory have been removed, and now it works quite perfectly. The most troublesome of these was a swelling of the box containing the cups, which would prevent the cups from being raised up on to the plates. This was remedied by having a box for the cups constructed so much smaller that it would work freely up and down after it had become wet and swollen. At first the solution of sulphuric acid and bichromate of potash was used, but it was attended with the same difficulties that have before been described. Now, with the solution of the sulphate of mercury, it always acts till the zincs are destroyed or the solution is exhausted.

The galvanic cells thus far described are called inconstant, because if the plates are kept in the chemical solution they soon

become destroyed or the solution exhausted. The constant galvanic cell is made by using two different solutions in the same cell, which are kept separated by a small, porous earthenware cell within the larger, or by some porous disk, or else by gravitation the heavier solution is kept at the bottom and the lighter upon the top of the cell. The Daniells cell is of the former kind. A tube of copper plate is set in a glass cup and within it is placed a porous earthen cell. The glass cup is filled with a solution of the sulphate of copper and the earthen cup is filled with water and the zinc rod inserted in the water. A cell of this kind will act for many months, requiring only the addition of crystals of the sulphate of copper and water, and always gives a galvanic current, when the poles are connected, till the zinc or copper is exhausted.

The gravitation cell also gives a constant current. In the bottom of the glass cup is a disk of copper, in the top, one of zinc; the glass cup is filled with a pretty strong solution of the sulphate of zinc, and in the bottom is placed a good portion of the crystals of the sulphate of copper. In this way two distinct solutions are produced in one cup, — the clear white one of zinc salt on the top, and the blue one of copper salt in the bottom. This cell will act for many months, with the addition of more salts of copper, from time to time, when the blue solution disappears, and of water when it evaporates. These cells must not be moved or agitated, as a mixing of the fluids stops the electric current.

Either of these cells is well adapted to the production of the constant current, and for office practice. They can be placed in the cellar or any convenient place, and the wires connected with a table in the office on which is a revolving disk, by means of which any number of cells that the nature of the case requires can be attached and used. I have one in my office, furnished by Mr. Hall, with twenty of the gravitation cells in the cellar, connected with a table and disk, and in the same table a helix, placed so that a constant or inductive current can be applied at once at any time, and it has never failed to act; and more: the current derived from these cells seems better adapted to the cure of disease than that derived from

the zinc and carbon cells; it is not so intense in its action. Three or four of these cells, connected with a helix, will give enough of galvanic action to operate it, and the current will always be ready; but they are not portable and are adapted to office practice only.

There are many other devices for the induction of currents of electricity which I have not mentioned. Space forbids me to consider them. Those wishing to pursue the subject will find the needed information in the works on Chemistry and Electricity.

With this much about the different modes of evolving electricity, I will proceed to the manner of its employment, and will first speak of the application of the inductive current. In almost all diseases to which it is applicable, this current should be used with moderate force only. A current that is perceptible, but not unpleasant, is enough; and it should not be applied too long at one séance. Violent currents are likely to overdo, and promote reactions and thus aggravate the disease.

Electricity is a valuable remedy for neuralgia, but it is reliable in idiopathic neuralgia only; in sympathetic or reflex neuralgia it is useless. Neuralgia of the ear, from an ulcer on the tonsil, would be an example of the latter; so also would neuralgia of the temple or other parts of the head from a diseased stomach. In all cases in which the neuralgia is but the expression of disease in some other part, electricity is useless, unless it can be applied so as to remove the disease which causes it. Sciatica is often developed primarily in the nerve substance, or its coverings, and electricity will often render valuable assistance in its treatment. According to the received theories of the action of electricity, the electric current passes from the negative to the positive pole of the battery. When a nerve is inflamed the amount of blood in its vessels needs to be diminished. To do this the electric current should pass from the twigs to the larger branches or trunk of the nerve. To accomplish this in the treatment of sciatica the electrode connected with the negative pole of the battery should be placed at the feet, and the positive electrode as high up the nerve as there is any manifestation of pain, and swept along

the track of the pain towards the feet. Electricity should be applied by means of a wet sponge or cloth, at the extremity of the electrodes, as the application of it to the skin from a metallic surface is apt to be painful, and sometimes produces inflammation of the skin, both of which results are to be avoided.

A pleasant method of connecting the electric current with the feet is to put the feet into a tub or basin of warm water, and then drop the electrode connected with the desired pole of the battery into the warm water. Three or four minutes at a time is usually enough, though in urgent cases, after an interval of a few minutes, it may be applied three or four minutes longer. The current should be so mild as not to be painful.

In pleurodynia, and in all neuro-rheumatic troubles, idiopathic in their nature, electricity is a valuable curative agent. In such conditions the negative pole of the battery may be applied to the feet, and the positive over the seat of the pain, or the negative on the terminal branches of the diseased nerve, and the positive to the larger branches or main trunk. Thus, in pleurodynia, if the trouble is confined to one or a few of the intercostal nerves, place the negative pole of the battery over the affected nerve, near the spine, and the positive on the twigs of the nerve away from the spine, beyond and over the painful part. When direct application is desired to any particular nerve, a similar method is to be pursued, for in this way the current is kept directly upon the diseased part. If a neuralgia of the temporo-facial nerve is to be treated, the negative electrode should be placed upon the cheek a little inward from but close to the lower lobe of the ear, and the positive electrode on the cheek or temple along the outer circumference of the pain, and the time and degree of the application should be much the same as in sciatica. Recently a neuralgia of the right renal nerve, of long standing, was cured by applying the negative pole along its track from the inguinal region upward towards the kidney, while the positive pole was applied on the loin, over the kidney. Such directions, though meagre in detail, will serve to indicate the general rules for the application of electricity to neuralgia and neuro-rheumatic affections.

My friend, Dr. W. B. Chamberlain, of Worcester, informs

me that he has found electricity of the greatest service in puerperal peritonitis and puerperal metritis. The inductive current is passed through the lower abdomen, or through the most sensitive and painful part of it, from side to side, keeping the negative pole below, or in the parts of the abdomen towards the feet, and the positive above, or on the parts of the abdomen towards the chest. In cases of peritonitis, in which the inflammation seemed generally diffused over the peritoneal surface, the electrodes were swept freely over the abdominal surface, preserving substantially the relation of the poles just mentioned. In puerperal metritis the negative electrode is to be placed on the lower part of the sacrum, and the positive on the abdomen above the pubes, and swept across the lower part of the abdomen so as to pass the current through the womb. If the patient is lying on her side the womb will be found gravitating towards the side of the abdomen on which she lies, so the positive electrode must be carried to the side of the abdomen on which she lies, so as to reach the womb, the negative electrode being kept on the sacrum. From four or five to eight or ten minutes is as long as it should be applied at any one time, and not oftener than once or twice in twenty-four hours, and as improvement advances every day or each second day.

Softening of a spot in the brain, followed by the bursting of a blood-vessel and hemorrhage into the softened place, is attended by apoplexy and hemiplegia. The paralysis may continue after recovery from the apoplectic attack. The inductive current is not to be applied to the brain in such cases. It will be seen that the lesion of the brain causes the paralysis, which may recover in the degree and measure which the lesion of the brain recovers. But while the brain is recovering, the muscles of the paralyzed limbs suffer from lack of proper circulation of the blood, and sometimes the limbs become stiff from contraction of the muscles; and in time the muscles become rigid, as though their fibres had been welded together. Here the inductive current is useful, but should be applied to the muscles of the paralyzed parts so as to provoke contraction of their fibres and increase the circulation of the blood in them. Here the electric current should be passed in the opposite direction

from the one just mentioned. To excite the circulation and increase the nutrition of the paralyzed part, the negative electrode should be placed on the trunk, or larger branches of the nerve, and the positive on the smaller branches or twigs. In such cases a somewhat stronger current can be used than for the cure of neuralgia or inflammation, but still not of such a power as to be painful. Two or three minutes is long enough to apply it to any one nerve, and ten or fifteen minutes enough for one *séance*. Once or twice a day is often enough at first, and after a week or ten days two or three times a week is sufficient.

With the inductive current tumors of considerable size can be destroyed. Goitres, scrofulous enlargements of the glands, fibrous and other tumors about the neck, axilla, and other parts of the body, and especially such as involve important blood-vessels and nerves, that would render their removal with the knife hazardous, can be removed with electricity with ease and safety. In such cases a needle is to be thrust into the tumor so far that its point is well lodged in its substance, — in a large tumor to the depth of an inch or more,—and then another needle is to be inserted in the same way on the opposite side of the tumor. A wire or connecting cord is to be attached to each, and a current applied that is quite painful, — as much as the patient can well bear. This is to be continued four or five minutes, and the application renewed each day at first, and when the destruction is somewhat advanced each second or third day. In a few days the tumor will begin to soften and gradually melt down into pus, when the sac can be opened and the softened mass discharged. If the tumor is of such a nature as to demand a rapid destruction, such as of erectile tissue, or one verging towards medullary sarcoma, the patient is to be etherized, the needles applied, and then a very powerful inductive current applied, upon which a rapid disorganization of the tumor is produced. After such a vigorous impression is made upon it, any remaining vitality can be removed, as in the case of ordinary tumors. Of the application of this form of electricity to tumors within the cavities of the body, I have little personal knowledge. I can see no reason why nasal

polypi could not be reached and destroyed by it, in many cases. Methods will need to be devised to meet each particular case.

Early in July, 1874, a young unmarried woman came under my care with an inter-uterine polypus attached to the fundus by a broad base. She had one or two paroxysms of violent expulsive uterine pains each day, much uterine hemorrhage, and large quantities of fetid brownish pus and *débris* discharged from the same source. The expulsive pains at last opened the womb so it could be explored with a sound, when the polypus was clearly diagnosed, and some part of it torn away with placental forceps. The sound entered the womb full five inches, and could be swept around the polypus. Great prostration and collapse followed the effort to tear away some of the tumor, and further interference was abandoned. For the violent pains, the inductive current of electricity was applied during the paroxysms, the negative electrode at the lower end of the sacrum, and the positive over the womb, which could be felt just above the pubes. When the patient was lying upon her side the womb would fall towards the recumbent side of the abdomen, and then the electrode was placed on the part of the abdomen where it lay. The pains always seemed mitigated by the current thus applied, and there was an appearance as though the disintegration of the tumor went on more rapidly by reason of its application. The discharge of blood ceased first, and then the fetid discharge gradually diminished and had all ceased by the first of September. Examination per vaginam showed that the mouth of the womb was firmly closed, and that the womb was of but little more than the normal size. Two months later the patient consulted me with regard to the advisability of marriage. I explained that it was not possible to know whether there was some of the stump of the tumor in the womb, or whether further trouble would arise from it. As my counsel was not against, she took it to be for, and married. A month after marriage she seemed to be pregnant; her menses ceased, she had morning sickness and other symptoms of pregnancy. About four months after her marriage labor came on, profuse flowing, and all the symptoms of miscarriage. The labor was continued till she was delivered of a large mass of hydatids. The

womb recovered as it usually does after miscarriage, and she was out, apparently well, in four weeks from the time she was taken. I have made no examination since she has recovered, and do not know the present condition of the womb. That there are some remains of the polypus in the womb, and that it had something to do with the death of the ovum and the subsequent hydatid growth may be possible, but such results come where the womb is sound, or at least clear of polypoid growths. Whether the cure is perfect or not the evidence of the good effect of the electricity was unmistakable. *Calcarea carb.* 30th and *Gelseminum* 2^d were the principal medicines used, though some others were used for some intercurrent affections.

The inductive current is useful in cases of asphyxia. Whether asphyxia is produced by submergence in water, from breathing carbonic acid gas, from the inhalation of ether or chloroform, or from narcotism, electricity is a valuable aid in restoring the suspended animation. In this disease the negative electrode should be applied upon the spine at the base of the brain, and the positive at the lower end of the spine or on one of the lower limbs. A current of moderate intensity should be used.

These are some brief hints on the use of the inductive current, and some of the affections are named to which it is applicable. More than this, in a short paper, cannot be attempted. In the second part of the paper some of the uses of the direct or galvanic current will be pointed out.

SALEM, May 3, 1875.

(To be continued.)

PHYSIOLOGICAL ACTION OF HOMŒOPATHICALLY SELECTED REMEDIES.

(Illustrations by S. L.)

EMPHYSEMA PULMONUM, BY DR. H. GOULLON, JR.

LAST September I was called to a lady who had already suffered for about ten years from emphysema pulmonum, and who was given up by her old-school physician. She complained of great anguish, extreme dyspnoea, loss of appetite; she had vomited frequently during the last fortnight, and her very fea-

tures showed suffering and prostration. For the last few weeks the dyspnœa kept steadily increasing with nocturnal aggravations; even the fresh air takes her breath away. In the morning hours a dull cough is added to the dyspnœa, aggravating the difficulty of breathing; and expectoration, though copious, only takes place after great exertion. Characteristic is the very strong beat of the heart. R. *Phosph.*⁶, three drops in a wineglassful of water; a teaspoonful morning and evening.

Sept. 25. Sleeps better, but still feels very tired. The stomach is still out of order; her coffee does not taste well; whereas, a hot cup of coffee formerly assuaged her cough; *Nux v.*³ (as above), followed in four days by *Kali carb.*⁶ in the same manner.

Oct. 30. Being called to another member of the family, I found my former patient fully restored. Although Phosphorus brought some amelioration, still the cure may be ascribed to the Kali carbonicum. Instead of the former anorexia she now enjoys her meals. The menses also returned, although she had suffered from amenorrhœa for a long time. It is not the first time that I have witnessed such excellent results from Kali carb. in emphysema. Though Phosphorus apparently shows in its pathogenesis more similarity to emphysema, *still the combination of the potash with carbonic acid* ($C O_2$) is decisive. We know too well that this salt removes in a remarkably short time the ailments caused by an excess of carbonic acid.

PHOSPHOR.

Breathing loud and panting; anguish in breathing; stoppage of breath when walking quickly; *dyspnœa* especially in the evening in bed; panting when ascending; *asthmatic breathing*, with nausea; oppression and heaviness in the chest; tension and dryness in the chest; stitches; spasms of the chest; burning hot rising from the stomach into the chest; palpitations.

KALI CARBONICUM.

Breathing very short in the morning; asthma; oppression of the chest when walking fast; the breathing nearly stops at night, and wakes him out of sleep; the chest is painful, especially when talking; pressing pain in the chest; tension over the chest; *spasmodic pain* in the chest; *stitches*; weakness in the chest, and feeling of exhaustion, especially when walking fast; palpitations, frequent and strong, with anguish, heaviness of the head, and nausea; intermittent beat of the heart.

Bayle (*Test. Mat. Med.*, p. 288) says of Phosphorus that it may be indicated where death becomes imminent in consequence of a deep-seated injury inflicted upon the vital forces, without the structure of the organs being much altered. Embarrassed respiration is characteristic of it. As it is well known that in emphysema the elasticity of the alveoli is nearly totally suspended, and therefore in consequence of this respiratory disturbance the blood becomes overcharged with carbonic acid, we easily see that Phosphorus, antipathically perhaps, may act beneficially, for there are few remedies which have such a strong affinity for oxygen. *Hutchinson*, an allopathic authority (*Headland*, on *The Action of Medicine*, p. 350), finds that in phthisis pulmonalis the quantity of air inhaled at each breath is considerably less than in health, on account of the diminished capacity of the lungs, and gives cod-liver oil, on account of the small quantity of Phosphorus which it contains. They also agree with our own *Kafka* in considering this remedy as a stimulant.

To prove the homœopathicity of Phosphorus to emphysema, let us examine the symptoms and post-mortem appearances of charcoal poisoning: utter prostration of strength, heaviness and dullness of the head, buzzing and beating in the ears, oppression in breathing, vertigo, nausea, vomiting, sensation of intoxication, convulsions, deep coma with stertorous breathing, death. Where the patient recovers from the poisonous effect, pneumonia, paralysis, cerebral diseases, and diabetes were found as sequelæ of it, and especially pneumonia. Autopsy too often reveals the blood in a liquid state, the brain of unusually firm consistence, and presenting on section numerous bloody points. The lungs have a slate color, and on cutting into the organs a large quantity of serous fluid mixed with blood escapes; the bronchial tubes are filled with a frothy fluid tinged with blood; the heart enlarged, the cavities containing no blood; the liver and kidneys, however, much gorged with blood; the whole body covered with bright-red spots; rapid decomposition of the cadaver (*Taylor's Medical Jurisprudence*). *Liman* (*Gerichtliche Medizin* II, 584) lays great stress on these bright-red spots, as they are only found in persons poisoned by prep-

arations containing prussic acid. In all his autopsies he found the lungs œdematous, interspersed with petechiæ, partially emphysematous; the bronchi full of fine vesicular foam, coming out at the mouth; the right heart full of blood. In other cases the whole heart relaxed, containing only a very small quantity of foamy blood. Case 321 showed the lungs pressed to the thorax, lungs very large, bright-red, the alveoli expanded, no petechiæ, auricles and right ventricle contain a quantity of fluid, bright-red blood, the left ventricle empty. Case 330 showed the spots on the skin bright-red, the sinuses of the brain filled with bright-red, fluid blood, the gray substance of a reddish tint, numerous blood-points in the white substance, the plexus full of bright-red blood; lungs of a dark color, large, containing air everywhere, œdematous, full of blood, in sections bright-red; in the right heart some foamy fluid blood, the left heart and large blood-vessels moderately full of blood with loose coagula; spleen large, full of blood; liver soft, discolored by putrefaction, containing much foamy blood; kidneys equally bright-red, putrefying, containing much blood.

Comparing these autopsies with those where death was caused by phosphor-poisoning, we find very little similarity in the condition of the organs found after death; and it is remarkable that persons who committed suicide by taking phosphor-paste or the phosphor contained in matches sometimes lived several days, and were even able to attend to their usual occupation, before morbid symptoms set in. In cases of sudden death the individuals succumb to acute gastritis; but far more interesting to us are those cases where the disease lasted a few days. The cadaver is more or less yellow, especially the conjunctiva and the subcutaneous fatty tissue; the blood dark, tar-like; the heart relaxed, without coagula; ecchymoses or larger suffusions in the serous membranes and in the cellular tissue; the liver enlarged, deep yellow, doughy, soft, anæmic; the hepatic cells are microscopically found large, full of big drops of fat, — and it is this acute, fatty infiltration of the cells which causes the enlarged liver and the sudden and rapid compression of the biliary ducts, which causes the bilious imbibition of the hepatic parenchyma and the icterus. Analogous

changes are also found in the kidneys. The heart, as well as all other muscles, partakes in this fatty degeneration. (Differential points from genuine acute atrophy of the liver: The liver is smaller than normal, the acini small, the cells are broken down to a fine detritus, the urine contains leucin and tyrosin in considerable quantity.)

How does it come that in all autopsies made after death from poisoning with Phosphorus no lesions in the pulmonary organs were detected? How then can we explain its homœopathic action in diseases of the lungs,—a fact of which even the merest tyro in Homœopathy is convinced? Although some physicians give it still in pneumonia simplex and some even at any stage, still experience teaches that it acts far more decisively when pneumonia threatens to deviate from its normal course or when typhoid symptoms appear. May not in such cases, running a tedious course, the blood also become surcharged with carbonic acid, and thus Phosphorus show itself again as the great oxydizer of the circulation, and by its stimulating power aid in the resolution of the hepatized tissue? Kafka (*Hom. Therapie I*, 204) finds Phosphorus only indicated in croupous pneumonia, when the disease has already lasted some time, the infiltration is still considerable, the fever is more of a remittent character, the patient looks pale and is very weak, the sputa very tenacious and only expectorated after long paroxysms of cough, diarrhœa, or when adynamia threatens, showing itself by a dry tongue, great deliria, and rapid collapse. Similar indications for Phosphorus we find in phthisis: Dry, short cough, so constant as to lead to exhaustion, or moist cough, with greenish fetid expectoration from an abscess on the lungs, great dyspnoea, easily excited diarrhœa or perspiration, pain and soreness in the chest, emaciation, small, quick pulse, etc.

From the cases of poisoning we learned that a spurious, fatty degeneration is characteristic of Phosphorus, and in the resolution of pneumonia microscopic examination reveals the same process. *Niemeyer* teaches that where resolution takes place during the stage of hepatization the fibrine and the young cells which are embedded in it pass into a fatty metamorphosis and break down, an albuminous serum transudes from the

walls of the alveoli, the contents of the pulmonary cells become fluid, changed into an emulsion, and either absorbed or expectorated. *Juergensen* (*Ziemssen Handbook der speciellen Pathology* V, p. 47) speaks thus of the purulent infiltration: The exudation formerly firmly adhering to the alveolar walls becomes loosened; fibrine, blood, and pus-corpuscles form a homogeneous, granular, soft mass, showing only here and there remnants of an organic form; mucine takes the place of fibrine. It passes through a process of fatty degeneration, and thus becomes accessible to resorption, and will be absorbed; a smaller part will be expectorated as mucus; and the structure of the lungs remains intact inasmuch as the pulmonary epithelium regenerates itself quickly and the blood-vessels of the lungs fill again in larger extension with blood. *Buhl* ascribes a considerable part to the fatty degeneration, and believes that a hepatized lung passes through a retrograde metamorphosis solely and alone by resorption of the softened alveolar clots *in loco*.

In relation to emphysema, it is well known that in most cases it has its seat at the apex and at the anterior edges of the lungs, but sometimes it extends over a large part of the surface of the lungs. More rare are the cases where it extends deeply into the lungs. *Rainey* found fatty infiltration in the tender membrane of the pulmonary vesicles. *Hertz* considers as cause of emphysema a relaxation or loosening of the pulmonary tissue, dependent on modification in the circulation of the blood. Phosphorus acts well on the apices of the lungs, causes fatty infiltration, and, as a stimulant, aids in restoring the modifications in the circulation, especially of the lesser one, to its former normal state.

It would lead us too far to prove the pathopoetic indication of Phosphorus in pulmonary diseases. Let these few hints suffice. Why does Kali carbonicum possess such a powerful influence over pulmonary diseases? The answer to be continued in our next.

PATHOLOGICAL AND THERAPEUTIC HINTS ON THE
ACTION OF BROMIDE OF POTASSIUM.

BY O. S. SANDERS, M.D.

BROMIDE of Potassium was first brought into notice in 1852. Its action was soon found to be sedative in character, affecting the cerebro-spinal system.

It has played an important part in the treatment of hysteria, epilepsy, spermatorrhœa, nymphomania, neuralgia, etc.

The provings of this drug show signs of marked depression of the nervous centres.

Ideas become embarrassed and demoralized, with loss of memory and difficulty to select the right word and put it in the right place. For instance, the word emancipation will be used for emaciation, adoption for absorption, contraction for subscription, etc., with fanciful notions and melancholic delusions.

The *respiratory* passages evince a marked degree of irritation, voice rough and hoarse, dry cough, constriction of the larynx, sometimes loss of voice.

The digestive organs are but slightly disturbed. When deranged, the result is a tendency to diarrhœa.

The urethral passage is often affected, the circulation diminished in frequency.

The muscular system is affected more or less — differently with different persons. With some its action is not unlike that of alcoholic stimulants; others become lethargic; some irregular in their gait, while others in trying to walk will stumble.

The skin presents an eruption, like acne, pimples in clusters, boils, erythema, etc.

The urine is increased in quantity and more or less acrid in quality. Micturition is slightly painful.

The phenomena of this salt in the progression of its proving may be put down in the following order: *Fetid breath, hypnotism, emaciation, irritation upon the mucous and dermoid tissue in certain localities, cerebral disturbances.*

This salt has been favorably employed in psychological disorders. *Maniacal* subjects have been calmed into repose by its

sedative effect. Delirium tremens, as well as the disastrous effect of tobacco, has been brought under control by it.

The report of hospitals and asylums, far and near, speak of the Bromide of Potassium as a serviceable remedy in a large class of patients occupying their departments.

The therapeutic action of this salt is to lessen the amount of blood to the brain and excite a tranquillizing influence over the mind.

The heart once arrested by its influence does not recover its action by any known agent.

From clinical observation we can speak of Bromide of Potassium as a valuable remedy in mitigating saccharine diabetes and epilepsy, *but not curative*.

I am of the opinion that from further observation in its proving, in conjunction with the past, it will prove to be a valuable antidote to lead poisoning, Nux vomica, Prussic acid, tobacco, and alcoholic stimulants. A solution of Bromide of Potassium (5 grs. to two ounces of water) has been prolific of great good. Employed in the atomized state in croup, shreds of false membranes have been almost instantly thrown off by this means, so that the breathing has become easier, without stertor.

Irritated and inflammatory sore throats have been acted upon as by a charm with this agent, using it in solution with the atomizer.

It seems that one of the valuable hints or legitimate actions of the Bromide of Potassium is an anæsthetic to the nerves of the mucous membranes, as well as a depression of their action, and that its *hypnotic* effect is secondary.

One noticeable feature of this medicinal agent is that, while the action of the bromide diminishes the vital force of the brain and heart, it increases the action of the kidneys without creating thirst.

While the Bromide of Potassium has its virtue, many of its symptoms are in common with the Chloride of Potassium.

The question might arise whether the beneficial result might be accorded to the Potassium or to the Bromide or Chloride; but I think clinical observation will award credit to the thera-

peutic action of potassium in the qualifying influence of bromide, chloride, iodide, etc. etc.

The quantity of the Bromide of Potassium daily administered to patients in many instances, *like other drugs*, has had its injurious effects upon the human organism. Whereas in smaller doses. fractional parts of grains instead of scruples, and in some instances drachms, the patient would have been blessed and experienced no ill results.

The most disastrous consequence following the persistent use of this salt is constitutional debility with a tendency to ulceration.

A FRAGMENTARY PROVING OF SULPHATE ANILINE.

BY C. WESSELHOEFT, M.D.

ANILINE or amidobenzole (phenylomine) is derived from nitrobenzole by reduction with hydrogen generated by means of an acid an *e. g.* iron filings in water. Nitrobenzole is derived from benzole (C_6H_6), a saturated, aromatic combination of carbon and hydrogen, forming an ingredient of coal-tar. Benzole belongs to that series of carboniferous compounds into which fatty substances are separable; the other series are those which abound in hydrogen. Aniline is also obtained from indigo, the product of the *Indigofera anil*, whence the name is derived. Chemically speaking, aniline behaves like an organic base, and unites with acids, forming crystallized salts, soluble in water and alcohol.

As carbon predominates in aniline, it may be properly counted in the class of carbonaceous substances of our *materia medica*; such as *Carbo vegetabilis* and *animalis*, Graphites, probably also Kreosote and naphtha (from Petroleum), etc. Had we no chemical means of determining the nature of aniline, a proving of that substance would exhibit its relationship to the other carboniferous compounds.

Proving of Sulphate of Aniline.

February 27, 1867, took gr. i. 3d trit. (1:10) every morning for three days. On the second day, repeated dizziness and

rush of blood to the head on rising from the chair in the afternoon; observed for two days after taking the last dose.

At the usual time for taking food, there was diminution of appetite, with slight sensation of loathing at the thought of food, for two days. Appetite improved while eating, and food agreed well; no more symptoms after the fifth day.

March 7, at 10 A. M., took gr. i. 1st trit. (1:10). The medicine tasted sour and loathsome, leaving a cool, sour taste in the mouth for a long time. Immediately afterwards, there was weight and pressure in the stomach, with loathing just above the umbilicus. In five minutes the pressure increased to pain, extending to the region of the duodenum. There was severe aching pain in right hypochondrium, two inches from median line; it lasted all day at intervals, quite intensely; also felt it while awake at night, and all the next forenoon. Rumbling of wind in hypogastric region; frequent passage of flatus in ten hours after the medicine. Slept well at night.

All the next day, March 8, there was occasional dull, colicky pain, rumbling of wind, fulness of abdomen, and discharge of flatus; pain in hypochondriac region scarcely perceptible; very troublesome flatulence in the evening till bedtime; was obliged to loosen clothing; rumbling all over abdomen, and frequent passage of flatus, with only short relief.

March 9. Dizziness on rising in the morning. Feeling perfectly well at 10 A. M., took gr. i., 1st trit., followed by the same sour, nauseous taste, like the smell of coal-gas from a stove.

Immediately after dinner, rumbling of wind in upper part of abdomen, on right and left side; rattling and squeaking sounds in abdomen, with tension and desire to loosen clothing, accompanied with desire to evacuate bowels, which inclination subsides. During the afternoon and evening, weak, sinking feeling in abdomen about umbilical region, lasting a few minutes; frequent passage of flatus.

March 10. An hour after breakfast, an usually copious evacuation, after fourteen days of costive habit, and small, hard stools at irregular times. After simple dinner, much fulness in the abdomen, with rumbling and passing of wind. In the

evening, between 8 and 10 o'clock, great fulness and bloated feeling of abdomen, and particularly in epigastric and hypochondriac regions, also in the entire course of the colon. Frequent discharge of flatus occurred; full, dull feeling in the head, with disinclination to study; the head-felt hot.

Precisely the same condition appeared in a milder form for three days more, and afterwards was no longer noticeable.

Sulphate of aniline was proved at the same time by Mr. H. E——t, a medical student, who confirmed all the above symptoms. Both provings were handed to some committee at that time appointed for the purpose.

It is to be hoped that these provings will come to light again, in which case they will appear in the GAZETTE.

I have frequently employed sulphate of aniline in diseases accompanied with excessive flatulence, loathing, disagreeable taste, and costiveness, common after indulgence in too much fruit, especially pears; also in flatulent indigestion in consequence of beans, cabbage, and other "flatulent" food, and feel assured that further trials will secure results quite as satisfactory as those I met with.

CLINICAL REFLECTIONS.

BY DR. AD: LIPPE.

IN No. 12, Vol. IX, of this journal we published some clinical reflections, endeavoring to illustrate what to us appears the proper, nay, only manner of applying the elementary and fundamental principles of our school clinically, and also the only manner of developing and augmenting our knowledge of drug action.

We asked this: "Will not these men of *progress backwards* define their progression by relating some cures under the light of new physiological discoveries and other revelations outside of Hahnemann's teachings? The profession desires 'illustrations,' 'results.'"

We did not ask in vain. There came to us the *United States Medical Investigator*, of Jan. 15, with a paper by our learned friend, Prof. S. Lilienthal, on "The Homœopathicity of Reme-

dies Illustrated by Their Physiological Action"; and this paper was continued Feb. 1 with a slight change of front, viz. "Physiological Action of Homœopathically Selected Remedies illustrated." It might be considered hypercriticism were we to enlarge upon this "change of front," but we guess our learned friend found the position he first assumed not tenable. Now, in seeking to illustrate his position, he is good enough to take up our *Argentum nitricum* cases, which were especially published to call the attention of the profession to the fact that *Argent. nitr.* was *the* remedy when there were present, in cases of cholera infantum or commonly called "summer complaint" of children, stools green and like flakes of spinach, expelled forcibly, together *with* relief of pains after an eructation. The professor asks, "Is it wrong, when we study the case from another aspect, and consider the decomposing of the food as the cause of the green stools with flatulency upward and downward? We know that in the irritative diarrhœa of dentition, and especially during hot weather, the whole nutritive apparatus, including the ganglionic nerve centres, become affected, sanguification must become impaired, and imperfect blood deranges the action of the brain and spinal cord; hence the convulsions as well as the stupor." It is surely right and proper for every "healer" to study every case from any aspect he thinks proper and conducive to "success"; still, we look upon this disorder from an entirely different aspect, considering it only as a form of disease; indeed, we know it to be an acknowledged fact that during hot weather, and during dentition, children in their second summer are subject to two distinct forms of diseases resembling one another very much; the one form (hydrocephaloid) originating in congestions, inflammations, and ending in effusions of the brain, the other originating in disturbances of the nutritive apparatus (irritative diarrhœa). In both cases we find vomiting and diarrhœa; but what deductions can we draw from all such speculations? Do they bring us any nearer the finding of the curative therapeutical agent? And if we follow the indicated logic of our learned friend, *Argent. nitr.* cured because it checked the decomposing of the food, and that being accomplished, the stools were no

longer green: that is of course plausible, but leads to no true knowledge therapeutically; and why? Because the very greenness of the stools by itself, while it may be a green evidence of the decomposing of the food, does not *always* — nay, but seldom — indicate *Argentum nitr.* Green stools indicate in turn *Arsen.*, *Bellad.*, *Chamomilla*, *Cupr. ac.*, *Dulc.*, *Ipec.*, *Merc.*, *Paullina*, *Pulsat.*, *Podoph.*, *Sepia*, *Sulph.*, *Verat.* each, etc. etc.

And each one of these medicines has its own characteristic symptoms: these *we* seek to find; these are not speculative chimeras; these characteristic symptoms are fixed facts, and the knowledge of them leads us to "success." And we can reduce the great characteristics to a very few words. These are to be found under

Argentum nitr., green stools like flakes of spinach.

Arsenic, stools green, watery, very offensive.

Belladonna, stools green, with hot head and cold feet, and profuse micturition.

Chamomilla, stools green, mucous, mixed with the fæces (the child wants to be carried).

Cuprum acet., stools green, with very painful vomiting.

Dulcamara, stools green, with mucus from catching cold during hot weather.

Ipecacuanha, stools green, like grass.

Mercurius, dark green stools (with tenesmus).

Paullina, stools green, without odor.

Pulsatilla, stools green (containing bile) at night.

Podophyllum, stools green, worse in the morning.

Sepia, stools green, smelling putrid or sour.

Sulphur, stools green, mucous (excoriating), worse in the morning.

Veratr., stools green, watery (flocculent).

Now, having shown that green stools by themselves do not indicate any remedy especially, or anything else in general, we repeat our former questions, and should really like to know how any of the boasted physiological discoveries or other revelations *outside* of Hahnemann's teachings can aid us in our therapeutics. And in order not to be misunderstood, we will again state that we by no means deprecate the new discoveries in *all*

collateral branches of the medical science ; that we have them *subservient* to the elementary and fundamental principles belonging to *our* school ; that we have been and are very diligently seeking for "characteristics" both of the sick and the remedies, and impliedly acknowledge the necessity of knowing, for instance, the characteristic symptoms of a certain form of disease, that we may the more certainly appreciate the characteristic symptoms of the sick, which of course are just such individual symptoms as do not necessarily belong to the form of disease from which he suffers, and on that very account belong to him individually, and therefore are characteristic in that especial case.

But our learned friend desires to let us know that such a practice is not Homœopaathy at all, superfluous labor, *unscientific*(?). He proposes to illustrate that physiological conditions and diseases are cured by Homœopathy because of the physiological action of the remedies only ; that because the physiological conditions of the sick and the physiological action of the remedies were known to the healer, he cured under the law of the similars. This brings us back exactly to the *ante-homœopathic* times ; it brings us back to two false and erroneous propositions, — first, that we are really in the possession of the physiological knowledge determining the changes that have taken place in the various organs and tissues during an attack of sickness ; and second, that we do know what physiological changes take place in the organs and tissues of the provers of drugs. And the learned professor asks the followers of Hahnemann to put on *that livery*, a falsehood before and a falsehood behind, stitched up for the parade ground, especially the "lecture room." And we will just now show the learned professor *where* he plausibly imposes on the school to which he professes to belong, and where he begins his "departure." Prof. Lilienthal, impressed with the necessity of showing off by quoting eminent men like Headland, Kramer, Mossa, Bayes, Grauvogel, never, *never* Hahnemann, and writing the physiological livery up, — showing, in fact, what everybody knows, that if a remedy is truly homœopathic to a case, the physiological disturbances cease, — says, among other things, — and with this we cannot find fault, but are determined to show

that truth and error can be printed on the same page of a journal, — he says, in No. 7, Vol. X, of the *Hahnemannian Monthly* (February, 1875), page 302, "Three distinct factors are necessary to produce a cure." One and three are all right; but he interlards them, *characteristically*, with a grave error, and says, second, "The exploration of the effects of the medicine, *i. e.* "to *find out the action of a certain remedy on certain tissues.*" Does the learned Professor of Clinical Medicine really *ignore* Hahnemann, his teachings, his *Organon*, and the twenty paragraphs, from 120 to 145, treating on the "Proving of Drugs"? Does he really invite us to a concert of organ-grinders, while he and his friends *burn* the *Organon* and all of our *Materia Medica* containing the conditions, as there are, the times of the day, the ameliorating or aggravating influences on the various symptoms, or the concomitants? My learned friend surely knows that such a *Materia Medica* as he offers us, containing *only* the action of remedies on certain tissues, would not be worth "*a continental*" to us. Or does the learned professor say, Modern Science teaches the various physiological changes in the various organs and tissues during disease; modern *Materia Medica* teaches the action of remedies on certain tissues, and the Law of the Similars is "the law"?

That is not Homœopathy. Selah!

HOMŒOPATHY IN ENGLAND.

BY E. W. BERRIDGE, M.D.

THE subject of Homœopathy in England has recently been noticed in more than one American homœopathic journal. What has been said thereon is perfectly true, but not the whole truth. With a view of more thoroughly exposing the fraud now practised by some professing followers of Hahnemann, I send the following homœopathic prescriptions, the originals of some of which are now lying before me. I have sent this paper to your journal, as I know it will be refused by Mr. Pope's monthly *Homœopathic Review*.

(1) Rali Hyd. ○ 3 v.

Decoction Sarzæ Co. (concentrated) ʒ xii.

- (2) Liquor Sarzæ $\frac{3}{4}$ xii.
Kali Hydr. \bigcirc . 3 ii ss.

The above two are by a well-known homœopath connected with the London Homœopathic Hospital; he is also an author.

- (3) Podophyllum grs. iii.
Extr. Hyos. grs. x.
To be made into sixteen pills and silvered.

This is by a country homœopath.

- (4) 30 drops of Podophyll.
Sulph. 200 3 ii.
To be taken at once.
- (5) $1\frac{1}{2}$ grains of Tartar emetic.
3 ii. of Ignatia 3° dec.

These two are by a London Homœopath.

- (6) Merc. sol. purus grs. xx.
Opium purum, grs. x.
Bread, grs. xx.
To be made into forty-eight pills.

This is by a Liverpool Homœopath, a medical officer of the Liverpool Homœopathic Dispensary.

(7) LADIES' OINTMENT, patent medicine for sore nipples. This is by a London homœopath, who bears an honored name, which I should be sorry to introduce here.

This is a lotion used at the Liverpool Homœopathic Dispensary.

- (8) Tinct. opii. 3 i.
“ conii. 3 iii.
Aqua $\frac{3}{4}$ viii.

This is a lotion used at the Liverpool Homœopathic Dispensary.

(9) At the London Homœopathic Hospital I once saw Bell. 1st. dec. prescribed for phlegmonous erysipelas of the leg, and an ulcer thereon cauterized with nitrate of silver. The same practitioner also prescribed linimentum chloroformi for an

injured shoulder. One of the Board of Management of this hospital told me that they had discovered there a cupboard full of allopathic mixtures; these were at once removed, but the homœopaths who had used them were not requested to send in their resignation.

(10) One of the physicians to the same hospital told me of a consumptive patient who was visited in a friendly way by two homœopaths and one allopath. The first homœopath gave him *vinum opii*, for sleeplessness; the second, who was the late Dr. Mackern, wrote a prescription for a cough mixture to be made up at an allopathic chemist's. The allopath next came in, and seeing the two former prescriptions, said he did not see much difference between the two systems.

Thus far I have exposed these frauds without mentioning the names of any now living, but the last case is so glaring that I give a full account of it, which I hope all our other journals will copy, so that Americans who come over here may know whom they have to avoid. I heard from a homœopathic chemist that Dr. Edward Phillips of Hadley Street, brother to Dr. Charles Phillips, who lately renounced Homœopathy, was suffering from congestion of the lungs and brain produced by an ice-cold bath, and that Dr. Joseph Kidd, a professed homœopath, whose name is in the Homœopathic Directory, had attended him and given him leeches, a blister, and 20 grains of bromide of potassium every two hours. I asked Dr. Drury if this was true. Here is his answer, dated Dec. 31, 1874: "I am sorry to say what you have heard about Kidd is correct. I was with Phillips for about three hours after his attack, and left him with returning consciousness, able to speak, and the labored breathing gone; this under Arnica. Kidd had been telegraphed for; he saw him soon after, and put him on Aconite. He then had Gelseminum. The upshot was I had to withdraw. I asked Kidd what on earth made him stop the *Arnica* that was acting so splendidly. He said he had no confidence in Arnica in such cases; he did not believe it acted on the head more than on the great toe." [Arnica *does* act on the great toe, so this remark proves Dr. Kidd's gross ignorance of the Materia Medica. E. W. B.] "Then followed the treatment you have heard of. I saw Phillips to-day, and regret to say that there is but little if any

improvement since I saw him." Since then I have heard that Dr. Phillips is *dead*. Can any one wonder at it? Is this what Homœopathy in England has sunk to? Let us hope that as it cannot possibly sink lower, it will now begin to rise. I am pleased to say that more than one homœopath has determined to refuse ever to meet Dr. Kidd in consultation after this. If this were only carried out generally, he would soon have to go back to the allopaths whom he ought never to have left. Since writing the above a colleague informs me that Dr. Kidd told him that Dr. Phillips, in his late fatal illness, desired to be bled!

Another significant fact may be noticed. At page 775 of the *Monthly Homœopathic Review*, for 1874, Dr. Phillips is spoken of by the editor as a "well-known and thoroughly consistent adherent of Homœopathy." In the February number a notice of his death is given. He is there spoken of as "our well-known and much esteemed colleague," and as "a thorough homœopathist." The only reference to the treatment was that *Arnica* was given. Not a word is mentioned about the blisters and leeches. If Mr. Pope thinks that a *suppressio veri* will serve his turn and that of the party to which he belongs, let him think so; he will soon find out to his cost that honesty is the best policy, and that the truth, the whole truth, and nothing but the truth, is preferable to Jesuitism. The above treatment of Dr. Phillips by Dr. Kidd is getting generally known, even by the allopaths, and the latter he may be sure will not fail to comment on it and upon Mr. Pope's very peculiar omission of the facts in the above-mentioned obituary.*

* We cannot print this letter without offering some explanation of the motives which prompt us to give space to so personal a communication, as we are fully alive to the fact that nothing is gained by criticising the private acts and opinions of members of a profession which claims the most unrestricted liberty of action in the exercise of its functions. But we do not hesitate to condemn as most unwarrantable the secret or open use of allopathic drugs in hospitals established for the purpose of demonstrating the superiority of homœopathic practice over other methods. This particular charge brought by our correspondent against his brethren is, to our mind, sufficiently grave to justify us in giving it publicity; and since the journals of his own country are closed against the author, we feel bound to afford him an opportunity for plain speaking.

The intolerance and disingenuousness (to use a mild term) characteristic of allopathic warfare are gaining quite too much ascendancy on our own side of the fence, and give abundant evidence of the rapid accumulation of homœopathic dirty linen. *Il faut le blanchir chez nous.* — EDS. GAZETTE.

THE PHYSICIAN'S BORE.

BY W. F. S.

You are seated cosily in your office, looking over the latest medical journals, which perhaps are unusually interesting, so that you unconsciously dread even an office call, or, perchance, you are renovating your pocket-cases preparatory to the afternoon visits, when a too familiar rap or ring is heard, and before you have time to answer the summons, in walks the bore!

"Well, Doc., how goes it?" is his usual salutation, as he throws his hat on the table and himself on the lounge. Upon being informed that "it goes" very well, he makes the interesting and highly original reply, "That's good!" Then follows a pause, during which, perhaps, the bore takes a nap, and awakes with the remark that he feels unusually *stoo-pid* today, — a fact which you are in no mood to dispute.

Thinking to terminate the tedious interview, you inquire, in his own familiar tone, "Well, what's up? Any one sick at your house?" Alas! you have rushed upon your fate. The answer is a dissertation upon consumption or catarrh or chronic bronchitis, from either or all of which he is, or has been, suffering, and concerning the pathology of which he knows about as much as a clam at high water does of the laws which rule the tides. Of course he has taken Aconite or Bryonia or Mercury or Nux, to no purpose, and now wants to know if you can do anything for him. Not being in a mood to individualize *very* closely, after a few general questions you reach for the first medicine at hand; and here let me say, it should be one with a high sounding name, like *Anthrokokali* or *Ampelopsis quinquef*, for as he understands all about his own case, no ordinary medicine will do any good. I once knew of a case of gastralgia, for which Nux had been ineffectually taken from the domestic case, cured by Nux³⁰, marked *Veronica Becabunga!* What's in a name!

Not unfrequently this terrible bore (Heaven save the mark!) is an insurance agent, and early in life was undecided whether to study medicine or go into business. His attention was first

called to the superiority of homœopathic practice by a wonderful cure, made by the celebrated Dr. Colocynth, who afterwards moved to New York or San Francisco, where he has since built up a large and lucrative practice. Dr. C. was called to the case after "all the Allopaths in town had given it up." "They said the man could n't live six hours; but in four hours Dr. C. pronounced him out of danger, and in three weeks he was on his feet!"

This specimen of the *genus homo* suffers more from chronic impecuniosity than from any disease; so as a possible means of escape, even while wondering at your own temerity you venture to speak to him about "that little bill." He acknowledges his indebtedness good-humoredly, and even patronizingly. He is n't "hard up," like other men, nor yet "a little short for money just now," but with a grandiose air, worthy of Col. Mulberry Sellers himself, he declares himself to be "peculiarly and singularly pinched for funds just at present," but promises to liquidate at the earliest possible moment.

As the conversation has now assumed an uninteresting turn, with a cheerful "bye-bye," he takes his departure; and as soon as he is fairly round the corner, you follow, wishing that Jules Verne's tales were true, so that one moment of supreme happiness might come into your life by thinking of this horrible bore as sailing over Africa in a balloon, or, better still, about to make a most uncertain journey "from the earth to the moon direct!"

The New England Medical Gazette.

BOSTON, MAY, 1875.

WE publish in this issue two communications from abroad, in both of which the condition of Homœopathy in Great Britain is presented in anything but a favorable light. As the information in both is not only the same in substance but also from the same source, and as this can hardly be looked upon as a perfectly clear and undisturbed one, — Dr. Berridge being an ardent Hahnemannian, and consequently disposed to criticise with some asperity all homœopathic aims and acts of which he cannot approve, — the statements contained in these letters must be taken, for the most part, *cum grano salis*. But the existence, in every country where Homœopathy is practised, of a state of things among its votaries leading to similar irrepressible outbursts of angry criticism or contemptuous sneers is a matter which not only refuses to be winked out of sight, but which, with our growing numbers and influence, is daily calling for more unflinching consideration by homœopaths themselves, for the reason, among many others, that it serves our opponents as a fruitful source both of reasonable argument and plausible sophistry in their attacks upon our position.

The manner in which the differences of opinion among homœopaths find expression in different countries throws no little light upon the scientific status as well as upon the spirit and temper of the various nationalities, and is a subject which, in this land and generation of compromises, we might study with advantage. But we can do no more to-day than call the attention of our colleagues, as has been done a hundred times in the history of our school, to the dangers threatening our cause from the existence among us of two parties with distinct aims and principles, and arrayed against each other in bitter hostility.

The conditions upon which this difference rests are to be looked for, partly in the utter neglect of all the teachings of the history of medicine and the shortcomings both of the methods of medical training and human nature in general, and partly in the fact that throughout all pre-homœopathic ages certain conflicting directions have existed in all medical thought and labor. From the earliest emancipation of medicine out of the hands of the priesthood, its leading tendencies have been represented with varying ascendancy and

party-lines more or less sharply drawn, by the rationalists on the one hand and the dogmatists on the other, — two parties which must of necessity flourish while medicine lacks the foundation of an exact science, and whose existence may be taken as *a priori* evidence of the almost insurmountable difficulties in the way of demonstrating those empirical laws which govern the effects of drugs upon the organism.

It was the noblest aim of Hahnemann, and is recognized by all thinking men as his greatest merit, that he sought to establish these laws ; but we are constrained to acknowledge that since his most active reformatory days but little progress has been made in the direction he so forcibly pointed out. Long before his death the ancient party-wedge divided his followers, producing a gap in the way of all concerted action in strictly scientific matters, and thereby leading to weakness and stagnation. No tendency towards reconciliation appears with the lapse of time ; the rationalists are no less rationalistic and the dogmatists no less dogmatic than when the master first urged his theory of the chronic diseases or that of the potentiation of medicines by dilution. Already the opposition to dogmatism on the part of the rationalistic faction has led to an almost total rejection of Hahnemann ; his writings are as good as unknown among them ; the circumstances which called for the reform he inaugurated, — and which call for it as loudly as ever at the present time, — as well as the principles upon which it was founded, are ignored or forgotten. This party clings to the homœopathic name and organization from motives which, when sifted down, may be shown to rest almost exclusively upon the general principle of unrestricted liberty in professional thought and action, — a principle which it defends with the utmost tenacity both against its allopathic opponents, from whom it differs on no other grounds, and against its homœopathic allies with whom it differs both in principles and practice. It appears to forget that true freedom is based upon “law in liberty and liberty in law,” that it is by no means lawlessness for which we are contending as reformers, but the right to establish laws where none exist, and to follow such as we are led to by experiment and observation.

The dogmatists, on the other hand, are loud in their denunciations of these demands for license ; they will have nothing but authority and the rigid adherence to principles, and condemn in sweeping terms any departure from rules which, in their estimation, have the force and significance of infallible laws. And who shall say that, in the main, they are not right, so long as we occupy the position of a distinct school ; that men are not bound to uphold and conform to laws they

have voluntarily chosen for their guidance? It is not alone that, by keeping a single eye to the study and perfection of our *Materia Medica*, we shall learn more and more to dispense with the wholesale and utterly uncalled-for recourse to crude allopathic measures such as our British colleagues are charged with using, — measures which thinking allopaths themselves have learnt to mistrust and are fast discarding, — but with our colleges and hospitals, dispensaries, and numerous societies, it must be *point d'honneur* with every man claiming the homœopathic name to demonstrate, both in public and private, that the practice, for whose rights and privileges we are at all times ready to invoke public recognition and aid, has our confidence in severe as well as in light cases; that it is not merely a negative quantity, but actually capable of displacing the old methods by force of the positive good which is in it. In order to do this, two things, plain as pike-staffs and almost universally acknowledged now, but first exhibited in the light of reason by Hahnemann, are to be constantly borne in mind and acted upon by both rationalists and dogmatists: first, that the therapeutic rules and measures deducible from general science are for the most part irrational and nugatory, for the reason that in the production of vital phenomena vital laws are operative besides those of physical and chemical action, and that therefore it is only in those comparatively rare cases seeking medical aid, in which the morbid phenomena are traceable directly to the presence of mechanical, physical, or chemical causes that the treatment can be based on inferences from general science; and secondly, that vital phenomena are infinitely complex, and the laws governing them at best but empirical laws of which the operation is cognizable only by the most laborious observation, — in other words, by the application of rigidly objective scientific methods to their investigation. By holding to these two much-controverted points, the two parties will stand on common ground, and take the first and most important step towards the solution of those questions which, unsolved, will eternally divide the profession.

To the rationalists we would recall the words of Prof. Hyrtl, of Vienna: "Anatomy and the cognate sciences may teach us to recognize and distinguish diseases, but an enlightened empiricism alone, controlled by scientific minds and methods, can teach us to cure them"; while the dogmatists should bear in mind that nothing can be more distant from the spirit of Hahnemann's most forcible teachings than the rejection of clear inferences from scientific data or the plain dictates of experience, and, also, that it is the science of our own day with which we are dealing and not that of the days of Hahnemann.

WE call the attention of our readers to the announcement of the next meeting of the American Institute of Homœopathy as a matter of supreme importance to the welfare of our wing of the profession collectively, as well as to every member individually. It is a fact to be deplored that, of the four thousand members of the Institute, more than two hundred can rarely be brought together at these meetings, in which every one of us is so directly interested.

It is growing more and more imperative from year to year that the homœopathic physicians should unite to make the beneficent influence, which each one wields in his own immediate and more or less isolated circle, felt as an integral part of a great and organized power to be brought to bear upon the advancement of medicine the world over. In Europe our colleagues have come to watch with deep interest the progress and the manifestations of vigorous life which our free institutions ensure to every reform in this country, and far-seeing men have prophesied, years ago, that the long-looked-for reaction against traditional error in medicine could come only from the American Republic.

In view of the fact that our rights as physicians are seriously threatened, and with them the plainest principles of political and scientific liberty, we urge upon every physician of our school to join without delay the American Institute of Homœopathy, and to allow none but the most valid reasons to prevent every member from attending the coming meeting on the 15th of June at Put-in-Bay. The silent and the eloquent, the old physician and the young, each and all are called upon to remember their loyalty to the cause which the Institute is intended to advance, and to make the annual sacrifice of a little time and a little ease which science may demand from every one of its votaries.

TWENTY-EIGHTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE twenty-eighth session of the American Institute of Homœopathy will be held at the Beebe House, Put-in-Bay, Lake Erie, commencing on the third Tuesday in June next (June 15, 1875), and continue four days.

Chairmen and members of Bureaus are especially requested to have their reports and papers prepared for presentation. Members not belonging to Bureaus who are desirous of presenting papers, are requested to address the General Secretary at once, giving title of proposed papers. Members of standing committees are notified to have their reports in readiness for presentation.

Applicants for membership may obtain blanks by addressing the General Secretary. Blanks must be filled by stating the full name and address of applicant and time and place of graduation, and be

attested by three members of the Institute personally acquainted with the applicant. Applications for membership thus prepared should be forwarded to the General Secretary not later than the 5th of June.

All papers forwarded to the General Secretary will be properly disposed of.

A circular will be issued by the Committee of Arrangements prior to the meeting, which will give full information on all subjects connected with the meeting.

Rooms may be now engaged (*bona fide*) by addressing Mr. H. Beebe, Carlisle House, corner of Sixth and Mound Streets, Cincinnati, O. Price of board per day \$2.50. ROBERT J. McCLATCHEY,

General Secretary.

918 NORTH TENTH STREET, Philadelphia, Pa.

NEW YORK HOMŒOPATHIC MUTUAL LIFE INSURANCE Co.—The news from New York is of the most favorable nature as relates to our Homœopathic Life Insurance Company.

The fraternity have received information up to the first of the current year. Since then, the Company have issued a remarkable pamphlet exhibiting the method of transacting its business in the Death-Claim Department. This pamphlet is entitled "The Mortuary Experience," and, moreover, acquires importance from the comparative record of deaths among the insured under the two systems.

Dr. Kellogg's well-known "Which Practice" has gone through editions aggregating nearly 100,000 copies. He is again at work now, with skilful and eminent actuarial aid, in the compilation of new facts, which he intends to publish as addenda to the "Which Practice," and hopes to be ready with a new edition by 1st July.

The continued financial success of the Company is assured, and the vigor of its management is exhibited in the increasing volume and quality of its business. Every mail brings us cheering words from this branch of the good work.

We heartily wish the Company success, and earnestly recommend our readers to consider the vast importance of a well-conducted and sound homœopathic life insurance company as a means of establishing the claims of our system to the rights and privileges of a true science.

CORRESPONDENCE.

PAU, SOUTHERN FRANCE, }
March 25, 1875. }

Dear Gazette:—Thinking your readers might be not uninterested in hearing something of the state of homœopathy in some of the countries of Europe as it appears to an American physician after

personal observation and inquiry of those who ought to be competent judges, I propose to give first what appears to be the present condition of homœopathy in England, and in subsequent numbers, if desired, in France and Switzerland.

During a few weeks' sojourn in London in the months of October and November last, I took the occasion to call on some of the leading homœopathic physicians of the metropolis, and to converse with them freely about the standing of homœopathy in public estimation, and as held and practised by themselves and the homœopathic profession of London generally. I also visited the homœopathic hospital located in Great Ormond Street, Queen's Square, where homœopathy, as held by the physicians of London, may be supposed to be correctly represented. My first call, however, was on Dr. Wilkinson, whose acquaintance I made several years ago when in Europe, and of whose intellectual ability I entertained a high appreciation. Dr. W. is known to the profession generally, and to the scientific and literary worlds as the author of "Man and his connection with the human body," the translator from the Latin of scientific works of acknowledged merit, and the author of several able articles on medical subjects and special reforms, and at present is engaged in combating the settled professional and popular belief in the necessity of vaccination as security against small-pox, believing that he himself has found a sure preventive in Macrotin, as I remember it. This may be admitted as possible under the conviction that law underlies the whole healing art, for doubtless prevention and cure are responsive to the same law. But to be able to say, authoritatively, that a certain drug is capable of fulfilling the conditions if the law, it seems to me that a greater amount of evidence derived from observation is necessary. But, unquestionably, Dr. Wilkinson is a strong man intellectually, — of deep and far-reaching thought, and of him I obtained several new and interesting ideas with reference to the internal condition of England, and the adaptability of the government to the requirements and necessities of the people; but in regard to homœopathy his ideas seemed to me not well considered. Though he deemed it a great advance on the old medicine, yet he thought much more was to be learned with reference to it. With this last sentiment I of course could fully agree; but from the following sentiment, namely, that it was doubtful whether the law expressed by the maxim, "*Similia similibus curantur*," covered the whole therapeutic ground, I took the liberty to differ. Nevertheless, as now held and practised, he thought that homœopathy was fast gaining in public confidence and support in London, and indeed in all England.

Dr. E. W. Berridge, as I found, entertained different views with reference to homœopathy. A thorough believer in the universality of the homœopathic law of cure, he is indefatigable in his efforts to adapt the law in his daily practice, and busily employs all his leisure moments in practice to the work of repertorizing the *materia medica*, a work second only in importance to the *materia medica* itself. Besides his published repertory of diseases of the eye, he has a very large and daily accumulating amount of unpublished matter, covering differ-

ent regions of the body, which, as fast as completed, he proposes to publish if the administrators of the estate of a very wealthy gentleman, who during his lifetime engaged to publish the doctor's proposed works, do not decline to carry out the deceased gentleman's expressed wish. It is this contingency to which Dr. Berridge alludes in the subjoined remarks furnished by him at my request, and which show more clearly than I am able to do from my own personal observations, the present state of homœopathy in England. Dr. B. is looking with great hope to the United States for the advancement of homœopathy, and in the course of our conversation spoke of several able representatives, known to him through their published writings, who, in his judgment, are doing much to advance the cause in the right direction. He said also, in reference to the proposed new edition of "*Symptomen Codex*," that he had detected important errors in the text of the editor's arrangement of *aconite*, as sent to the profession as a specimen of the accuracy and excellence of his work, and had taken the liberty to apprise the doctor of the fact, and point out the errors.

In reference to his Repertory, he said: "I have completed the greater part of the *head* chapter, and have only to add the symptoms from the provings scattered through the various journals and periodicals. I hope within a year it will be ready for the press. The *ear* chapter also is commenced. I have arranged, but not completed, repertories on the stools; urine; menses; cough; breathing; nausea and vomiting; desires and aversions for food, ailments from food, and the direction of symptoms from right to left and *vice versa*. And this I propose to complete after the *ear* chapter is finished. Before the Eye Repertory was published, I made arrangements for publishing the Head and Ears here on the same plan: if these arrangements are carried out by the parties concerned in the matter, I shall not be wanting; if otherwise, then I shall endeavor to get these two chapters, together with the rest of the work, published in America. I have made this work, namely, A Complete Repertory to the entire Homœopathic Materia Medica, *my great life-work*; and if I continue to have health, I will go on with it until all is completed unless some person undertakes a portion of it before me. I feel greatly encouraged in this laborious work by the favorable notices which have been given of my book by the leading Hahnemannians; and though I have been opposed here by the pseudo-homœopaths (who oppose and misrepresent my Repertory, because I refuse to co-operate with them in their work, and denounce them as dishonest pretenders to the name of homœopaths), yet I care nothing for this, inasmuch as the criticisms of these men on a subject which they cannot comprehend, can be of but little value. With regard to my other literary work, I have now indexed all the pathogenetic symptoms, poisonings, etc., in all the British journals which I could find in the library of the British museum; a few more I hope to find in the library of the College of Surgeons, which, however, is only a small portion of the whole. The American and continental journals ought also to be examined by those who have access to them. I have also copied out for publication in our Quarterly

Journal, all the cases of poisoning by *Agaricus* (41 species), *Æthusa*, etc., thus far of my own doings, which must seem rather egotistical, but how could I otherwise comply with your request?" In reference to the state of homœopathy in Great Britain he says, "It is, indeed, bad. The chief cause is, I believe, the absence of a homœopathic school empowered to license to practice. The result is that students after spending three or four years at allopathic colleges and hospitals, and taking their diplomas, cannot wait much longer, often on account of means, and hence, after seeing some homœopathic, or more often pseudo-homœopathic, practice for a few months only, and having been taught that the organon is rubbish, high potencies nothings, minute symptomatology a delusion, and the constant reference to the *Reperatory* and *Materia Medica* a great labor and unscientific, then they commence practice, and of course fail. The consequence is that the country is overrun with pseudo-homœopaths who bring discredit on our glorious system by their failures and want of consistency. There are very few true homœopaths here—some half-dozen in London, and a few more in the provinces. But for these few, who are persecuted and misrepresented in every way by the mongrels, homœopathy in England would perish. Among the few genuine homœopaths I may mention Dr. David Wilson, whom we all acknowledge to be *facile princeps*; Drs. Theobald, Cronin, Malan, Simmons, and Morrison. I am happy to say, also, that a distinguished allopathic physician in an important provincial town is now a believer in *true* homœopathy, and waits only for a more thorough knowledge of the *materia medica* to openly avow himself. Another drawback to the progress of true homœopathy is this: We have no true homœopathic journals nor any school for teaching true homœopathy except Dr. David Wilson's Dispensary, where I learned homœopathy myself. Our three journals are the "British Journal of Homœopathy," the "Monthly Review," and last and decidedly least, the "Homœopathic World." Of these I cannot acquit one of the charge of unfairness towards the Hahnemannians. Every one of these has at some period of its existence done injustice, either by misrepresenting or excluding as far as possible their cases treated with high potencies. I need to allude only to the oft-repeated falsehoods uttered by one of them about Fincke's high potencies. Of these several journals the "British Quarterly" is by far the best, and the most scientific of all. The "Review" is a semi-popular, semi-professional journal, and rarely contains any clinical or pathogenetic facts of importance. Its chief aim seems to be the attacking of those allopaths who undertake to investigate our system without asking the advice of pseudo-homœopaths, whom they (the allopaths) despise for their duplicity. The "Homœopathic World" is simply a popular journal edited by a Dr. Rudduck (the author of a large number of popular treatises), one of the main features of which is the constant reference, in every issue, to some work which this voluminous writer has compiled.

There is in London a homœopathic hospital which is connected in a most injurious way with the British Homœopathic Society. *No man can be elected on the staff of the hospital unless he previously becomes a member of the British Homœopathic Society!!* This is an insult

to the good sense of the subscribers to the hospital fund, who are thereby told that they are not fit to elect the officers of the hospital which they support. How long the subscribers will continue to kiss the rod with which they are beaten remains to be seen. The object of this rule is said, by the members of the Homœopathic Society, to be to exclude all medical men from the staff who, measured by their ideas of homœopathy, are decreed to be bad representatives of the cause, or in other words a disgrace to the profession. Be it so; but mark the inconsistency: There is now a member of the British Homœopathic Society, who some years since was fined £3,000 in the Decree Court for seducing a married woman, and who was not expelled when that disgraceful event occurred; and there is now a medical man on the staff of the hospital, one of whose written prescriptions is now lying before me, and is at follows: "*Compound decoction of Sarsaparilla, mixed with Bromide of Potassium!!!*" Some time ago a cupboard of allopathic drugs was found in the hospital. This I know as a fact from one of the Board of Managers, and from one of the medical staff of the hospital. The drugs were removed, but the offending physicians were allowed to remain. The use of *morphine* has been openly advocated at a meeting of this society on the ground that it saved the trouble of "ransacking" the *Materia Medica* for some out-of-the-way remedy!!! So much for the purity both of the morals and practice of the British Homœopathic Society. You will not be surprised to hear that most of the Hahnemannians utterly refuse to have anything to do with such a Medical Trades-Union, and that those who are associated with it seldom honor it with their presence. What we need is a Hahnemannian journal, and a Hahnemannian school." A dark picture truly, and one which every true friend of homœopathy might well hope is too deeply colored. But I must confess, however unwillingly, that the accuracy of the picture commands my full credence.

Homœopathy, in passing through the stage of conflict with the old school, seems to be entering upon a far more serious and dangerous conflict within its own borders. In England, as elsewhere abroad, even in the land of Hahnemann, the same desires are manifested, the same efforts are put forth by members of the homœopathic profession to fraternize with the old school, that we see in our own country. The struggle to retain connection with old society organizations as in Boston not long since, to share in hospital facilities on the same ground and in common with the old school as shown in Maine recently, to teach in the same schools as in the Michigan University case, in fact to find some common ground upon which both schools may meet, when in fact there is no ground, is, in my judgment, the most discouraging feature in the great conflict now going on. It shows the ignoble dispositions on the part of those who have the truth, to surrender it for personal considerations, for it must be obvious enough to those who see clearly the great point of difference between the two schools, that to fraternize, the one side or the other must yield. The great question is between the acceptance of a well-established law of nature, and the surrender of human theories and speculations. All other questions in medicine are subordi-

nate. Is it probable that the old school will give up all its fine, darling theories, and accept the law of cure only very gradually in exceptional cases? The experiences of the homœopathic profession, the experience of the world in the acceptance of all great principles, answers this question in the negative.

That happy time foretold by the prophet when "the wolf shall dwell with the lamb, the leopard shall lie down with the kid, the lion shall eat straw like the ox, the sucking child shall play on the hole of the asp, and the weaned child put his hand on the cockatrice's den without harm or conflict," has not yet arrived. But under the ever watchful care of the Divine Providence, all things are tending thitherward. In medicine the conflict between the two schools — between those who have accepted the law of cure and those who deny the existence of such a law, — is fairly joined; and although it may and probably will not be ended in our day, but some time far down in the future, yet by steadiness of purpose and faithfulness in dealing with homœopathy on the part of its friends, they will do what best they can, and what legitimately belongs to them to do, to hasten forward the day when all conflicting and discordant elements shall subside, and all who belong to the great art of healing shall be encircled with the golden girdle of reconciliation and peace. But it should be constantly remembered that the change is not to be in the lamb, the kid, the ox, the sucking child or the weaned child, but in the leopard, the wolf, the lion, the cockatrice and the asp.

The purpose of collecting and giving this account of the condition of homœopathy abroad is not mainly to arraign natural and society delinquencies, nor to find fault with individual members of the profession, but rather strike a note of warning for those honest, faithful men who are toiling on unconscious, perhaps, in the absorption of their duties, of the main danger to the success of the cause in which they are so deeply interested.

WM. E. PAYNE, M. D.

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

ANNUAL MEETING.

BOSTON, April 14, 15, 1875.

THE twenty-fifth annual meeting was held in the Hall of the School of Medicine of the Boston University, and the sessions continued for two days.

WEDNESDAY, April 14.

MORNING SESSION.

The President, L. Macfarland, M.D., being absent on account of sickness, the meeting was called to order at 11 A. M. by first Vice-

President, C. A. Brooks, M.D. Owing to the severity of the snow-storm of the previous day but few members were present at the opening, though the hall was well filled before noon. The records of the last meeting were read by the Secretary and approved.

So much of the Records of the Executive Committee as related to the business of the Society was read, but it was voted to omit reading the hearings of the Committee in regard to the case of Dr. H. B. Morrill, as no final action has yet been taken by it.

After a few remarks by the Vice-President, the address of the President, Dr. Macfarland, was read by the Secretary, and was referred to a committee, consisting of Drs. J. H. Woodbury, I. T. Talbot, D. B. Whittier, J. H. Smith, and D. G. Woodvine. The Society then proceeded to the election of the following candidates, who had been duly approved by the Board of Censors and recommended by the Executive Committee:—

G. F. FORBES, M.D., West Brookfield.
 L. T. HAYWARD, M.D., West Scituate.
 WM WOODS, M.D., Boston.
 A. H. CARVILL, M.D., Somerville.
 J. T. SHERMAN, M.D., Harrison Square.

The Treasurer, Dr. T. S. Scales, made his annual report, from which it appears that there was in the Treasury at the last annual meeting

| | | |
|------------------------------------|--------|------------|
| ing | \$530 | |
| Received during the year | 740 00 | \$1,270 36 |
| Paid out | | 1,344 36 |

| | | |
|---|--|---------|
| Leaving balance due Treasurer | | \$77 00 |
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Report accepted and referred.

The report of the Publication Committee was made by the Secretary, Dr. E. U. Jones, and with it he presented Vol. III of the Society's Publications. The first seventy pages of the volume had been printed for several years, and though the paper had changed a little, and it seemed impossible to match it, yet it was thought best to bind it with the present volume rather than to incur the expense of reprinting. The volume comprises the Proceedings of the Society to 1871. In accordance with a vote of the Executive Committee, Vol. IV would be immediately commenced, and would comprise all the proceedings to the close of the annual meeting in 1876.

The report of the Committee on Materia Medica consisted of two papers, —

I. Helleborus Niger in Diseases which have a Marked Loss of the Power of Co-ordination. By E. P. Colby, M.D.

II. A Case of Poisoning by the Virus of the Tarantula. By J. H. Smith, M.D. In answer to a question by Dr. Thayer, Dr. Smith stated that there was no periodicity in the symptoms developed by the tarantula poisoning, but rather an increase in intensity until the end.

A paper on the climate of Nevada, its peculiar diseases, and its effect on those who went there with pulmonary troubles, was then read by Dr. W. F. Shepard. Accepted and referred. A paper by G. M.

Pease, M.D., of San Francisco, Cal., upon the climate of California in relation to pulmonary and gastric diseases, was read by the Secretary. Accepted and referred.

After the reception of the following delegates,

Dr. E. C. KNIGHT, of Waterbury, Conn.

Dr. J. H. GALLINGER, of Concord, N. H.

Dr. Wm. GOTTSCHALK, of Providence, R. I.,

the Society adjourned to lunch.

AFTERNOON SESSION.

The meeting was called to order at 2 o'clock, P. M., with Vice-President Burpee in the Chair. Dr. O. S. Sanders read a paper on Dynamization, which was received and referred.

The Committee on Obstetrics reported but one paper, —

I. Retroflexion and Retroversion of the Uterus. By Dr. J. H. Woodbury.

DISCUSSION.

Dr. Chase. One thing was omitted in the paper. Some cases of acute retroflexion may be instantly cured by the introduction of Sim's speculum; it seems to act by atmospheric pressure, occasioned by distension of the vagina. In answer to several questions Dr Woodbury said: In the application of glycerine to the uterus the very best of unglazed cotton must be used. He first saturates it in a solution of carbolate of soda, and thoroughly dries it. To the glycerine he adds carbolic acid in the proportion of five or six drops of the acid to two ounces of the glycerine. One application of this carbolized glycerine will remain four or five days, — without the acid only about forty-eight hours. Large quantities of serum will be removed by this method, and the application must be discontinued as soon as the serum ceases to flow. There are a few instances in which the glycerine cannot be borne, in which case, perhaps one in five hundred, cosmoline may be used; but though it will relieve the soreness, it will not remove the serum. As to Harding's pessary, he thought that it was liable to two objections, — that it was more liable to cause pain and more apt to tilt than the varieties he had shown.

Mrs Dr. Jackson greatly preferred the gentlest means of curing these troubles. She had been very successful in the use of medicine, even in those cases which presented the third form of retroversion. One case she had cured with *Calcarea*³⁰. It is not necessary to confine the woman to bed, but she can go about her work just as well. We resort to mechanical means quite too much.

Dr. S. H. Gallinger, of Concord, N. H., said that his experience in these cases had been such that he was forced to agree with the principles laid down in the paper. He had found that he could not cure such cases without instruments. Mrs. Dr. Jackson is right to insist on the medical treatment, for it is all-important. He stated a case of a lady who had been treated for two years by physicians in Massachusetts and for two years by physicians in New Hampshire without receiving the slightest benefit. She had severe

dysmenorrhœa and frequent sick headaches. The uterine neck was distended by tents and a Harding's pessary inserted, and the cure was complete. He prefers Harding's pessary because it is compressible, and can be changed in form; it is also the most cleanly one.

Dr. N. R. Morse had been much pleased with the remarks. He had known of cases which have been treated allopathically without success, but which have been cured by nature, after all treatment had been given up, and of other cases which have been cured by homœopathic medication after they have been given up by allopathic physicians. There are cases, characterized by a lax state of the tissues, which have been cured by medicine alone. If we, as ordinary physicians, do not succeed by the use of remedies, we should call in the aid of a physician who has at his command all the needed instruments for making the cure, and not attempt to apply them ourselves. He thinks the binder, after confinement, extremely pernicious.

Dr. H. M. Jernegan thought that he could account for some of the cures which have been made by remedies or by nature. Some of these cases of retroversion and retroflexion are made so by the weight of an infiltrated womb, its walls thereby becoming much thickened. Now, sometimes this infiltration can be cured by rest, and then, the proper position being assumed, the womb will return to its normal position; that is, the case will be cured.

Dr. J. H. Smith. Retroversion sometimes demands quick treatment. Some cases are very acute; so much so, that the urine cannot be passed, and the catheter must be used; the agony is very great, and there is no time for the operation of remedies. Graduated lifting has been very useful in some of the more chronic cases.

Dr. I. T. Talbot. Sometimes cases of very extreme retroversion get along with but very little pain, while in others a slight retroversion is accompanied by great sensitiveness. He has seen cases which have been treated for months and years, in which this sensitiveness has been the principal cause of complaint. We can sometimes relieve these cases, especially after allopathic treatment, by our remedies. Although we may think we have cured the retroversion, it more often proves that we have only relieved the irritability, the dislocation still remaining.

Dr. Burpee had not used the binder in his practice for the last twenty years. It might be useful in some cases of very large abdomens.

Dr. Gallinger. In New Hampshire, this question of the binder has been made quite a point. As homœopaths, we have generally discarded it, while the allopaths as generally use it. Post-partum hemorrhage has seemed to him, for the past fifteen years, to be a myth; he has never yet had a case. He uses compression of the abdomen with the hand, and when he can feel the womb thoroughly contracted, he has no fears of hemorrhage.

The Committee on College made its report through Dr. I. T. Talbot. The report recited the success of the college thus far, both in the number and character of its students, and mentioned its needs under the several heads of funds, books, apparatus, and more students.

THURSDAY, April 15.

MORNING SESSION.

The meeting was called to order at half past ten by Vice-President Brooks. A partial report of the Committee on Clinical Medicine was presented by Dr. A. M. Cushing, and the following papers were read:—

- I. A Case of Neuralgia cured by Kali Carbonicum. By Dr. S. M. Cate.
- II. Two Cases of Dyspepsia cured by Hepar Sulph. By Dr. S. M. Cate.
- III. Two Cases of Purulent Conjunctivitis. Caust. Sulph. By Dr. A. M. Cushing.
- IV. One Case Nausea of Pregnancy. Lactic Acid. By Dr. A. M. Cushing.
- V. One Case Delirium of Typhoid. Gelseminum. By Dr. A. M. Cushing.
- VI. Three Cases of Gastrodynia. Tartar Em., Nux., Puls. By Dr. A. M. Cushing.
- VII. A Case of Bronchocele. Arsenicum. By Dr. C. A. Libby.
- VIII. A Case of Asthma during Phthisis. By Dr. E. P. Cummings.
- IX. A Case of Lumbago. Bryonia. By Dr. E. B. Holt.
- X. A Case of Colic and Constipation, Chronic. Coloc. and Lycop. By Dr. E. B. Holt.
- XI. A Case of Rheumatism. Kali bich. By Dr. E. B. Holt.
- XII. A Case of Neuralgia. Bell., Spig. By Dr. E. B. Holt.
- XIII. A Case of Mammary Nodes. Silicea. By Dr. C. A. Norton.
- XIV. A Case of Diarrhœa. Croton. By Dr. C. A. Norton.
- XV. Clinical Notes. By Dr. N. R. Morse.
- XVI. A Case of Threatened Maxillary Necrosis. Hecla Lava. By Dr. L. Whiting.
- XVII. A Case of Migraine. Iris. By Dr. H. M. Hunter.
- XVIII. Remarks on Scarlet Fever. Ailanthus and Other Remedies. By Dr. A. M. Cushing.

The following papers were presented by Dr. O. S. Sanders in the afternoon:—

- XIX. Clinical Notes. By Dr. T. A. Capen.
- XX. A Case of Erysipelas. Veratrum v. By Dr. William Bushnell.
- XXI. A Case of Hay Asthma. Arsenicum. By Dr. W. J. Richards.
- XXII. A Case of Gonorrhœa. By Dr. O. S. Sanders.
- XXIII. A Case with Symptoms cured by Hydrocyanic Acid. By Dr. O. S. Sanders.
- XXIV. Bismuth in Dyspepsia. By Dr. O. S. Sanders.
- XXV. Indications for Asarum. By Dr. O. S. Sanders.

The report of this committee was followed by a paper by Dr. Geo. Barrows on Baptisia in Small-Pox.

DISCUSSION.

Dr. T. S. Scales had treated several cases of small-pox with Baptisia, and had lost none; two of these cases were of the confluent type. Gives Baptisia for the headache, chills, backache, and especially for all those symptoms which indicate a typhoid condition; fetid breath. Baptisia acts more rapidly than other remedies seem to do, and he now gives it in the same cases in which he formerly used Aconite followed by Rhus. He uses it low. He has frequently used this remedy in scarlet fever. In one family there were five cases, all of whom had fearful sore throats. His indication for Baptisia in sore throats is that they are intermittent. He has never had any trouble with the ears in scarlet fever, whenever he had used the Baptisia. In the stupidity of the fever he gives Opium.

Dr. J. H. Smith has been much interested in the Baptisia. It seems likely to become a prominent remedy, and we ought to have more valuable provings of it. In a case of severe congestion of the lungs, with high fever, the patient had a feeling of having several in the bed with him. He gave the Baptisia in the tincture, as he always uses it. The next day the pulse had fallen from 120 to 90, and the mind was perfectly clear. He had been called in consultation with an allopathic physician in a severe case of diphtheria in a lad about seven years of age. It was the fourth day of the disease. The tonsils were enlarged, and covered with a foul membrane; there was a sanious discharge from the nostrils, offensive breath, and great prostration. The physician had prepared the day before a tincture of Baptisia, and given it in water, as we usually do. We found the patient relieved of the prostration; the discharge from the nostrils had ceased, the fœtor had gone, and the membrane had disappeared. The doctor was not a little astonished at the results of his first trial with Baptisia. The report was received and referred to the Committee on Publication.

Dr. T. S. Scales presented the request of Dr. C. M. Weld, that, in consequence of his age and inability to attend the meetings of the Society, he be placed on the retired list, and offered the following resolution, which was unanimously adopted: *Resolved*, That this Society cordially accede to the request of Dr. C. M. Weld, that he should be placed on the list of retired members, and exempted from annual dues; that we gratefully recognize the important work which he performed as a pioneer of Homœopathy in this State and as one of the founders of this Society; that we are thankful for his continuance with us to the present time, and earnestly hope that, for many years to come, he may be able to meet with us, to counsel with us in our efforts, and to enjoy with us any progress this Society may make in the advancement of that profession to which he has so earnestly devoted the greater part of his valuable life.

In connection with this resolution, Dr. Scales also presented the following amendment to Art. XXV of the By-Laws.

Section 2. Any member, who for twenty-five successive years has paid all annual and other legal dues to the Society, may be placed on the list of Retired Members, and thereby become exempted from all

dues, but yet shall retain all his rights and privileges as a member of the Society.

This amendment was referred to a committee, consisting of Drs. T. S. Scales, D. G. Woodvine, and David Thayer.

The committee to whom was referred the Address of the President reported as follows, through the Chairman, Dr. J. H. Woodbury.

“The committee to which was referred the President’s Address, after duly considering the most important points presented by the same, would respectfully suggest:—

First. In regard to the election of the President,

Resolved, That the last clause of Article V, of the By-Laws—“Members shall not be eligible to the office of the president more than once in five years”—be stricken out. If this prevail, the Society will be able to avail itself of the experience and ability of any of its members by re-election as president and executive officer of the Society.

Second. In regard to improvement of pharmaceutical preparations,

Resolved, That the Committee on Pharmacy be re-established, and that an earnest and continuous effort be made to improve the quality of all our drugs.

Third. In regard to State Medicine,

Resolved, That while this Society recognizes the importance of State and Local Boards of Health to act on all matters of a sanitary character, it is utterly opposed to any plan which shall interfere in the slightest degree with the freedom of medical opinion or action.

Fourth. In regard to deceased members

Resolved, That in the deaths of J. C. Neilson, M.D., of Charlestown, and E. W. Sanford, M.D., of Brookline, the Society has sustained a severe loss of two active, earnest, and efficient members, and extends to the families and friends of its late associates and members its warm sympathy and regret.

Fifth. Our retiring President.

Resolved, That this Society presents its cordial thanks to Dr. L. Macfarland, President of the Society, for his valuable and suggestive addresses. While sympathizing with him in his severe illness, the Society hopes for his complete restoration to health, and that, for many years to come, he will be able to meet and counsel with us, and enjoy with us the fruits of the labor he has so well done in our cause.

The report of the committee was accepted and adopted, except that Suggestion 1 was referred to the same committee to whom was referred the motion for amendment of Art. XXV of the by-Laws.”

The Committee on Surgery reported, through Dr. I. T. Talbot, Chairman, six papers:—

I. Facts in Dental Physiology, Pathology, and Therapeutics. By E. W. Foster, M.D.

II. Surgery as applied to Homœopathy. By J. K. Warren, M.D.

III. A Surgical Case. By H. C. Clapp, M.D.

IV. Calendula in Lacerated Wounds. By R. L. Dodge, M.D.

V. Suggestions on the Treatment of Fractured Clavicle. By J. H. Sherman, M.D.

VI. Ferrum candens in Persistent Hemorrhage, and a Case of Compound Comminuted Fracture of Fore Arm. By G. W. Swazey, M.D.
Accepted and referred.

Dr. S. M. Cate spoke for an hour on Electricity and Electro-Therapeutics.

The Society adjourned to 2 o'clock, P. M.

AFTERNOON SESSION.

The Society was called to order at 2 P. M. by Vice-President J. H. Burpee, M.D. On motion of Dr. A. M. Cushing the Secretary was requested to furnish a copy of the remarks of Dr. S. M. Cate on Electricity and Electro-Therapeutics for publication in the *New England Medical Gazette*.

D. G. Woodvine, M.D., spoke in behalf of the College Library, soliciting subscriptions of books, and naming the various volumes of different magazines that were incomplete.

The election of officers for the ensuing year then took place and resulted as follows:—

President, C. H. FARNSWORTH, M.D.; *Vice-Presidents*, J. T. Harris, M.D., J. H. Smith, M.D.; *Corresponding Secretary*, D. G. Woodvine, M.D.; *Recording Secretary*, E. U. Jones, M.D.; *Treasurer*, T. S. Scales, M.D.; *Librarian*, O. S. Sanders, M.D.; *Censors*, H. P. Hemenway, M.D., E. B. Holt, M.D., L. Whiting, M.D., E. P. Colby, M.D., A. M. Cushing, M.D.

The Society then listened to the annual address by Dr. Geo. Barrows, of Taunton. The thanks of the Society were expressed to Dr. Barrows, and his address was referred to the Committee on Publication.

A partial and verbal report by Dr. L. D. Packard, from the Committee on Organization, Registration, and Statistics was made.

Dr. Wm. Gottschalk, delegate from the Rhode Island Homœopathic Society, made some interesting remarks relative to the re-establishment of the Society, the progress of Homœopathy, and the success attending the measures taken to establish a Homœopathic Hospital in the city of Providence.

Dr. H. M. Jernegan made some interesting remarks on catheterization, as a part of the report of the Committee on Surgery.

Dr. O. S. Sanders has never found any difficulty in using the gum elastic catheter. He uses the largest size that he can, first removing the stylet. He has always allowed it to pass by its own weight, except in one case in which there had been a rupture of the mucous membrane of the canal some years previously. He considers that there is danger in using the metallic catheter. He has never had a case of stricture from gonorrhœa, but believes it is always caused by the use of injections. If an injection is needed he uses one drop of laudanum in four ounces of warm water.

No report was received from the Boston Homœopathic Society. Reports were given by J. M. Barton, M.D., of the Worcester County Homœopathic Medical Society, and by N. R. Morse, M.D., of the Essex County Homœopathic Medical Society. No other reports received.

The meeting was one of the most successful we ever had, more than eighty physicians being present.

Vol. III of the Society's Publications was distributed under the direction of Dr. F. H. Underwood.

Adjourned.

E. U. JONES, *Secretary.*

ITEMS AND EXTRACTS.

DR. BARNES, in the *Lancet*, says: "I have recently been honored by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumor of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Séguard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were intrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum; and that Dr. Walshe had her heart. If some adventurous doctor should determine to start a new specialty, and open an institution for the treatment of disease of the *umbilicus*, — the only region which, as my colleague, Mr. Simon, says, is unappropriated, — I think I can promise him more than one patient." — *Tenn. Phar. Gazette.*

HOMEOPATHIC DISPENSARY. — The homœopathists of Portland met Wednesday, April 7, and took preliminary steps in the formation of a Homœopathic Dispensary, agreeable to the charter obtained at the last Legislature. Judge B. Kingsbury, Jr., presided. The following Board of Managers were chosen: Hon. B. Kingsbury, Jr., Hon. Nathan Cleaves, Mayor R. M. Richardson, Geo W. Woodman, Jas. Cunningham, Mrs. H. M. Payson, Mrs. George S. Hunt, Mrs D. M. Rea, Mrs. E. C. Greely. The Constitution and By-Laws were adopted, and it was voted that the Board of Managers elect a Chairman, Secretary, and Treasurer and attending and consulting physicians. There are forty-eight members already. These pay an annual due of \$2.00 each, or by paying \$20.00 at one time any one may become a life member. The following constitute the present Medical Board: Consulting Physicians, M. Dodge, M.D., Chas. H. Burr, M.D.; Attending Physicians, S. E. Sylvester, G. A. Clark, R. L. Dodge. Dr. R. L. Dodge is a recent graduate of the Boston University School of Medicine, and if the alumni so promptly enter upon charitable work they will not only make their own reputation, but add to that of the school.

THE LATE PROFESSOR WALKER. — The investigation of the case of Prof. F. W. Walker has been concluded, the jury finding that he came to his death from the medical use of the fluid extract of conium, prescribed by Drs. C. R. Agnew and David Webster, and that the medicine acted with extraordinary potency. They do not censure the physicians or druggists from whom the hemlock was obtained.

OBITUARY.

DIED, in Charlestown District, Nov. 8, 1874, James C. Neilson, M.D., aged 55. Dr. Neilson was born in Dumfries, Scotland, in June, 1819. At an early age he came to this country with his parents, and was educated in Boston. In 1838 he entered the office of Dr. Josiah F. Flagg, the distinguished dentist, who was no less skilled as a homœopathist, and who in 1840 was one of the original founders of the Massachusetts Medical Society, and four years later of the American Institute of Homœopathy, of which he was the first president. From such a teacher Dr. Neilson gained an enthusiastic love for the medical profession, and was by him inducted into the (at that time) novelties of Homœopathy. He soon earnestly entered upon the study of medicine, and graduated from Harvard University in 1847. After practising some time in Medford with Dr. Milton Fuller, now of Boston, he settled in Charlestown in 1850, where, till near the close of his life, he devoted himself earnestly and assiduously to the practice of his profession. He was for several years secretary and afterwards treasurer of the Massachusetts Homœopathic Medical Society, in which he took a deep interest, contributing to it many valuable papers, and carefully recording the discussions and opinions of others. He became a member of the American Institute of Homœopathy in 1859, and retained his membership and interest therein until his death. As a physician he was kind, faithful, attentive, and ever ready to sacrifice his own comfort, or even health, for the benefit of his patients. As a man he was warm-hearted, generous, and of the strictest integrity. In the midst of his busy professional life he always found some time for social and friendly relations, and for the pursuit of scientific studies, in which his methods of investigation were often quite original and thorough. In 1851 he married the daughter of Daniel Tufts, Esq. She died a few years since, and he subsequently married a daughter of William M. Byrenes, Esq., who survives him. He never had any children, but leaves two brothers and four sisters. The cause of his death was a sub-acute inflammation of the brain, resulting in extensive serous effusion.

PERSONAL.

WALTER WESSELHOEFT, M.D., has removed from 6 Arrow St. to 97 Mt. Auburn St., Cambridge.

M. F. STYLES, M.D., has removed to Hotel Winsor, 102 Shawmut Ave., Suite No. 2.

FRANK B. CLOCK, M.D., is at 10 Staniford St.

GUY A. T. LINCOLN, M.D., is at 59 West Canton St.

H. P. SHATTUCK, M.D., has removed to 131 West Canton St., corner of Tremont.

A. H. ALLEN, M.D., is at Brookline, Mass

B. A. SAWTELLE, M.D., is at Woburn, Mass.

C. L. COLLINS, M.D., is at Nashua, N. H.

MARY MOSS MATTHEWS, M.D., is at 1 Penn St., Providence, R. I.

GEORGE S. NORTON, M.D. (late Resident Surgeon of the N. Y. Ophthalmic Hospital) has opened an office at 36 West 27th St., New York City. Dr. N. treats diseases of the eye and ear exclusively.

JOHN W. HOBART, M.D., is at Sandwich, Mass.

DR. VAN DE ZANDE has removed to 104 Magazine St., Cambridge.

THE

New England Medical Gazette.

No. 6.]

BOSTON, JUNE, 1875.

[Vol. X.

A CASE OF POISONING BY TARANTULA.

Reported to the Massachusetts Homœopathic Medical Society.

BY J. HEBER SMITH, M.D., MELROSE, MASS.

INCIDENTALLY learning that one of our neighboring physicians, Dr. J. T. Sherman, of Harrison Square, was suffering from the virus of a tarantula, I soon after opened correspondence with him, and received several letters, containing in substance the following notes on the general effects of that poison.

The doctor writes, "On October 31, 1874, I had in my possession a live tarantula, which I killed by immersion for twenty-four hours in a glass jar filled with alcohol. Having removed and dried it, I placed it on a card for examination. While straightening the fore-legs, which were doubled up to its mouth, I noticed on the carrot-shaped appendage at the end of the leg, a drop of liquid, which I wiped off with a wooden tooth-pick. Being interrupted by the entrance of a patient, I discovered myself, a few minutes later, rolling the tooth-pick between my thumb and fore-finger, on the latter of which was a recent scratch. Twenty-four hours later this finger became somewhat inflamed, with an intolerable itching and burning in the vicinity of the scratch. The symptoms continued to increase from this time, and on the third day they became fully developed. Slight enlargement of the axillary glands, which were sensitive to touch; sub-maxillary and cervical glands much swollen and very sensitive, the least pressure causing intense pain. The neck was swollen anteriorly in a line from the chin to the ster-

num, and posteriorly in a line from the occipital protuberance to the scapulæ, dark red, nearly purple. I can convey no better idea of the rapidity with which the swelling progressed than by mentioning that on the morning of the third day after inoculation I had on a fourteen-and-one-half-inch collar, my usual size, at 10 A. M. I replaced it with one an inch larger at 12 M.; I again changed for one still an inch larger, which I was obliged to remove at 3 P. M., as the neck was so swollen that I was in danger of choking. The swelling continued to increase until evening, when it was much relieved by a profuse hemorrhage from the nose, the amount of blood lost measuring over one pint. The blood discharged was almost black, each drop coagulated, and sank at once, like a bullet, to the bottom of a vessel partly filled with water, and formed a large, black clot.

"Painful throbbing of the carotids, with fulness in the head, especially in the region of the medulla oblongata, relieved by the epistaxis. Face pale, earthy color, in strong contrast with the nearly purple neck. Constant, dull, throbbing pain in the cervical and submaxillary glands, with occasional sharp, stinging pains. Roaring, rumbling in the ears, with dulness of hearing. Inflammation of the eyes, the conjunctiva much injected; *right pupil much dilated*, the left one contracted. This symptom was noticeable for several days. Complete loss of vision in the right eye until the dilated pupil contracted. Objects seen with the left eye appeared bright red.

"Fauces inflamed, swollen, purplish hue; deglutition very difficult, as if from partial paralysis; on attempting to swallow, was obliged to make several unsuccessful efforts. Tongue coated dark brown, edges and tip fiery red. Intense burning thirst, constant desire for large quantities of cold water. Complete loss of appetite. Vomiting of everything taken into the stomach soon after eating, preceded by intense, burning pains in the stomach and œsophagus, which vomiting relieved. Stools three or four times daily, very dark, fetid, partly formed, containing much mucus, expelled with difficulty, and followed by smarting and burning at the anus, but no tenesmus. Stools always occurred immediately on having the head washed. Urine scanty, high colored, and passed with such difficulty that on

several occasions it seemed that I must resort to a catheter. The urine, after standing, showed a dense precipitate. Breathing short and hurried, much worse on attempting to lie down. Inability to lie down on account of the extreme anguish it caused in the precordial region. Did not retire to bed nor sleep for four nights. Great restlessness, could not keep quiet anywhere, or in any position; felt that I must keep in motion, though walking aggravated all the symptoms. Trembling of the knees when standing or walking; the joints felt stiff and sore.

“I regret being unable to give you a better description of my mental sufferings, which were extreme. From the first there was an indescribable melancholy, anguish, and restlessness, — peevishness, the attendants could do nothing to suit me. Great haste in whatever I undertook, from a constant fear that something would happen to prevent my finishing it. I would start up suddenly, and hastily change my position, through fear that something would fall on me. (This symptom was experienced by Dr. C. Hering when proving *Hydrophobin*.) When walking, I would stop short or suddenly throw my head to one side, through fear of striking it against some imaginary object which appeared to be suspended a few inches above my head. Great fear of an imaginary impending calamity. Great desire to be alone, with fear on being alone, even during daylight. Frightful visions as soon as the eyes were closed, with inability to sleep.

“Rigors were among the first symptoms noticed. Chills began in the lumbar region and spread over the whole body, aggravated by the slightest draft of cold air. Coldness of the whole body. Increase of artificial heat produced chilliness; could not keep warm though sitting beside a hot stove or over a register almost constantly. Know nothing regarding my pulse. The symptoms steadily increased in severity until they reached their acme, then as steadily decreased, without any remissions or periodicity.

“Forty-eight hours after inoculation there was an intense burning of the scalp, speedily followed by a vesicular eruption, resembling *Crusta lactea*. Five ulcers formed on different

parts of the scalp, which discharged a thin, greenish, ichorous pus, very offensive. Vesicles appeared on different parts of the body, soon becoming pustular and turning to ulcers. The eruption on the scalp and body remained about three weeks before its final disappearance.

"Principal remedies taken were *Arsenicum*, *Bell.*, *Merc. v.*, *Lachesis*, and *Rhus tox.* Having seen the bite of the rattlesnake successfully antidoted by large doses of whiskey, I drank about two fluid ounces, but had no wish to repeat the dose, as it produced a very decided aggravation of all the symptoms."

From the foregoing valuable and trustworthy notes on this active poison we are led to class the tarantula as an analogue of *Arsenicum*, *Lachesis*, and *Belladonna*, and we may expect it to be of service in the treatment of all diseases which spend their force principally upon the blood and the circulatory apparatus. These notes which Dr. Sherman has so carefully prepared seem to me worthy of our entire confidence and of preservation in the publications of this Society.

CLINICAL REFLECTIONS.

BY DR. AD: LIPPE.

ON the 28th of March, 1875, we were summoned to see a young gentleman, twenty-three years old, some sixteen miles from town. He had contracted a severe cold while exposed to a deep snow in the northern part of the State, during the previous week; had come home feeling badly, and then took some *Nux vom.* On the 27th (the previous Saturday), at 7 A. M., he had a chill, and severe stitches in the right lower side of his chest. He took (home prescriptions) *Aconite*, later *Bryonia*, and the fever and headache increasing in the evening, *Belladonna*; became rapidly worse. When I arrived at 2 P. M. I found him sitting up in bed; respiration irregular, short, superficial and painful; could only utter a word at a time; respiration 35 per minute; pulse small, hard, 135 in a minute. Upon carefully examining his chest, the lungs were found to be inflamed

with the exception of a very small portion in the left upper part of the lungs; the pain he only called intense soreness, with occasional violent darts in different parts of the lungs. He had sat up in the same position all night; could not even have a pillow put against his back, which he says suffocated him. The diagnosis of the disease was very easy, — an acute case of double pneumonia. The diagnosis of the remedy was not quite such an easy task. The tongue was becoming dry, thirst moderate, desired orangeade, not water. There was no particular remedy indicated, and the question of a student of medicine but recently asked came back to my memory. The question was, a professor of clinical medicine told us, If the pulse rises to 150 per minute on the second day of pneumonia the case is fatal, — give it up: is that so? And my response was, Certainly not; although undoubtedly such cases are very grave. Finding myself not in the possession of any *characteristic* symptoms of the patient to guide me in the diagnosis of the remedy, the most natural thing was to obtain more, — *all* the totality of the symptoms. The question was then asked as to the urinary secretions, and the chamber was produced. Ever since he complained of the inflammatory chest symptoms on Saturday, 7 A. M., the urine was very dark and had become more “frothy,” — looked like *yeast*. This symptom does not necessarily belong to the disease, as we shall show by another case of pneumonia, presently. It belonged characteristically to the patient, and as uncertain as the diagnosis of the remedy seemed to be before this additional symptom came to light, now we had not the slightest doubt as to the remedy. The patient received *one single* dose of *Lycopodium*, fifty-thousandth potency (Fincke).

March 29, twenty-four hours later, he was again visited. He was in a recumbent position, had much less pain, pulse 96 per minute; had a restless night, but said, “I feel much better.” Urine less frothy, not so dark, and a slight cloud in it; profuse perspiration during the night; no cough. No medicine.

March 30, visited him again. Improvement continued; had slept some, and says, “I feel better.” No appetite, less thirst.

April 31, visited him again. Had coughed a good deal during the night, but had less pain in his lungs; urine very turbid

and no foam on it; sputa frothy. Gave him *one dose* of *Phosphor.*, one hundred-thousandth potency (Fincke).

March 31, I found him improving, asking for food, which he relished. The lungs were now quite free from inflammation, and on percussion a dulness was found only on the lower part of the right chest, where the first inflammatory symptoms were observed. The patient gradually recovered, and it was not found necessary to give him any more medicine till the 1st of May, when he complained of perspiring too easily when exercising. He then received one dose of *Sulphur*, 100^m, and is now, May 20, as well as ever he was.

What we desire to show by this case is this: 1. That the gravest cases of disease are amenable to homœopathic treatment. 2. That the highest potencies of strictly homœopathic remedies will cure grave cases of disease. 3. That the diagnosis of a disease can have nothing to do with and must not influence the therapeutics to be applied in a given case. 4. That as homœopaths we must diagnosticate remedies and not diseases. 5. That the physiological livery, under which the materialists of the allopathic school are bound to shape their therapeutics on the bases of the diagnosis of the disease, must, *by us*, be discarded as unbecoming our calling, as useless, as pernicious, as much leading to error now as when it was described by Hahnemann, all the new discoveries in physiology of which we hear such boastful accounts to the contrary notwithstanding.

Now, in this case the only characteristic symptom of the patient not necessarily belonging to the form of the disease with which he was sorely afflicted was the peculiarly frothy urine. This urine has been caused and cured by *Lachesis*, *Lycopodium*, *Chenopod.*, *Chinin.*, *Senega*, *Spongia*, *Berberis*, *Allium cepa*, *Croton tigl.*, *Laurao*. The choice of remedies could only be between *Lachesis* and *Lycopodium*, both having similar chest symptoms. The disease originated in the right side and from there went to the left side, and this determined the choice for, *Lycopodium* as *Lachesis* has just the reverse symptoms, *i. e.* symptoms extending from the left to the right side. To diagnosticate a remedy because of its characteristic symptom that the disease goes from one side to the other or from below up,

or *vice versa*, is Hebrew to the unfortunate blind slave in the glistening physiological livery. How would he have found the curative remedy in this grave case?

On the 29th of March another case of pneumonia came under my care, so different from that above described that it will be quite in order to report it. A woman had been indisposed for days, and at last could not rise. On being called to her I found a corpulent woman forty years old, a stranger in a strange land, although under the kindest of care; she was much depressed, and despairing of her recovery, fearing never again to see her child and relations in Europe. She complained of violent stitches in the left side when breathing or when moving; cannot move the left arm without much pain; tongue heavily coated, yellow; much thirst for water; urine dark and clear. Pulse 120 per minute. Gave, 10 A. M., three doses of *Bryonia*, 20^m (Fincke), to be taken every two hours. She broke out into a very profuse perspiration, which was so unpleasant to her that she arose at night in a very cold room and changed her clothes. The great relief she had experienced while perspiring did not last long, and I found her suffering more on the next morning; repeated the *Bryonia* without effect.

On the 31st she was much worse, had coughed a great deal all night, sputa streaked with blood, had perspired all night but the perspiration was cold and clammy; she had passed a great quantity of pale urine, the tongue was still coated but very flabby, showing the indentations of the teeth. Feels very weak. Gave *Mercurius vivus* 50^m (Fincke) a dozen pellets dissolved in half a tumblerful of water, a teaspoonful of this to be taken every two hours. The improvement in her condition was apparent in twenty-four hours, but the medicine was continued for forty-eight hours, when she was much better; perspiration had ceased, the excessive discharge of urine was very much diminished, the tongue less coated and less flabby, the expectoration less, and more solid, no more streaks of blood in the sputa. Pain in the chest had ceased and the appetite returned. She made a rapid recovery.

Here are two cases of pneumonia, — a disease then raging as an epidemic in this city: in one case the inflamed

lungs are accompanied by a secretion of scanty and frothy dark urine, in the other case by a profuse secretion of a pale urine. Now we ask the advocates of the physiological livery, Should we leave these symptoms unnoticed because they really do not belong to the disease proper, and shall we ignore Hahnemann's teachings that "the *totality* of the symptoms constitutes the disease"?

It will be asked, Why did you give the single dose in the first case, and then in the second case repeat the medicine so often?

The reason why we did so, and why the result was all we could expect, is this: In the first case the patient was all-confiding in the treatment; was very sure he would be cured, because he had always, as far as he could remember, had just such strict homœopathic treatment from his old medical friend now prescribing for him; his mind was calm, undisturbed; he was kindly, nay, affectionately cared for under the parental roof; had no cares; all was bright around him. There was no reason why the truly homœopathically selected remedy should not develop its curative powers when administered in a single dose. In the second case, the mind of the sick woman was not calm; she did not expect to recover; she had before her vision her death in a strange land far away from all her kindred. Of medicine she knew nothing; had really no opinion, and only patiently but not confidingly submitted to the treatment of the family physician. This disturbed state of her mind would surely interfere with the action of a single dose of a remedy, therefore the repetition. She was not as ill as the first patient, but mentally in a less impressible condition.

And now we owe an apology to some of our professing colleagues and professional brethren, who so charitably characterize our humble efforts to testify in behalf of Homœopathy, as taught, promulgated, and practised by Hahnemann. And this apology is due to Dr. P. Touset, and the *British Journal of Homœopathy* endorsing him and without comment publishing from Touset's lectures in their last number (April, 1875), as a leading article, such sentences as will be found on page 200:—

"But what the partisans of these eccentric dilutions call clinical experience is limited to shame-faced affirmations void of proof, or else to the publication of cases without diagnosis, without sufficient details by which they might be controlled, and for the most part so ridiculous that the Homœopathic Society of Paris did not permit them to be published."

That is "liberal," to be sure; still, if the Homœopathic Society of Paris declines to publish cases like the above, it will not do to stigmatize the writer who reports his cases to his brethren a shame-faced wretch, or unable to diagnose a case, while surely Dr. Touset's brain is much muddled about diagnosis. He deprecates the treatment based on a name of a disease, but demands that it must be based on the diagnosis of the disease. If Dr. Touset and the learned editors of the *British Journal* have no time or taste or capacity to read and comprehend Hahnemann's *Organon*, pray let them read a very short paper by Hahnemann, "The Genius of the Homœopathic Healing Art," preface to the second volume of Hahnemann's "Materia Medica Pura," second edition: "Allopathy diagnosticates diseases, Homœopathy diagnosticates remedies."

Another apology is due the *British Journal* itself, *vide* April No. 1875, page 344. The learned editor must have been sorely tried! He actually, for once, has taken notice of our humble efforts to communicate to our brethren "our experience." It must be our fault, to be sure, that our British friends have utterly misunderstood us. They say, "The patient *happened* to recover." That is charitable! The cures made by Homœopathy are all accidental recoveries and the failures of eclectic are all "Divine ordinations." Let it stand so; and while these happy accidents occur whenever we allow ourselves to be guided by the infallible principles so plainly revealed to us through Hahnemann, and while we have never seen permanent good results — cures — from eclectic treatment, we shall hold fast to principles, and expect no "charity" except on the cover of the *Journal*. "In omnibus caritas"; and in charity I say, Behold, they know not what they are writing about.

URETHRAL EXCRESCENCES, CARUNCLES OF THE URETHRA, VASCULAR TUMORS OF THE URETHRA.

BY J. H. WOODBURY, M.D.

AMONG the many and distressing ailments incident to middle and advanced female life, those in which dysuria and strangury are prominent form by no means an inconsiderable part, and few are more distressing. Many of these are due to irritation or sensitiveness of the urethra due to certain qualities of the urine, others to a hyperæsthesia of the nervous filaments of the mucous membrane of the urethra in sympathy with and dependent upon the general hyper-sensitiveness of the entire nervous system, and especially of the sexual organs. This is especially noticeable about the period of the menopause, or "turn of life"; indeed, it may be safely said that a majority of women suffer from dysuria at that time, and many most exquisitely. Most of these cases yield with tolerable promptness to homœopathic treatment, and there is no occasion to make any kind of physical examination, the sensations of the patient furnishing a sufficiently accurate guide in the selection of the remedy.

But occasionally we find a case which does not yield to treatment, and in which the sufferings of the patient are of the severest character, and when the lack of our usual success, if no other reason, leads us to make a more thorough examination. We call to our aid, in making our diagnosis, the assistance of our touch and sight. In many cases these will reveal to us as the chief cause of all this suffering, the existence of those little tumors whose appropriate names form the subject of this paper. They arise from the mucous membrane of the vulva immediately around the urethral orifice or meatus urinarius, or from the urethra itself. They are generally solitary, but occasionally there are several. Also they are usually sessile and look like a fold of mucous membrane, which renders them sometimes difficult to discover; occasionally, however, they are polypoid in their attachments, and may be found just slightly projecting from or hidden within the urethral orifice; when thus situated, they are intensely red, or even purple, and resem-

ble a small, ripe cherry. They vary in size from that of a pin-head to that of a common red cherry, — that of a small pea being perhaps about the average of the polypoid class of these neoplasms, while the sessile variety exists more as a hypertrophied fold of existing tissue than as a distinct formation, and therefore is more difficult to describe accurately as to its dimensions. They do not, as a rule, differ in color from the mucous membrane from which they arise, although, as above remarked, they are sometimes very red, almost scarlet, very soft, and easily broken down. They are formed mostly of capillary blood-vessels and loops of nerves; they are a morbid development of existing tissues, instead of an independent growth of abnormal tissue. They give rise not only to the most excruciating symptoms locally, but also to the most remote general nervous affections as well as functional disturbances in all the organs with which the sexual organs are in nervous connection. The deep-red variety produces the most intense local suffering, while the paler ones produce the most general remote and obstinate complications. Within a few days I have seen one of the deep-red polypoid variety just depending from the urethral orifice, having its attachment within the urethral orifice. It was not larger than a very small pea, but it produced the most agonizing pain in urination, and severe tenesmus continuing for many minutes after the discharge of urine was completed. The slightest touch also caused the most intense pain.

The only proper and satisfactory method of diagnosing these tumors is the ocular one. The labiæ should be carefully separated while the patient is lying on her back, with the legs drawn up and in a strong light: these little tumors and great torments are then clearly revealed. They exist frequently in connection with and are the cause of one of the most distressing varieties of nervous irritation, — that of the bladder and urethra. In bad cases the sufferings are simply horrible: there is not only the usual amount of heat, burning, pain, pressure, fulness, and weight, but also the constant tormenting desire to urinate every five or ten minutes or without ceasing for hours together. The patient feels as if the attempt to pass the urine must be repeated every minute, and persists in the attempt for half an hour, or

even longer, yet but a few drops are passed after the prolonged efforts and agonizing pains, simply because there is none in the bladder; but the moment that a few drops have accumulated, then this agonizing effort for its expulsion is repeated. These efforts are frequently accompanied by the most violent spasms of the urethra, bladder, vagina, rectum, and the levatores ani muscles, all aggravating the patient's sufferings to the highest degree. The patient cannot sleep, she cannot even lie down; for the moment she does so the terrible demand to urinate is repeated. I saw a patient at Lawrence about a year since who had abandoned her bed altogether, saying that it was useless to lie down, as the moment she did so the irritation of the bladder and the irresistible desire to urinate compelled her at once to rise again. She therefore passed her entire nights in her chair, a victim to the most intense distress and suffering for almost the entire time.

As before remarked, the nervous centres are disordered in their functions, and we have nervous symptoms of almost every description. The mind is sometimes affected by it to irascibility, despondency, peevishness, and purposeless instability. Sometimes there is palpitation of the heart; headache, usually occipital but frequently in the vertex and temples, is common. The stomach is deranged to a considerable extent and in a variety of ways. Sometimes there is real dyspepsia, with pain and aversion to food. The bowels are almost universally constipated, in fact the cases are rare where this is not so, — a condition probably produced by the constant tenesmus or state of contraction into which the uterine walls are thrown by the reflex irritation from the urethral nerves. The treatment is in some cases very simple and the cure very prompt and satisfactory; in others it is very difficult and tedious. Of the first class are all those cases where no important constitutional disturbances exist, and where the tumors are polypoid. Here we have only to remove the tumor by snipping it off with the scissors, or, if large, cutting it through with the eccraseur, or destroying it with chromic acid, or even in some cases with the fluid extract of Thuja. The removal of the tumor in these cases is followed by a prompt disappearance of all the unpleas-

ant symptoms from which the patient has suffered. Where the tumors are sessile in form, with broad bases involving the meatus and considerable portions of the surrounding tissue, they cannot be so readily removed. Here the best plan is to hook a tenaculum into the tumor, and having raised it as much as possible, carefully dissect away the abnormal tissue. The parts should then be kept dressed with lint, soaked in a solution of the fluid extract of Thuja, or what I have found in practice to be better, the Eucalyptus globulus. Indeed, in two most obstinate cases — the one at Lawrence above mentioned, and another in Allston Street in this city — I have been able to entirely cure the patients: perfect cures have been produced by the use of the Eucalyptus without a resort to any surgical measures whatever. A glycerole was prepared, and the parts kept constantly dressed with it, the patient remaining meanwhile in as near a recumbent position as possible, usually upon the ordinary reclining-chair. A few weeks faithful treatment greatly mitigated the intense pain from which the patient suffered and reduced in an equal degree both the bulk and sensitiveness of these tormenting little tumors. A strong decoction from the dried leaves of the Eucalyptus was made and this was mixed with an equal quantity of glycerine. With this, lint was saturated and kept constantly applied to the parts. Internally the same medicine was given in the first decimal attenuation. The case at Lawrence was treated by Dr. C. W. Scott, the one in Allston Street by myself. In two other cases this treatment could not be tolerated for a moment, the sensitiveness of the little tumors being so great that the contact of any foreign substance produced the most exquisite torture. The patients were therefore etherized, and the tumors removed by the knife or scissors. It is proper to state that all these cases had been under treatment for a long time for strangury, and one of them had suffered untold tortures at the hands of an eclectic physician in this city, by the repeated injection into the bladder of a strong decoction of hydrastin.

The hyperæsthesia existing in these cases seems to be akin to, if not identical with that existing in cases of vaginismus, and as a general rule is almost as little amenable to medical treatment. In closing let me call your attention to the import-

ance of a physical examination in all cases of dysuria or painful urination, for thereby you may be saved from the mortification of a mistaken diagnosis and a failure in treatment. It is but a few years since these little tumors have come to be recognized as distinct pathological products, but in that time more has been done to render their treatment accurate and efficient than ever before, thus showing that they are no exception to the general rule in medicine that in all curable diseases increased accuracy in diagnosis has always been followed by a corresponding accuracy and success in treatment.

ACUTE NEPHRITIS.

CALLED April 19, 1875, to see Mary E. G——, *æ.t.* 16, of dark complexion, medium size, stout frame; has menstruated regularly three times. She is the child of laboring people living in third story of a tenement house in Boston, and a dispensary patient. Has enjoyed good health since childhood until the last few weeks, during which time, as her mother expresses it, she has grown lazy and peevish; has had no exanthema for years.

About three weeks ago a puffiness of eyelids and general swelling of the face were observed, which has since partially disappeared; she now complains of restlessness at night, dyspnoea, and general *malaise*, but is still able to be about and aid somewhat in the general housework; has no appetite for plain food, no abnormal thirst; looks pale and anæmic; mucous membrane of mouth and conjunctiva pale; lips nearly colorless. Sounds of heart and action of digestive organs normal, but the patient is nervous and irritable.

Examination shows hands, legs, and feet highly œdematous, abdomen much distended, and *labia mājora* at least four times their natural size; could detect no effusion in thorax. Administered *Arsenicum*³ *dec. trit.*, one powder daily, and took some of the urine for examination.

The urine is normal in quantity, of dirty appearance, brownish red color, and deposits a plentiful cloudy sediment. Boiling

produced large quantity of coagula (one third of volume) and the microscope revealed tubular casts in great number.

In seeking a remedy from which something more than palliation might be expected I was led to consider, among others, the action of *Kali bichromic.*, and having repeatedly witnessed its striking effects on the membranes of the air-passages, thought if it could be made to act on the organ affected in this case a similar radical influence would be exerted. I therefore determined to give it a thorough test by administering it in appreciable quantities and persisting in its use so long as no adverse indications presented.

I commenced April 27 with *Kali bich.*, ^{1st. dec. trit.}, one grain twice a day, in alternation with *Apocyn. cannab.*, recommending at the same time a generous diet of fresh meat, fish, eggs, milk, and a moderate allowance of beer.

In eighteen days the swelling had entirely disappeared, anæmia somewhat less marked, no dyspnœa, appetite good, and strength increased; urine showing but slight turbidity upon boiling, and none by nitric acid test, and under the microscope but few casts could be found.

Continued treatment unchanged until May 20, when the most careful examination under the microscope failed to show a cast; but the slightest turbidity was effected by boiling and none by nitric acid. Treatment continued as above.

May 27. To-day there is no albumen discoverable in the urine, nor a single cast; patient is seemingly as well as ever, — appetite good, sleep undisturbed, no anæmic appearance; red cheeks and lips, eyes bright, and in good spirits.

As I have been unable to learn of a trial having been previously made of this remedy in acute nephritis, I send you this transcript from my notes, to use as you think best.

Respectfully,

JAS. H. OSGOOD, M.D.

BOSTON, May 31, 1875.

The New England Medical Gazette.

BOSTON, JUNE, 1875.

WE know of no more fitting way to celebrate these days of glorious memory than to lay before our readers the details of the late discussion in England between the representatives, on the one side, of what is amiably termed "conservatism in Medicine," and those on the other whose souls have been quickened by the vitalizing touch of progressive and enlightened liberalism. As the question at issue, as well as the unmistakable leaning of public sympathy, were precisely the same as in the recent affair between the Massachusetts Medical Society and its homœopathic members, we unhesitatingly make room for extensive extracts from our British exchanges, feeling assured that our New England readers, at least, will be deeply interested in the course of an encounter which, unlike the one so fresh in their memories, resulted in decisive and significant defeat of orthodox medicine on its own chosen ground of medical ethics, so called, and in spite of the truculent attitude of all the leading allopathic journals.

Gratifying and encouraging as such a victory will undoubtedly be at this time, we must not be led into the weakness of looking for the speedy dawn of the day of deliverance for the followers of Hahnemann. This ethical quirk to which of late years all anti-homœopathic argument is reduced and to which the "regulars" have prudently betaken themselves as to their last ditch, possesses certain elements of enduring strength in the fact that it precludes all discussion of scientific facts and views relating to Homœopathy, thereby uniting all the factions and conflicting elements of the dominant school upon a single point. This position, ingeniously chosen as it is and fortified with all the impenetrable mass of vanity and wilful blindness, will long resist the most persistent siege, notwithstanding the weakening effect of such shots as those from Mr. Lawson Tait and Dr. Heslop; and entrenched behind it we, for another generation, find that conservative medicine, like old Joe Bagshot, is "tough and dayvlish sly." Nevertheless we may take hope in these days of rejoicing, and the extracts given below will inspire us with some of the courage and steadfastness which, in time, will lead to a Yorktown for our cause.

WELLS MONUMENT. — We have received from the committee of the Hartford Medical Society a circular, addressed more especially to physicians and dentists, asking for subscriptions to the monument in process of erection to the memory of Dr. Horace Wells, the discoverer of anæsthesia by nitrous oxide gas. Many of the most eminent men in both professions have already sent a liberal subscription, but more are required to finish the statue and pedestal in a manner worthy of so true a benefactor of his kind as Dr. Wells.

Letters of inquiry may be addressed to Dr. E. K. Hunt, chairman committee of the Hartford Medical Society. Subscriptions forwarded to Dr. G. W. Russell, treasurer, Hartford, Connecticut, will meet with due recognition.

MEETING OF CANADIAN HOMŒOPATHIC PHYSICIANS.

At the adjourned meeting of Homœopathic Physicians held at the Derby House, in Hamilton, Ontario, on the 20th ult., Dr. Lancaster, of London, was elected Chairman, and Dr. Adams, of Toronto, Secretary. The following resolutions, moved by Dr. J. Hall, of Toronto, were adopted, after considerable discussion, and ordered to be printed for distribution among members and the friends of Homœopathy: —

Resolved — 1. That, in view of the too general ignorance of what Homœopathy is, and the persistent misrepresentation and opposition of the dominant school, it is high time to make known our principles.

2. That we therefore express our cordial belief in the following teaching of the illustrious founder of our art, Samuel Hahnemann: “That Homœopathy is a system of medicine, remaining always fixed in its principles as in its practice, which, like the doctrine whereon it is based, if rightly apprehended, will be found to be so exclusive (and, *in that way only*, serviceable), that, as the doctrine is pure, so must the practice be also, and all backward straying to the practice of the old school (whose *opposite it is*, as day is to night) is totally impossible, otherwise it ceases to deserve the honorable name of Homœopathy.”

3. That in view of this exposition by the great master of our art, we hereby express our unwavering conviction that any and all attempts to amalgamate Homœopathy with the therapeutic practice of the old or Eclectic system of medicine are impracticable in the *very nature* of things — that though, in the further language of Hahnemann, “some erring physicians, who would wish to be considered Homœopathists, engraft some to them more convenient allopathic practices upon their nominally homœopathic treatment, it is owing to ignorance of the doctrine, and, in addition, to unpardonable negligence in searching for the best Homœopathic remedy for each case of disease.”

4. That on further consideration of the *inherent* exclusiveness of Homœopathy as a system of treating disease, and its utter incompatibility with other systems (“*whose opposite it is*”), we deeply deplore

that the Honorable Legislature of Ontario should have deemed it expressive of their wisdom to deprive us of our much prized privilege, the grant of a former Government enjoyed by us during ten years — the exclusive right to examine our own candidates for practice according to the curriculum which by law had been given to us.

5. That the provision of the late Ontario Medical Act, whereby Homœopathists are admitted as members of the Medical Council, involves by our acceptance a compromise of principle, to which, though some have yielded and so taken their seats in the Council, they cannot be charged fairly with compromise, as this seemed to them the sole alternative — a seat in the Council or nothing — to such straits had the stratagems of our opponents suddenly reduced us. That these views are neither ultra nor at variance with those of medical men of the opposite school, may be gathered from the following portion of their own protest against the union we have reprobated — a protest largely signed and presented at the first meeting of the Council in Toronto after their amalgamation with Homœopaths and Eclectics by the Ontario Legislature: “Whereas the coalition, in a Council, forced upon the medical profession with two other bodies known as Homœopathists and Eclectics, for the purpose of legislating in regard to questions involving the most vital principles of medical science, is viewed by nearly all the leading and thoughtful members of the profession as fraught with great danger, and likely to lead to the most pernicious consequences, alike subversive of the cause of science and of professional morality; for if the views held by the great schools of the world are honestly embraced by the medical profession of this Province, and if the so-called theories of the other bodies are honestly held by them, they cannot be compromised by either for any mere expediency without dishonor.”

6. That this compromise in an hour of emergency we regret, and we hereby decline any further overtures on the part of the Ontario Medical Council, and beg to express our unqualified disapproval of all such attempts to bring us together; and any Homœopathist who shall hereafter take a seat in the said Council will be understood by this meeting to forfeit the confidence of our School.

7. That reverting to our principles, we hereby express our firm conviction that Homœopathy needs only to be known and tested practically to obtain universal favor.

8. That in order to the diffusion of such knowledge we need a greater number of intelligent exponents — practitioners who, from patient study and close observation, have acquired such acquaintance with our art that they will conscientiously abide by its teachings.

9. That Homœopathy is not, as frequently alleged, a “hypothetical dogma,” any more than the doctrine of gravitation as propounded by Newton; that though Hahnemann first announced the principle that “diseases are curable best by such medicines as can produce on the healthy similar symptoms to those sought to be cured,” as hypothetical, some forty years of his own subsequent observations, and that of the thousand others since, have raised the hypothesis to the sphere of indisputable truth.

10. That it is not a system adapted merely to the milder forms of diseases in women and children, as often stated by our opponents. That, on the contrary, it grapples boldly with all forms of human malady — even the most severe — and with a success that challenges comparison with any and all other systems combined.

11. That it neither ignores nor depreciates the fundamental branches of medical inquiry known as anatomy, physiology, chemistry, botany, toxicology, and hygiene, nor the noble arts of surgery and midwifery, in all of which none can present more eminent names than Homœopathy. That these are taught alike in both schools, and are identical in their practical application, but that to Homœopathy it is due to add, that by her medical treatment numerous cases are cured without the knife, where that mode of procedure is to other schools the only alternative, and that numberless lives have been saved after capital operations, where traumatic fevers have ensued — so often fatal in hospitals where Homœopathy is unknown. That to midwifery likewise, in all its stages and accompaniments, Homœopathy tenders its most wonderful aid, not excepting those justly dreaded scourges, puerperal fever and mania, from which — we speak advisedly — very few indeed need die were they under the potent treatment of this benign but much misrepresented art.

12. That Homœopathy, while agreeing with the old school in those points stated — where the administration of medicines is not concerned — thoroughly repudiates and rejects their theory and practice of medicine, with its materia medica and therapeutics, the study of which, as compulsory on our men, is so much time lost from our own materia medica and therapeutics, which demand very lengthened attention.

13. That Homœopathy is *the art of treating diseases by medicinal agents*, in which it claims to have discovered not *a*, but *the mode* — the *only* one by which medicines can be prescribed with accuracy and confidence, and diseases safely, thoroughly, and promptly cured without injury to the patient.

14. That a system of medicine of such pretensions is not to be crushed out by the opposition and misrepresentation of interested parties, however numerous and influential; and that Homœopathy demands, therefore, of the Canadian people the right to prove the truth of these claims in a fair, open field, without let or hinderance.

15. That the need of Homœopathy, as before stated, is a larger supply of competent practitioners; that the supply has always been limited, for during the ten years of the existence of our Board, only some seventy obtained recommendations to the Governor for license to practise, of whom some thirty have left for the States or elsewhere. The small number remaining in the Province has received no accessions since our Board was cancelled and merged into incompatible relationship with the Medical Council of Ontario, which has forced upon us a curriculum of study that demands of Homœopathic students nearly one third more expenditure of time and money than is expected from men of other schools.

16. That this procedure of the Medical Council of Ontario tends to the gradual extinction of Homœopathy in the Province, and is in

harmony with all their former and subsequent acts bearing on this question. That so well pleased are all parties but Homœopathists with the prospects, that the very men who protested most loudly against the "Coalition," now sit silent admirers of its working, as destructive to that incubus of their day and night dreams — Homœopathy.

TORONTO, ONT., June 5, 1875.

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

NINTH ANNUAL MEETING OF THE MAINE HOMŒOPATHIC SOCIETY.

FULL REPORT OF THE SESSIONS AT CITY HALL.

FORENOON.

THE ninth annual meeting of the Maine Homœopathic Society was held at the Aldermen's Room, City Hall. The organization has about forty members, of whom representatives were in attendance from various sections of the State. During the past year three members have died, one of them — Dr. Babcock, of Hallowell — having been struck by lightning.

The meeting was called to order at 9 o'clock, Pres. Moses Dodge, M.D., of Portland, in the chair. In the absence of Sec. Bradford, Dr. D. C. Perkins was elected secretary, *pro tem*. The reading of the roll-call was omitted, and the president's address was postponed till afternoon.

The credentials of Dr. A. M. Cushing, of Lynn, Mass., as delegate of the Massachusetts Medical Society, were presented, and he was invited to participate in the discussions.

A high tribute was paid by Dr. C. H. Burr to the memory of the late Dr. Henry Watters, of Mechanic Falls.

Dr. Burr made an interesting report on *Materia Medica*, followed by a discussion in which Drs. M. R. Pulsifer, Gallupe, Bell, Briry, Cushing, Jefferds, and Perkins participated.

Dr. Blaisdell, of this city, a member of the Bureau of Clinical Medicine, presented a verbal report of an exceedingly interesting case of a gentleman recently deceased in Bangor. Cases were also reported by Drs. Briry, Gallupe, Eaton, Jefferds, Cushing, Burr, Blaisdell, Drake, and Bell.

At noon the meeting adjourned till two o'clock, P. M.

AFTERNOON.

At the hour named the meeting reassembled and listened to the excellent annual address of Pres. Dodge, carefully treating of the professionally important subject of the "Past, Present, and Future of Homœopathy."

The censor, Dr. Eaton, presented for membership the names of R. L. Dodge, M.D., of Portland, and W. K. Knowles, M.D., of Searsport, who were unanimously elected.

Interesting cases of Surgery were reported by Drs. Bell and Eaton.

Dr. Perkins presented a paper on the "Surgical Treatment of Uterine Displacements." After the reading of the paper the subject was further discussed by Drs. Bell and Gallupe.

The Committee on Nominations presented the following board of officers for the ensuing year, all of whom were unanimously elected:—

President, Sumner H. Boynton, Rockland; *Vice-Presidents*, D. P. Graves, Saco; T. L. Bradford, Skowhegan. *Recording Secretary*, D. C. Perkins, North Vassalboro'; *Corresponding Secretary*, J. B. Bell, Augusta; *Treasurer*, William Gallupe, Bangor. *Censors*, William Gallupe, Bangor; H. B. Eaton, Rockport; Geo. P. Jefferds, Bangor; S. P. Graves, Saco; M. S. Briry, Bath.

Drs. Dodge and Gallupe were chosen delegates to the American Institute of Homœopathy.

Committees: On *Materia Medica*, Drs. William E. Payne, O. M. Drake, R. L. Dodge. On *History of Masonry in Maine*, Drs. Paine and Bell. On *Clinical Medicine*, Drs. Thompson, Jefferds, and Perkins. On *Surgery*, Drs. Bell, Eaton, and Cochrane. On *Obstetrics*, Drs. Pulsifer, Burr, and Eliphalet Clark. *Censors*, W. Gallupe, Eaton, Jefferds, Graves, and Briry.

The Society adjourned to meet at Portland, the fourth Tuesday in May, 1876, after passing a vote of thanks to the City of Bangor, for the use of the hall.

THE BIRMINGHAM MEDICAL INSTITUTE.*

SINCE our reference in our last number to the proceedings at the election of the members of this recently formed institute, Mr. Oliver Pemberton's objections to the election of Drs. Gibbs, Blake, and others, on the ground of their acknowledging that homœopathy is true in theory and successful in practice, has evoked a considerable amount of newspaper criticism and correspondence in Birmingham, and letter-writing in the *Lancet*. With what has been done in this way, we will at once proceed to make our readers acquainted.

Mr. Pemberton's letter to the *Lancet*, to which we have already drawn attention, where he attempts to justify his endeavor to exclude "professed homœopaths" from the Institute, was reprinted in the *Daily Post* of the 22d February. In commenting upon this letter, the editor expressed his "great regret that, in a liberal town like

* From *Monthly Homœopathy Review*, April 1, 1875.

Birmingham, there should be an endeavor to set up a system of exclusion of persons who, whatever their differences with other medical practitioners, are just as much qualified by examination, and by the stamp of the admitting bodies, as the rest of the profession." It was added that "it was gratifying to know that several of the leading members of the profession in Birmingham, both physicians and surgeons, approve of the opening of the Medical Institute to qualified practitioners without restriction." In conclusion, the promoters of the Institute were "assured that, although they may lose something by the hesitation or the withdrawal of those who desire to impose restrictions upon membership, they will gain largely in the confidence and support of others, both in and out of the profession, who take a wider and, as we think, a more liberal view."

To the publication of his *Lancet* letter in the *Daily Post*, Mr. Pemberton expressed his objection in the next issue of that journal, stating that he thought that "the columns of a daily paper, even so distinguished as the *Post*, were not the proper channels for discussing a medical subject." In the *Daily Mail* of the 23d Feb. appeared a leading article, in which the editor says in reply, that as Mr. Pemberton "has now made public his own views, we consider ourselves at liberty to criticise them. We cannot really allow a member of the medical profession, 'even so distinguished as' Mr. Pemberton, to dictate what we shall; or what we shall not, insert in our columns. His characteristic letter to the *Lancet* is common property, and we do not require either his 'request or approval' in order to deal with it." After referring to Mr. Pemberton's attack upon homœopathy three or four years ago at the Great Western Hotel, in "a speech remarkable for its violent intolerance and illogical abuse," a passage from his letter to the *Lancet* is given as a sample of his "perspicuity"! The article then proceeds as follows:—

"It is not so much with Mr. Pemberton's action of the committee, as with the general tenor of his feelings towards the homœopaths, that we have to do. It would need very indignant language to express the opinion of the leading allopaths of Birmingham concerning the gratuitously scornful terms in which he speaks of the elected homœopaths. 'I accuse the promoters of the Institute of endeavoring to thrust into association with the medical profession, individuals whose "candor" in obtaining their degrees, whilst it endangers their claims to social, absolutely destroys the possibility of their admission to any professional intercourse.' What justification is there for this pharisaical outburst of social and professional superiority? The homœopaths are admitted to the privilege of practice by the same tests as Mr. Pemberton; they hold their position by diplomas of exactly the same worth. So far from the sneer at their 'candor' being deserved, it is well known that two at least out of the four elected gentlemen gave up lucrative practices and good professional prospects to begin their career again according to principles in which they conscientiously believed. If these men hold their opinions honestly they are as deserving of respect as an allopath 'so distinguished as' Mr. Pemberton. Their principles may be right or they may be wrong: the

question is, Do they believe them to be right? If they do not, they are quacks and humbugs. But what suggestion is there, save in an illiberal mind, against their sincerity? The best proof of it is furnished in the fact that many allopaths surrender good positions in order to practise homœopathy. If we may judge by results, their system is not so very inferior to that of orthodox medicine. It is admitted by allopathic practitioners that the homœopaths turn out remarkably good cases. Their principles may be debatable, but, whatever their faults, certainly there is not a homœopath in the country who would get into a witness-box and utter such a piece of arrant nonsense as that the will is capable of resisting the effects of electricity on the muscles.

“If there is one thing more than another which disgusts an impartial observer in a controversy of this nature it is the arrogant pretension of perfection assumed by one side. Allopathy is assumed to be ‘legitimate medicine,’ and homœopathy a kind of semi-scientific charlatanry. This comes with especial grace from a body which hardly a generation since cupped and bled and purged and salivated their patients to death by the thousand. Medicine, like all other sciences, is constantly growing. There is as much difference between the allopaths of to-day and the doctors of the last century, as there is between the modern homœopath and Hahnemann. And yet the homœopath is taunted with departing from some of the principles laid down by the founder of his system. With just as much sense might Mr. Pemberton be taunted for not performing the slashing surgery and using the drastic measures of his medical ancestors.

“Perhaps the most cutting argument against Mr. Pemberton’s intolerance is that he stands almost alone. The most eminent local practitioners are ranged on the side of liberality. Mr. Pemberton cherishes with youthful enthusiasm the bitterness of thirty years ago. It is time that the miserable professional exclusiveness which regards a homœopath as a leper should be abolished. We are glad to see that the Medical Institute has begun its career upon a broad and enlightened basis. By enrolling homœopaths among its list of members it is not committed in the slightest degree to their teachings. It recognizes them as medical practitioners, no doubt; and so does the law recognize them; and if the law allows a man to practise, we do not see what right Mr. Pemberton has to seek to deprive him of the social advantages which his legal position ought to ensure. The homœopaths are no longer Ishmaelites. Their system may be wrong, but right or wrong it is growing. The men who practise it are legally qualified healers, who conscientiously believe theirs to be the best way to alleviate suffering and save life. It would have been a monstrous piece of narrowness and injustice if the attempt of the anti-homœopathic party had prevailed in the new Medical Institute,—whose success depends so largely upon an enlightened and liberal policy.”

The *Birmingham Morning News* of the same day published an article on “Medical Bigotry in Birmingham,” the burden of which is

a criticism of the proceedings of Mr. Pemberton. Referring to the letter of this gentleman to the *Lancet*, and to the "Annotation" of that periodical there anent, the editor writes:—

"Reading these curious productions, a simple-minded man, ignorant of the matters in dispute, would conclude that medicine, as practised by the 'orthodox' or allopathic school, was a divine revelation, complete in itself, and that the most dreadful judgments had been pronounced against all persons impious enough to take from, or to add to, that revelation in one jot or tittle. We seem to be brought into the presence of heretics against the only true faith in medicine, of whose criminal errors the Inquisition, in its most appalling guise, ought to take account, and for whom an *auto-da-fe* would be a fitting reward. But as such extreme measures are impracticable, the rebels against orthodox physic should, it appears, be ostracized from the society of gentlemen; they should be denounced as charlatans and empirics; they should be treated as pariahs and outcasts. But when we come to examine this ebullition of wrath to see what can have moved our medical guides to such furious want of charity, we discover the cause to be, that certain professors of the homœopathic style of healing have been admitted as members of the new Birmingham Medical Institute."

After giving a sketch of the proceedings at the meeting of the Election Committee, derived from Mr. Pemberton's letter, the article we have quoted from goes on to say:—

"We should have thought that Mr. Pemberton would have been content with this demonstration of bigotry, as he had clearly discharged his duty to his conscience, much as a fine old high and dry rector might have done who had protested against the admission of a dissenting minister on the committee of a literary institution. But, happily, he has carried his griefs to the *Lancet*, so that the outside public are now made aware of the fact that out of twenty-four medical gentlemen, rather promiscuously taken, there are sixteen who are of opinion that it would be improper to refuse the membership of the Institute to homœopathic practitioners. But for Mr. Pemberton's indiscretion in making the matter public, it might have been thought that there had been a larger proportion of Jews, who declined all dealings with the Samaritans.

"Mr. Pemberton's letter to the *Lancet* is a wonderful composition. It is marked by a lofty tone of superiority over those 'who, as I have read and learnt, deny our science,' which would probably not be found in a letter written by any other man in Birmingham."

After some further reference to this letter, and to the article in the *Lancet*, the *Morning News* concludes as follows:—

"We are not concerned to inquire into the truth of allopathy and the falseness of homœopathy. But the monstrous arrogance represented by Mr. Pemberton and the *Lancet* calls for rebuke. There are

in the ranks of homœopathic practice men who, before adopting that system, were eminent as allopaths, and it would be passing strange if they, merely by extending their researches, and following what they regarded as truth, became all at once immeasurably the social and professional inferiors of those who, before that change, had enjoyed no pre-eminence over them. It is certain that men quite as distinguished as Mr. Pemberton have adopted homœopathy, and by so doing have gained no reward but that of inward satisfaction. The maxim of *similia similibus curantur* must stand, like all other theories, upon its results. We neither pronounce it to be right nor wrong; we only say that bigotry and intolerance, such as we have described, are no more respectable in medicine than in religion, and are not nearly so excusable. Probably both systems are indebted to each other, and if homœopaths are discontinuing the infinitesimal dose, — which is no necessary part of the system, — allopaths have also discontinued, thanks to the introduction of homœopathy, the excessive doses against which the infinitesimal dose was a protest. We know not whether Mr. Pemberton will recognize the four homœopathic professors who are, in spite of him, members of the Birmingham Medical Institute, or whether, when he sees one of them coming in his direction, he will cross over to the other side of the street. The violence of his feeling against them has blinded him to one great advantage, which must result from a common membership of the two bodies; when once fairly brought within his range, the homœopaths cannot fail to perceive the error of their ways. In the presence of his superiority, they will at once learn their proper place, and the truth, and will cast off their delusions. They will repent, figuratively speaking, in sackcloth and ashes, and after a probationary term, they may be admitted to that ‘social’ and ‘professional’ intercourse from which they are at present, by their ignorance, heresy, and general inferiority, shut out.”

In the same paper is a letter signed “A Grateful Patient,” from which we extract the following: —

“Why is Mr. Pemberton afraid of these homœopaths? Surely there is nothing wicked in the system, and scarcely is it possible that so many of the finest intellects of this town (to say nothing of all England, America, and the Continent) would adhere to a system of medicine, unless it had been practically proved to be more beneficial and truthful than the old style of thing. Quackery, in its strict sense, cannot be predicated of homœopathy. All its converts have the same, and many possess more, than the average share of intellectuality, perception, candor, and bravery. To deny a truth is easy; not so easy is it to search with an unprejudiced mind, and patiently to weigh the fors and againts of any newly-arrived theory; harder still is it, if such truth is seen in its own light, to own our former blindness — maybe of ignorance, prejudice, or so-called education. To know that the majority voted for the original list of first members of the Institute only shows that Birmingham keeps its straightforward character and fearlessness even among the medical profession. Why need they fear the few homœopaths and their ‘large hospital’? Falsity must

fall, truth alone can stand secure. Good may be accomplished by various means; the most good will be done by each competent person looking into most matters for himself, and proving all subjects by resolving them into daily life and practice, remembering always the words of a good and renowned author, 'All religion has relation to life, and the life of religion is to do good.'"

In the *Lancet* of Saturday, the 27th February, appeared a long letter from Dr. BELL FLETCHER and Mr. G. H. EVANS, the Chairman and Secretary of the Committee, in reply to Mr. Pemberton, in which they show that at the first public meeting held (to attend which 1,400 invitations were sent), a donation from a "Professed Homœopath" was announced from the chair, and that no exception was taken to it; and they conclusively prove that the election of homœopathists was not the back stairs kind of affair that Mr. Pemberton desires to make people believe that it was, but was done openly and publicly.

In the same number of the *Lancet* appeared a letter from Mr. D. W. CROMPTON, who supported the resolution, and is, we believe, the senior member of the profession in Birmingham.

The next contribution to the discussion was an admirable letter to the *Daily Post* from Dr. EDWARD MADDEN, the son of our old friend Dr. Madden, of London. He writes:—

"Mr. Pemberton, in his letter to the *Lancet* of February 20, accuses the homœopaths of Birmingham of want of candor in taking their degrees. The *Lancet* of to-day says: 'Professed and declared homœopaths have never been permitted to receive qualifications to practise from the examining bodies of this country'; and another correspondent in last week's *Lancet* wants to know why our diplomas are not confiscated, and our names struck off the list of registered practitioners?"

"In answer to these strictures I beg leave to quote the 23d Section of the Medical Act of 1858."

Having given the section referred to, Dr. Madden continues:—

"Now, this clause was introduced for the express purpose of preventing the rejection of any candidate who was purposing to practise homœopathy and this Act is printed in full, in every medical register, from the list in which they would wish to exclude us. Further, I would say that it was known to one, at least, of my teachers in Edinburgh, and I believe to others, that I should most probably practise homœopathy, yet no attempt was made to make me promise not to, or to restrain me from taking my degree in the ordinary course; nor do I believe mine to be an isolated case.

"Had the subject of discussion been the belief of these writers in the tenets of homœopathy, we might have remained silent, notwithstanding the use of such expressions as that 'the theory of infinitesimal doses is an insult to common sense, and the doctrine of "*similia similibus curantur*," has no foundation in fact,' as the *Lancet* of to-day

says ; for we believe that this is far too serious a matter to be decided from any library arm-chair, however high the authority may be. But these writers broadly assert that all who practise homœopathy have obtained their degrees and diplomas under false pretences, and are practising what they are either utter fools to believe in, or what they know to be false.

“ The first accusation I have already disposed of, and for the second we would ask them to believe that it is only after a careful and convincing trial that we have adopted the law of similars as our guide in the choice of medicines, and the use of small quantities for the dose ; and, as we give an unhesitating credit to Mr. Pemberton, the editor of the *Lancet*, and indeed the whole of the medical profession, for practising according to their honest belief as to what is best, so we may ask them to believe that the homœopaths also practise according to their conscientious convictions, and with the sole object of doing their best for their patients — surely not too much for one member of a liberal profession to ask of another.

“ My reason for addressing myself to you, sir, instead of writing in the first place to the *Lancet*, in which the above phrases occurred, is that it has hitherto been the invariable custom of that journal to reject all communications, even of a non-polemical nature, coming from a professed homœopath.”

In the *Daily Post* of the 11th ult. appeared the following very important letter from Mr. Lawson Tait, Surgeon to the Birmingham and Midland Hospital for Women. It is somewhat lengthy, but its interest would be destroyed by any abridgment.

“ SIR, — Mr. Pemberton must have credit from every one for the persistency and candor with which he has stated his views on this subject ; and I trust that he will courteously forbear with one so much his junior, when I indicate some points in which I differ from him entirely, and when I detail the reasons for those differences.

“ First of all, I do not agree with him that this is a question exclusively for the medical press. It is a matter of grave public policy on which other papers than the *Lancet* have a right to express an opinion. The orthodox medical papers are closed, practically, to the opposition, as Dr. Madden has stated, though for the present issue that is not a matter of much moment. But chiefly, the question is in greatest part a local one, and, granting any amount of difference we may have with the homœopaths, we need not raise those issues here, for we have differences with one another which, in the majority of cases, are quite as great. For these reasons I send this letter to the *Post* instead of to the *Lancet*.

“ Mr. Pemberton seems to have taken it for granted that he was at liberty to divulge what took place at the meeting of committee at which the election of the homœopathic practitioners was carried. The proceedings there he has only partially narrated, and did I consider myself at liberty to do as he has done in this matter I might very trenchantly dispose of some of his arguments. More than this I

shall not say, that the names of the majority (sixteen to six) would be the best guarantee that there was no party or clique in the matter, still more, that there was, and could be, no foregone conclusion beyond that of individual conviction. And if it were otherwise, then the 'independent member' so often alluded to by Mr. Pemberton must be more of a clairvoyant than he gets credit for.

"The difference between Mr. Pemberton and myself on this matter is due chiefly to the difference of a generation. Mr. Pemberton remembers the original quarrel; I knew it only after it was all over, and after the reaction and regret had set in. In Edinburgh the contest was fierce and furious, and it ended in the special persecution of one of the best and most honorable men, and one of the soundest physicians who ever lived — the late Prof Henderson. Of course, the chief persecutor was the man who knew least, and cared least, about the real bearings of the case; but he had constituted himself an amateur medical policeman, and he 'ran in' all sorts of people for all sorts of things. In fact, there never was a medical row in Edinburgh in which Mr. Syme had not a part. They are all dead now, but to me it was on one occasion a task of the most pleasant kind to be partly instrumental in securing a reconciliation between the persecuted and one of the persecutors; and I shall never forget the expression of bitter regret that fell from that great man that he had ever taken part in the absurd quarrel.

"The lesson was a good one, and it taught me never to lend myself to anything that might even seem to be a want of toleration for the honest convictions of other people. The bitterness of the dispute is over, and those of us who did not share in it have no wish to have it fought over again. I can quite understand, however, that there may exist some in whom the old quarrel is still rife.

"A very trenchant argument against Mr. Pemberton's position is stated in Dr. Madden's letter, which not only disposes of the constantly repeated statement that homœopaths get their qualifications by dishonest truculence, but also of one of the positions taken by the minority who wished to exclude them from the Medical Institute. The law, which is always jealous of the tyranny of the majority, wisely took care that its acts should not be made the basis of any medical orthodoxy. The framers of the articles of incorporation of the Birmingham Medical Institute took an equally wise care that heterodoxy should form no basis for exclusion from its membership, and it wants no great acumen to see that, according to these articles, we have no legal right to exclude any legally-qualified practitioner.

"But I go further, and say that if we even had a legal power of excluding them, we had no moral right to do so. This is no place to open up either the old differences between allopath and homœopath, or the progressive assimilation of the two. Let those differences be what they may, we surely must claim honesty for both, and scout the man who would deny it to either. Then, I say, that no tribunal has yet been constituted which is competent to give judgment between the sects, for human knowledge is still neither sufficiently comprehensive nor precise enough to weigh scientifically the matters in dispute, and

mere authority can have but little weight. It is this *argumentum ex auctoritate*, this last refuge of the sciolist, that has been at the bottom of all persecution; and it has stood long enough as the chief obstacle in the way of human progress.

“Nowadays we are all ranging ourselves under the banner of eclecticism — that is, we take advantage of every fact, experience, and scrap of information placed at our disposal, no matter from what source, and do our best for our patients.

“This leads me to say that there are two words in Mr. Pemberton’s first letter on which his position may at once be disputed. They are ‘our science.’ I do not know on what ground he can claim a right to use the term, and, at the same time, deny it to the sect he so strongly deprecates. In mere therapeutics there is but very little which has arrived at a scientific accuracy, and scarce half a dozen drugs concerning whose nature and action we are tolerably agreed. The most favorite and firmly-established beliefs of our fathers have been rudely shaken by the finger of science, in medicine as in other things; and we smile now at the old schoolmen who seriously argued as to the number of angels who could dance on the point of a needle, but we may in turn be smiled at for something almost as absurd. All positive knowledge which we possess in medicine is limited to fields which are as common to the homœopaths as they are to us; and it is clear therefore, that in this stupid schism we are only following the example of the theologians, who are always most positive and most quarrelsome on those subjects regarding which they have the least positive information. In days gone by, this spirit ruled humanity so completely that we used to burn those who did not share our ignorance, and the tendency to persecute would seem scarcely yet to have died out, for it crops up in all regions where exact knowledge is deficient. But neither persecution nor exclusion will advance knowledge, nor will they cloak ignorance. Therefore, I protest against this attempt to excite one of the worst feelings of our nature by holding up a rag which was red thirty years ago, but which has now lost all its color.

“We have admitted a small body of gentlemen to a public institution from which we have neither legal nor moral right to exclude them. They are men whom we individually respect, whose honesty we have no right to impugn, and whose difference from ourselves, on questions where there is no certainty, we ought to treat with the utmost toleration.

“The action of the past in this matter has been a huge blunder, and the day is not far distant when the Birmingham Midland Institute will be credited with the honor of having introduced a much needed reform, and of having been the first institution to rectify an injustice.”

In the *Lancet* of the 13th ult., MR. CHESHIRE, an ophthalmic surgeon practising in Birmingham, delivers himself of a rabid communication, in which, writing of homœopathic practitioners, he says, “It matters little whether their system be sound or unsound.” Possibly it does to Mr. Chesshire, but we doubt if his feeling is shared by the public, or indeed by the bulk of those of his way of thinking, who

invariably base all their arguments on the foregone conclusion that homœopathy is unsound! The burden of his letter is, that medical men practising homœopathy have gained admission to the ranks of the profession on false pretences. He says that members of the colleges of physicians and surgeons obtained licenses to practice "in accordance with the principles of allopathy." This we deny. Such licenses were given as testimonials of knowledge, and on the understanding that their holders would do the best they could for their patients. Mr. Chesshire received his license as an apothecary thirty-five years ago, and we will venture to say that he would treat disease to-day in a manner very different from that in which he assured his examiners he would do. Surely, if he has a right to benefit by experience, others have too. It is experience that has taught us the advantages of homœopathy. We received our diplomas, as did Mr. Chesshire, on the condition that we would in all cases do the best we could for our patients; and if experience has shown us better methods than those known to us in the days when we were emerging *ex statu pupillari*, we are as much bound by our diplomas to give our patients the benefit of that increased knowledge, as Mr. Chesshire is.

Not being able to collect a public meeting of the profession to support him, Mr. Pemberton has issued the following circular to 1400 members of the profession, residing in and within fifty miles of Birmingham, asking for signatures to it:—

"Having considered the objects contemplated in the foundation of the Birmingham Medical Institute, I, the undersigned, am of opinion that all those practising as Professed Homœopaths, however legally qualified, should not be elected members so long as they assume a mode of *practice*, and maintain a *name*, calculated to mark them from the general body of the profession."

As the *Birmingham Daily Post* remarks on this:—

"It seems curious to appeal to a body of gentlemen to decide who shall, or shall not, be admitted to membership in an institution to which those who are asked to pronounce judgment do not themselves belong. This matter seems properly to be one for the consideration of the Medical Institute itself, and as Mr. Pemberton is a member of it, he should raise the question at its next meeting."

We have heard with pleasure that each of the gentlemen to whom this circular had been sent has also had an opportunity of reading Mr. Lawson Tait's excellent letter, and at the same time the 23d Section of the Medical Act.

In its observations on this circular (March 20), the *Lancet* says: "Mr. Pemberton has, in the wording of this declaration, exactly hit the mark. The whole dispute turns upon the assumption by the homœopaths of a name that is 'calculated to mark them from the general body of the profession.' The question is, as we have already stated, one of professional ethics."

This is one of the most surprising and entertaining passages we ever read. It has come to this—that to practise homœopathy is

“legitimate medicine” — to acknowledge that you do so is consonant with medical ethics: but that to admit that in doing so you are a homœopathist, is *anathema maranatha*, and a good deal more into the bargain! “What’s in a name”? All that the *Lancet* objects to in homœopathy! This is a revelation!

Let us look back some four-and-twenty years. What did the British Medical Association object to at Brighton in 1851? The Association did not protest against a name calculated to mark a body of medical men for the general body of the profession, but against “homœopathy as propounded by Hahnemann and practised by his followers.” The anathema of the Association was hurled against three classes of practitioners — 1st. Those who practise homœopathy entirely; 2d. Those who do so partially; 3d. Those who meet in consultation or hold professional intercourse with those who practise homœopathy. The antagonism between homœopaths and non-homœopaths is, according to the *Lancet*, now merely *nominal*! At least, such is the only conclusion we can draw from its *pronunciamento* on the 20th.

Elsewhere, as we shall have occasion to show, an inference widely differing from this, must be drawn from statements on the same subject in the same journal. The designation *Homœopathist* has been applied to us, not adopted by us. “All acknowledge,” as Dr. Drysdale remarked in his Address at Birmingham nearly five years ago, “that ultimately the name of homœopathist must cease.”

The name has come to be applied to us through the sectarian attitude and gross intolerance of the so-called allopaths. It is submitted to by us lest we should, by denying its propriety, seem to reject the truth of the doctrine, the holding of which has given rise to it. Had homœopathy been investigated, calmly and dispassionately, as a therapeutic doctrine on all sides, the name homœopathist would never have been known, while the homœopathic method would have been perfected, purified, and thoroughly established on a sound, scientific basis long ere this.

The admission of “professed homœopaths” to such a body as the Medical Institute is one of far more interest to the general public than Mr. Pemberton would seem to be aware of. It is a matter of public interest that those who undertake the care of health and the cure of disease should have every opportunity for improving and adding to their professional knowledge. It is in medical societies that this knowledge is cultivated and obtained. It is by criticism, by one man comparing his observations with those of another engaged in the same kind of work, by the study of the experience of those who have, like hospital physicians and surgeons, been intrusted with important public appointments, that men in active practice can alone hope to keep themselves as thoroughly abreast of medical science as those who look to them for assistance in the time of illness have a right to expect that they shall do. To exclude medical men who practise homœopathy from such associations and opportunities of self-improvement is, therefore, not only unjust to them as qualified members of the medical profession, but it inflicts an injury upon those who consult them. As Dr. Drysdale remarked, in the address from which we

have already quoted, the sectarian exclusiveness of the allopathic party has been especially injurious to us by depriving us "of the purifying fire of an enlarged and enlightened criticism. That has been our great want, for in a small body bound together by the ties of common suffering through persecution, there is naturally too great tenderness for the individual, and much work has passed muster or even received praise which would have been sternly rejected under a system of juster criticism. I feel convinced that if Hahnemann had not been driven from writing in *Hufeland's Journal*, his *Organon* would not have assumed its present dogmatic shape, nor would he have pushed some of his more hypothetical views to those extreme lengths which have been a perpetual source of embarrassment to nearly all of us ever since. Thus, again, we see how evil begets evil, and a great part of the apparent narrowness and sectarianism of homœopathy is chargeable to the really narrow and sectarian attitude of allopathy, as it writes itself down."

In conclusion, we can only express our earnest hope that all who have taken a part in the inauguration of this Medical Institute will firmly adhere to those principles of simple justice and common fairness with which they have started. Should they do so, we cannot doubt that the influence of their example will extend both widely and rapidly.

THE "LANCET" ON HOMŒOPATHY.

THE *Lancet* has once more decked itself in war-paint and come forth to crush homœopathy, — to extinguish the faith which, a year or more ago, was said to be "dying," — to stay a mode of treatment oftentimes during many years declared to be extinct! On the 13th of last month appeared a leading article "*On Homœopathy*," the like of which was indeed common enough in 1851 and for several years thereafter, but one which has been rare of late.

We are promised another "on a future occasion," which is to treat of "the action of homœopathic remedies." We shall, therefore, do no more at present than briefly allude to the leading feature of this diatribe, reserving a fuller consideration of it for another opportunity.

It is thought something marvellous by the *Lancet* writer that, after the "repeated exposure," after the "rebuffs which it has met with from the best-educated medical men in this country and abroad," etc., homœopathy should still survive, its practice extend, and its adherents prosper. Were homœopathy false, this would indeed be matter for astonishment. But as — after all these efforts, these exposures, these rebuffs — homœopathy, instead of "hiding its diminished head, now struts forth and boldly claims a place in medical science," we are inclined to think that there must be truth in it. It could not possibly have survived eighty years of this kind of treatment from persons of influence had it been anything else than true.

The explanation given is that homœopathy to-day is a totally different thing from the homœopathy of a few years back. The doctrine of dynamisation is said to be abandoned, though how a doubt as to the correct explanation of a fact can influence the fact itself, we do

not clearly perceive. The fact that infinitesimal doses of drugs do, when used homœopathically, beneficially influence disease, still remains accredited by a large amount of experience — denied only by those who have never tested it. How infinitesimal a dose must be is now, as it ever has been, an undecided question. The fact that there are cases which do not admit of homœopathic treatment is implied to be a “recent” announcement only. It is as old as the fact that there are diseases which are incurable — diseases in which the only relief from suffering that a physician can afford is palliation by narcotics; as old as the fact that some diseases depend upon the presence of what are, to all intents and purposes, foreign bodies within the organisms, which can only be removed mechanically. Neither homœopathy, nor any other method of mere drug-administration, can technically be described as a “complete system of medicine.” A complete system of medicine involves the scientific use of every means—including that of drugs — of influencing the animal economy. Homœopathy applies solely to the use of drugs or medicines. It forms a part, a very important part, of “a complete system of medicine,” but it cannot be said to constitute one. “The heart and soul of the system,” says the *Lancet*, “was that ‘in every case of disease to give a medicine whose positive action on the human organism corresponds to the sum of the symptoms observable in the disease’; that ‘a drug which in the healthy body, in large doses, will produce certain symptoms, will, in small doses, cure *similar* symptoms arising from disease.’” So it was and so it is. This, and nothing more, is homœopathy. It takes cognizance of the selection of drugs only, and in so far as it does only this, is incomplete as a “system of medicine.” It is not a system of medicine, but a system of drug selection.

In the course of a sentence or two the *Lancet* says that a homœopathic practitioner “will even go so far as to confess that he is perfectly willing to meet the whims and fancies of his patients and to practise homœopathy or not according as he is desired.” We never heard or read of any such confession. Neither do we believe that the writer of the *Lancet* article ever did so. The statement is a pure invention, the motive of which is too evident to need any comment.

After a paragraph devoted to the reiteration of a statement made in the *Lancet* some time back to the effect that homœopathy was “founded in deceit, built up in ignorance, and supported by credulity,” the writer proceeds to give his notion of the origin of homœopathy. He commences with a gross attack upon the character of Hahnemann. He is said to have suffered “personal and pecuniary inconvenience from the inopportune exposure of a fraud which he had carried on for some time with considerable profit.” This “fraud” is stated to be his having sold, “at an enormously high price, his famous nostrum called *Pncæum*, which was in reality simple borax.” This story is based upon one detailed by a Dr. Mühry of Hanover, and reproduced in the *British and Foreign Medical Review*. The facts are simply these. During several years after his graduation, between 1786 and 1790 we believe, Hahnemann devoted himself to the study of chemistry and to literary work. While so engaged he discovered, as he

thought and believed, a new substance, which he termed the “*alkali pneum*”; within a short time he found that he had made an error, and that what he had discovered was simply borax. No sooner did he find out his blunder, than he at once repaid the money he had received from those to whom he had sold what he had believed to be his invention. The statement that “he sold a nostrum under the name of *pneum* which consisted of nothing but borax,” is neither more nor less than a perversion of facts. He sold no “nostrum” — but what he believed to be a new substance, the result of his chemical researches. He made a blunder, as many a chemist has done since, with far less excuse than can be made for a chemical blunder at a time when chemistry was little better than a series of errors. This story was raked up and fashioned for the purpose of gratifying personal enmity and professional jealousy by Dr. Mühry; and the *Lancet* gladly avails itself of the assertion to depreciate the memory of one whose memory it has ever delighted and labored to traduce. Hahnemann’s opinion that the 30th dilution is the best dose of a properly selected medicine is then commented on; and the readers of the *Lancet* are in the next sentence led to suppose that the maxim *similia similibus curantur* arose out of this idea! The maxim had arisen years before Hahnemann ever thought of the 30th or any other dilution, at a time when he used comparatively small doses of crude drugs. But, as every one knows, the origin of the maxim had nothing whatever to do with the dose.

Then come the late Sir James Simpson’s calculations as to the magnitude of the 30th dilution — a quantity so small as to render the possibility of its exerting any influence on morbid processes “monstrous and absurd to any one but a homœopathist.” To any one who has not tested such a dose in the homœopathic way, such an idea may appear monstrous and absurd; but it does not do so to those who have thus used it. It is impossible to derive any information respecting them from one’s internal consciousness.

Such are the chief points of this, the latest endeavor of the *Lancet*’s to misrepresent homœopathy. We look forward with interest to its account of the “action of homœopathic remedies.”

In our last number we stated that the *Lancet* had inserted the advertisement of the lectures now in course of delivery at the London Homœopathic Hospital, and had further justified its publication on the ground that it could not in fairness close its columns to such advertisements, and that no good would accrue from its doing so if it did. What, however, the *Lancet* could not do in fairness it could do under pressure. Early last month Dr. Bayes, the Secretary of the Lectures Committee, received the following letter: —

“THE LANCET OFFICE, March 5, 1875.

“*Sir*, — The editor’s attention having been called to your advertisement in the *Lancet*, I regret to inform you that I am compelled to decline the publishing of any more insertions of the same.

“Yours respectfully,

J. CROFT.

“Dr. Bayes.”

So that now neither the *Lancet*, the *Medical Times and Gazette*, or the *British Medical Journal* dare to publish these advertisements—a course which the *Chemist and Druggist* says affords “a display of professional littleness which it is difficult to understand or account for.” To us there is no difficulty of this kind. We believe that these journals dare not let members of the profession know where they will hear the truth about homœopathy. They desire that their gross caricatures and misrepresentations of it shall have as little chance as possible of being questioned. The profession must be kept in ignorance of what homœopathy is, in order that the writers in these journals may be believed as fully as they desire to be, and in an adverse ratio to their deserts.

“HOMŒOPATHY RAMPANT.”

SUCH is the title of an article in the *Medical Times and Gazette* of the 20th ult., intended, apparently, as a rejoinder to our remarks on the unjustifiable and cowardly refusal of the editor to insert in its columns an advertisement of the lectures now in course of delivery at the London Homœopathic Hospital. No attempt, we may observe, is made to justify such a procedure. This high-toned professional periodical which gives prominent announcement to the multifarious virtues ascribed to a patent and secret medicine by its proprietor, declines to publish the place, time, and subject of lectures on *Materia Medica*, delivered by a physician practising homœopathy! There may be a reason for accepting the one and rejecting the other, but it does not appear in the article, the title of which we have quoted. We shall not pretend to divine what this reason may be; we prefer to leave its discovery to the imagination of readers.

The article says, “The publishers of this journal considered it advisable to reject” the advertisement in question. The letter communicating the refusal to Dr. Bayes states, that it “was submitted to our editor, who thinks that it is hardly fitted for our columns.” Further, it is signed “The Proprietors, per James Lucas.” So that we are inclined to think that the editor’s endeavor to shift the responsibility of this piece of meanness on to the shoulders of “the publishers” is somewhat unhandsome. It is perfectly clear, from the letter of Messrs. Churchill’s clerk, that the editor, and the editor alone, must bear the *onus* of refusing the announcement of a course of lectures on a purely medical subject, addressed to a purely professional audience.

The *Medical Times and Gazette* is apparently very angry with us for stating that homœopathy has been persistently misrepresented in its columns. We repeat the accusation. Homœopathy has been persistently misrepresented therein. Whether this has been done with a knowledge of homœopathy, or in ignorance of it, we, of course, cannot say; but that it has been misrepresented many and many a time in the *Medical Times and Gazette* we have abundant evidence. The last sentences of this article are: “It is often asserted by homœopaths that we know nothing of homœopathy. We both know it and

despise it." Possibly the editor thinks he knows it. But if we can derive any information at all from this article in "Homœopathy Rampant," it is that the editor knows very little at all about it! For example, he "does not know"—he confesses that he "does not know"—how an honest and upright professor of homœopathic doctrine can conscientiously "claim the privilege of prescribing drugs other than the so-called homœopathic remedies." A homœopathic physician "claims the privilege" of knowing possibly curable from painful and incurable disease. He, therefore, knows when disease is capable of being influenced by specific remedies, and when palliatives alone can be of any service. He also "claims the privilege" of being able to diagnose diseases dependent upon mechanical causes from such as are independent of them—to be able, in short, to form an opinion as to the place and power of specific medicines and those of mechanical remedies. Had the editor known homœopathy, as he says he does, he would have known this.

We presently meet with the following curious sentence: "That a remedy or drug should be most useful when giving rise to symptoms the most nearly similar to any disease, is at least an intelligible proposition. But here a depth is interposed, for if a remedy practically identical in its signs with the disease were to be given, it would only add to the intensity of the disease. Such a proposition is utterly unintelligible." What is the precise "depth" between symptoms "most nearly similar," and such as "are practically identical," we do not appreciate. If the writer, who says he both knows homœopathy and despises it, imagines that he would be practising homœopathy were he to prescribe *arsenic* to cure a case of *arsenical* poisoning, he would indeed prove practically that he did not know homœopathy. If, on the other hand, he were to give small doses of *arsenic* to cases of gastritis presenting symptoms very similar to those of gastric disturbance in *arsenical* poisoning, as he probably does whenever he has the opportunity, if it did not prove him to know homœopathy, it would clearly show that he practised it, and in that instance at any rate did not despise it.

"To a homœopath pathology is naught. Disease to him is but a bundle of symptoms which have to be fitted as closely as possible to the supposed action of a drug, if there is any treatment at all. Pathology may be studied by him as a matter of curiosity, the same as any division of natural science; but as it did not exist in the time of Hahnemann in any shape deserving the name, so the homœopathic system, there and then fully formed, must of necessity preclude special reference to anything save the sound and healthy and diseased systems, as manifested in symptoms." The editor suggests that to say that "to a homœopath pathology is naught"—a repetition of an assertion frequently made—is "probably one of our misrepresentations." He is quite correct; it is one of his misrepresentations. To the homœopath a sound knowledge of pathology is as needful to the successful treatment of disease as it is to any physician. We assert that such is the case, after some years' experience of homœopathy. The editor of the *Medical Times and Gazette* declares that

such is not the case, without ever having had any experience of homœopathy at all! Here we readily allow that “a depth is interposed”!

Dr. Dudgeon very properly “insisted on the importance of ascertaining and removing the exciting cause in every instance.” This, we are told by the writer, who “knows and despises” homœopathy, “is good, sound sense, but bad homœopathy”! We can assure our critic that it has nothing whatever to do with homœopathy, good or “bad.” Homœopathy has reference to the selection of suitable specific drug remedies for disease. The removal of the cause of disease is an integral part, possibly the most important part — where capable of being put in practice — of the treatment of disease, but it is distinct from that which relates to drug prescribing. Hahnemann, in the *Organon*, in his essay on *The Three Current Methods of Treatment*, published in *Hufeland's Journal* in 1809, recognizes the necessity of removing the cause of disease, describing it as being often sufficient to cure disease without any other treatment; albeit, the real causes of disease known in his day were but few in number. The revelations of *sanitary science* have been made within a very recent period. The removal of an obvious cause of a given form of disease is the primary aim of every physician, whether he prescribes homœopathically or heterogeneously.

The question of dose of course comes in for some absurd commentary. Then we have the following singular utterances: “Well might Dr. Dudgeon say, in conclusion, that it is only a practical trial that will produce conviction of the truth of homœopathy. Intellectually it is naught; practically it is foolishness.”

Dr. Dudgeon's declaration is unquestionably correct, and we assure the editor of the *Medical Times and Gazette*, that any physician, whose intellectual vision is not obscured by the glaucoma of prejudice, who will make that practical trial which Dr. Dudgeon urges should be made, will find that intellectually homœopathy is philosophically sound, and practically of more service in choosing drugs capable of curing disease than any other therapeutic method hitherto tested at the bedside. We do know homœopathy, but we are far, very far, from despising it. Our contempt is reserved for such gross misrepresentations of it as we meet with in some of the organs of medical opinion, and for such attempts to suppress the diffusion of real information concerning it as that implied in the refusal of advertisements of the place and time of public professional lectures thereon.

* The editor of the *British Medical Journal* has this month (March) for the present broken through the conspiracy of silence and attacked “homœopathy” again; but it is the old story again — mere *business*, the work of the anonymous hired agent doing his purchased quota of abuse of a phantom — not one word about the real opinions of those living and acting and speaking beside him, but a repetition of dead

* From *British Journal of Homœopathy*.

and buried nonsense. What can all this really mean? Alas, it is too plain — simply to save the pride and false consistency of the men now at the head of affairs, who to pander to the prejudice of a former generation when young, hastily condemned what is really true in the homœopathic theory; and now, when they are forced to adopt our very remedies and the single medicine and the physiological provings, they try to hide their shame by stifling the word, and pretending that what we from the beginning contended for as homœopathy was not so. The profession of homœopathy is now becoming simply the difference between doing the same practice honestly and dishonestly. Take, for example, *Aconite*. We learned long ago that Hahnemann, from the study of the physiological action of this medicine on the healthy body by means of the homœopathic law, deduced the conclusion that it would be an admirable remedy in inflammatory fever. We found by experience that it was so, and thought it dishonorable not to give Hahnemann the credit. A large number of the profession would not believe the fact and would not try it for themselves, so for years it was only used by those who gave Hahnemann the credit; then the profession and the practice of homœopathy honestly coincided, and were persecuted together. But in process of time our example was followed by others who feared persecution, and they gave *Aconite* in the same dose and same circumstances as we, while they denied the homœopathy, and reviled the discoverer to ward off persecution from themselves. A conspicuous example of this is given by Dr. Samuel Wilks, who offers a painful contrast to the honourable conduct of Henderson, Horner, and Reith. The effect of this is deplorable upon the moral tone of the rising generation of students, and probably it is owing to this that the medical profession has sunk so much in moral tone of late years, and the medical press with it.

Apparently there are some uneasiness and signs of rebellion among the dupes of the trades'-union leaders of late, and our continued exposure of the degrading system which now rules the medical literature of this country is beginning to tell, so the *Lancet* (March 13th) and the *Edin. Med. Journ.* of March have broken through the rule of the conspiracy of silence with an attempt to quiet their dupes; though they dare not yet break through the system of suppression which the *Lancet* has hitherto practised in defiance of its boasted motto, "*audi alteram partem*"; for any contradiction or explanation on our part of this gross and ridiculous misrepresentation is still studiously excluded — naturally enough indeed — for trades-unionist libellers and ratteners dare not discuss or reason.

We looked with a little curiosity to see whether at last our position was really met or even alluded to, but, alas, we find as usual the article mere *business*. Not one word of argument or even fair description of which we and the bulk of the living and acting members of the homœopathic school really do say and think and act out in practice. Not one word of anything but a stale *réchauffé* of the old imaginary homœopathy of thirty years ago — the misrepresentations of the author of *Homœopathy Unmasked* and Dr. Simpson dished up again for the 50th or 500th times. Indeed, what else could we expect? As a mere

business speculation the object of the *Lancet* is, no doubt, to make money and attract the most customers, so the proprietors take good care that their hired anonymous editor shall avoid offending the prejudices of the customers by any regard for truth and liberality towards an unpopular school. So, as we have said, he does not touch the plain common-sense of the matter which we have from the beginning put forward, but simply repeats the familiar game of misrepresentation and abuse

Our position is clear. It would be treason to the true nature of a high and noble calling if we abated one jot of the high tone we have always held in this matter, and we maintain that no man with a sense of honor or the true feeling of medical spirit and etiquette, and the spirit of science or philosophy, could act otherwise than we do. We were told that the law of specifics has been found in the homœopathic principle, and at once we felt it incumbent on us to test the truth of the assertion before giving any opinion about it. A natural law, if true, must be exactly true, and so to test it we must test it exactly. We therefore followed the rule, and chose out a certain number of simple diseases like toothache or simple disorder of the stomach where the diagnosis was plain. Then we searched the minute provings, and chose the medicine which fitted best according to the symptoms. We soon found examples where, beyond all doubt or cavil, a speedy cure of toothache was obtained by *Mercury* or *Nux vomica*, and of stomach disorder by *Bryonia* or *Pulsatilla* in doses of a fraction of a drop of the tincture or grain of the solid medicine—even as small as the $\frac{1}{10000}$ th gr. of *Mercury*, for example, that is to say, in a dose which did not excite the slightest perceptible physiological action of the medicine while performing a rapid and perfect cure. This is exactly the nature of the action of a specific, and it is this apparent total want of physiological action with which to connect the cure which has baffled all attempts to explain the action of specifics. Well, having attained this knowledge, what were we to do next? Simply to see how far this could be carried out in the general practice of medicine. We soon found in that attempt that many crude and unproved speculations had been engrafted on the simple principle of the law of specifics by the founder of the homœopathic school and his immediate followers, such as the neglect of pathology, the extreme minuteness of the dose, the hypothesis of dynamization, the psora theory, etc. As a matter of fact we did not adopt these, though we did not see why those who did should not defend their opinions, or that they were beyond the pale of discussion any more than the hundreds of hypothetical speculations we have seen discussed in medical literature. But when we wished to state our opinions and experience on the homœopathic principle as the law of specifics, how were we met? Surely, in a professedly liberal and scientific profession, with a cordial welcome? Not at all; we were repelled by the existing medical journals one and all in Britain, taunted with all the extravagances of certain of the homœopathic school, and condemned to silence. Then those of us who felt constrained to work out the homœopathic theory on scientific methods were obliged to put forth a special organ, and

hence arose English homœopathic periodicals. The separate literature was then made a ground of offence, and called sectarian, and appealed to as a reason for professional and social exclusion.* But that was a mere pretext to justify a foregone decision of persecution; for many homœopathic journals exist without any special title, such as the *Hygea* in Germany and the *Art. Medical* in France, and numerous journals in America. The writers in, and editors of, these have received exactly the same treatment, thus showing the transparent dishonesty of the pretext.

In a few years after the appearance of homœopathic publications in this country there began a system of odious persecution, which is a disgrace to a so-called learned profession, and showed only too plainly that the trades'-union element was predominant over the scientific. A number of trades'-union clubs were established for the express purpose of this persecution, and with a half-conscious irony they were called "ethical societies." Under the pressure of these the medical societies were induced to expel and exclude all members accused of "homœopathy," all hospitals and dispensaries were closed to them, the *Medical Directory* was forbidden to notice their works, the medical publishers were compelled to refuse to publish or even advertise any homœopathic book, and the medical journals one and all refused to review any homœopathic book, and to admit any paper or letter favorable to it, or even to admit a reply to the numerous gross misrepresentations contained in the journals. This state of things has now lasted for years, and thus has grown up a generation of men who are now "eminent," and have gained their places by rigid subservience to the trades'-union rules. All this time no one has dared to repeat the simple experiment of trying under proper accurate methods whether the principle is true, except those few hundreds who have honorably braved persecution and testified to the truth of it. To an outsider this would be incredible, but we who know the history of medicine recollect how, after twenty-five years of theoretical criticism and abuse and persecution, at last one honest physiologist, Plempius, of Louvain, did try the experiment, and was forced to confess that all that was said by Harvey of the circulation of the blood "was most true." We simply defy and dare any man now to repeat the experiment on a few diseases, *e. g.* repeat Hahnemann's experiment with

* The *Lancet* of March 20th now says — "The whole dispute turns upon the assumption by the homœopaths of a name that is calculated to mark them from the general body of practitioners." But we did not assume the name, and have always protested against it. That our journals, societies, and hospitals bear the distinctive title of "homœopathic" is owing to this, that all evidence of the efficacy of homœopathic treatment was rigidly excluded from the existing journals, societies, and hospitals; so we were forced to establish journals, societies, and hospitals to show the value of the tabooed treatment. When the journals, societies, and hospitals of the dominant sect shall renounce their sectarian exclusiveness, and accept homœopathy for what it undoubtedly is — an important branch of therapeutics, the *raison d'être* for our distinctive institutions will cease, and there will not be, as now, two antagonistic schools. We are simply medical reformers on one point of medical practice, and no more a special medical sect than freetraders are a special political sect.

Bryonia for a few times, without meeting with a perfectly convincing instance of cure. But he must repeat it honestly and with the desire of the truth. The homœopathic law is, as above said, true, but it is *exactly* true, just as any chemical and physical law is true, and no experiment conducted in a slipshod or dishonest manner can be accepted as a test of truth. Well, if he is so convinced what will be his fate? He will be told by the trades'-union clique that he must be silent or otherwise he will be branded with the name of homœopathist, and credited with the whole farrago of notions which he no more accepts than the *Lancet*, but which the trades'-union is pleased to define as "homœopathy." In short, he must either perjure himself as to the homœopathic law of specifics, or be persecuted for a number of other things he does not believe. It is as if the British Medical Association or any of the trades'-union cliques called "ethical societies" say: You must conceal your belief in a better mode and practice exactly as we happen to be doing now (this changes every two or three years), or else you shall be expelled from our company. That is to say, if we become perjurers, liars, and murderers, we shall be perfectly good company for the British Medical Association and congeners. Thank you! The price is too great, charming though your company may be!

When we take a bird's-eye view of the changes in the practice of physic since homœopathy was introduced into this country we see three distinctly marked epochs: first, the negative results of the homœopathic school were recognized and the inutility or even hurtfulness of a large part of ordinary treatment acknowledged under the pretext of admitting the power of nature in disease—a power which was always invoked and put forward loudly if it were a question of proving the nihilism of homœopathic treatment, but which no one ever thought of trusting to in his own practice. While glib speculative talkers were loud enough in condemning "allopathy" as worse than useless, they always took care to make it plain that it was somebody else's allopathy, and not their own. Next came the period when the success of the remedies introduced by the homœopathic school became so plain to all men that the allopathic school could no longer be blind to it, so they took to plagiarising them and began to use them, but strictly as "empirical specifics," and rigidly ignoring their source and their real homœopathic relation to disease. The third epoch is that now coming into vogue, when the great corollary from the homœopathic law of specifics, viz. the necessity of physiological provings on the healthy body, is being adopted, but here also with fear and trembling and ostentatious denial of the priority of the homœopathic school, and of any claim as to the law being of use when the physiological provings are made. In short, the medical world is going through the well-known stages which men of mean minds go through who have hastily ventured on a wrong road, and committed themselves to an error which they have not the courage and honesty to confess and retract. Let us be understood; we do not mean to assert that in the extreme complexity of the symptoms revealed by physiological experiment, of drugs on the healthy body, every one

must at once see the homœopathic relationship between that action and the curative one. Nor do we assert that when an experimenter tries to explain the apparently homœopathic relation by pointing to some antipathic action which may be found among those effects, he is dishonest in so doing. On the contrary, we admit the enormous difficulties that surround the question when studied in detail, and give the objectors credit for good faith. But these difficulties are not greater than with any great law in the complicated field of biology — the Darwinian law, for instance. How easy, then, to raise difficulties which cannot yet be answered — if they ever shall be! or, how easy to raise a laugh. For instance, how easy to laugh at the statement that if you destroy the owls in a district, the species of red clover will soon become extinct. But the laugh is the laughter of fools.

We therefore find no fault with opponents when they merely fail to see evidence of the homœopathic law in the provings of medicines previously known as empirical therapeutic specifics. But what we do find fault with is when those men join the vulgar trades'-union and accuse of falsehood, quackery, and infamous conduct, unfitting for professional intercourse, other experimenters who do see evidence of the homœopathic law in the facts that *Mercury*, well-known as a remedy for iritis, is found to produce iritis; *Arsenicum* to cure and produce gastro-enteritis; *Plumbum* to produce and cure obstruction of the bowels; *Belladonna* to produce and cure angina faucium; and an innumerable host of similar instances. Men who so act are unworthy of the name of professional, or scientific, or honest men. And from such men how can you expect the weal of medicine? the advance of the art by the discovery of new remedies? You cannot. The spirit of philosophy is the spirit of truth — the seeking after truth for its own sake and alone. So let no man dare to claim the title of a man of science if he proves medicines on the healthy body, and fears to put to the test the whole three ways in which the physiological effects can be used for the cure of diseases, viz. similar, opposite, or different. If he is deterred from base self-seeking motives, fear of persecution, or of loss of *honors* (not honor) and emolument from looking at and testing the rule of similars, what is his evidence worth? Worth nothing but to gain the short-lived applause of the mean and self-seeking like himself, and, verily, he has his reward!

* It is refreshing to turn from the stereotyped injustice of the organs of the medical trades'-union to the manly letter from Dr. Lawson Tait on the subject of the admission of all legally qualified medical men without distinction of therapeutic creed to the newly-established Medical Institute of Birmingham. The resolution of the committee, by sixteen to six, that there shall be no exclusion of qualified medical men on this ground, has excited the wrath of the advocates of repression and injustice. The *Lancet* has, of course, taken upon itself to be the mouth-piece of the bigotry and intolerance of the profession, and Mr. Pemberton, of Birmingham, has come forward as the local

* From the *Homœopathic World*, May 1, 1875.

exponent of those sublime feelings so becoming to the members of a learned and liberal profession.

A meeting of the members of the Institute — the first annual one — was subsequently held, when a large number of medical men were present, and the policy and principle of admitting the Homœopaths were amply vindicated and generally approved. The chairman was Dr. Bell Fletcher, who, on an attempt to repress Mr. Baker's damaging statements against those who opposed the action of the committee, ruled in favor of Mr. Baker. A letter was read from Dr. James Johnston, expressing regret that he could not be present to register his vote on the side of freedom of opinion, and for the full admission into the Institute as members of those who practise medicine in a manner totally different from his own. The report of the committee repudiated the justice of the allegations made against them, and confidently expected the expression of approval of their conduct, and of conviction of their fairness and honesty. The adoption of the report was moved by Mr. Alfred Baker, in a speech of considerable humor and satirical power. He showed, by relation of the facts, that their action was not open to a charge of want of candor, fair dealing, or honesty. He strenuously rebutted the imputations of Mr. Pemberton; and asked the meeting to determine whether Birmingham should hold her claim upon generations for free-handed and open-hearted liberality, or whether they should be governed by the narrow views of a party and factious clique. Mr. Clarkson, in seconding the resolution, said he felt that the only way in which the Institution could be founded was to make it thoroughly free, open, and unrestricted.

Mr. Pemberton followed with an amendment, — very mild indeed after his previous heroic opposition, and waiving the main question at issue — “That this meeting regrets that the original committee did not call a special meeting of the profession before they accepted donations from professed homœopaths, thereby permitting a committee only to decide so grave a question.” He defended the position he had taken, but declared that “if there was the shade of a shadow of a thought that he attributed a want of honor or honesty to the gentlemen named, he entirely and completely withdrew it.” It is fair to ask whether he means the gentlemen composing the committee or the homœopaths. He would probably reply that he meant both. In that case we should say that he ought not to have made remarks or taken action which led persons to suppose that he did attribute “want of honor or honesty.” Mr. Archer seconded the amendment. Dr. Heslop then delivered an eloquent speech.

“He said Mr. Pemberton had just told them that he had not changed his convictions for twenty years. He (the speaker) had most materially changed his. Soon after he came to the town, he wrote a letter to a local newspaper, and in it earnestly denounced his homœopathic brethren. He was glad to take the present opportunity of saying, that, as he was at the time he wrote the letter, he was made by the prejudice of his teachers. He stood before them now wiser by his experience, wiser by his observation and liberal reflection upon matters

with regard to which others differed from him. He was not responsible for the thoughts that he had when fresh from the benches of prejudiced leaders hounding down gentlemen who differed from them. To-day, with gray hairs upon his head, he was responsible for his own opinions, and he challenged the opinion of the meeting, not upon a side issue, but upon the entire issue between the two parties. He challenged their unqualified approval of the honesty of purpose, of the propriety of conduct, of the excellence and wisdom of the course adopted by the original thirteen members of the Birmingham Medical Institute. Mr. Pemberton talked of admitting any well-conducted person to the library. He (the speaker) would give the library to any ill-conducted person; there was no person whatever who had the smallest right that should not be admitted if he could rule. He took it that there was not one man in that room who would close the library against homœopathic practitioners, or against any other person, on account of a difference of opinion about practice. He took it that no grown man, with a head on his shoulders, would say so, and then the case was gone. If the homœopaths were only allowed to skulk into the library, not one of them would go to it. He submitted that Mr. Pemberton had almost given up the whole question, and the misapprehensions which had been brought about were most painful. The Medical Institute was not a society for regular and frequent meetings — they would only meet once or twice a year. The library would consist of a set of rooms in which there would be books, and which, if large enough, would be rented by certain medical societies, acting under their own regulations, and would they say that any one who did not quite agree with them upon the whole range of therapeutics was not allowed to go to those rooms because they did not like his opinions? Would they say that before the whole opinion of the town, and bring such a proposition forward? Mr. Pemberton and his friends seemingly totally ignored all that was in the minds of all the honorable gentlemen — and he saw gentlemen there opposed to him — honorable gentlemen whose opinions he respected. They thought that by taking those gentlemen into the Birmingham Medical Institute, they would sanction errors which they believed — conscientiously believed, he was sure — to be detrimental to health. He asked them not to be led away by such notions, but to be led by nothing else but those noble principles of toleration which had been fought on many a battle-field and won in this country many years ago. They had to decide whether those gentlemen, though differing from them in opinion, ought to be admitted to the Institute. Was the present the moment for them to tell the public of this town that they were all right and sound, and those gentlemen who differed from them were all wrong and unsound? Was this the moment when they could say that all on one side of a certain line was true, and all on the other side was untrue? For one to say that all on a certain side was right and all on the other side was wrong, was an act of audacity which could only be excused by ignorance. In conclusion, Dr. Heslop said that if the differences between himself and the homœopaths were ten thousand times greater than they were, he should ask the medical profession with the greatest confidence

to assent to their being members of the Birmingham Medical Institute. He could not meet those gentlemen in the treatment of a case; inasmuch as they had one opinion in the main and he had another — at any rate as he at present viewed the matter. But that was no reason why he should show the slightest intolerance to men as competent as he was, who might turn out to be more true than he was, and who were certainly as honest as he was. Under those circumstances, he asked the meeting with confidence to brush from their minds all those trumpery disputes. He asked them to tolerate those gentlemen, whether they agreed with them or not; to say that day that that Institute should be open to those gentlemen in spite of their differences of opinion. He besought them to be true not to the worst, but to the best, traditions of their honorable calling.”

The speech, as delivered, was calculated — as was then said — to make one feel proud of the profession, and it carried with it the majority of the meeting, who frequently applauded it. The amendment was rejected by a majority of 29. The approval of the report, and virtually of the liberal course of the committee and the admission of homœopaths, was then carried amid much enthusiasm, and without a single dissident. We are happy to acknowledge the manliness and breadth of those members of our profession who, while differing from us in opinion and practice, protested against the narrowness and exclusiveness of the minority. It is an augury of better times.

REVIEWS AND NOTICES OF BOOKS.

** Books sent to THE GAZETTE for notice will, after suitable examination and criticism, be presented to the College Library, where they will be accessible to the profession under the rules of the library.

DR. T. F. ALLEN'S ENCYCLOPÆDIA OF PURE MATERIA MEDICA* has been before us for some time. It is a work of such proportions that a hasty review would be unworthy of it. There are many points we would like to discuss at length, but we shall be obliged to postpone it for the present, preferring to give at this time only a synopsis of some of the leading features of the work.

To those who have not seen the book, we will say that it is a handsome large octavo volume of 622 pages; of excellent type, paper, and binding, leaving nothing to be wished for. As for the contents, these consist, first, of an introduction. This furnishes the reader with infor-

*THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA, a Record of the positive Effects of Drugs upon the healthy human Organism. Edited by Timothy F. Allen, A.M., M.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College. With contributions from Dr. R. Hughes of England, Dr. C. Hering of Philadelphia, Dr. Carroll Dunham of New York, Dr. Ad. Lippe of Philadelphia. Vol. I. Bōricke & Tafel, New York and Philadelphia.

mation regarding the sources from which the work has been compiled, and these are referred to at the beginning of each proving, so that any symptom may be readily traced to its author, the dose or the time when it occurred. It is designed particularly to meet the requirements of pure materia medica. Hence the sources from which compilations have been made, are principally experiments made upon healthy individuals, and the effects of "poisonous" doses. Next in order are some "cautiously admitted" symptoms observed in the sick after the administration of the drug.

Though, in our estimation, the latter class of symptoms should never be embodied in a pure materia medica, the objection is lessened by the circumstance that each class of symptoms has been carefully designated according to its value by proper signs, such as stars, italics, etc. In this manner one hundred and eight remedies have been treated of in this volume. It cannot be expected of us to analyze these remedies with regard to their sources, for the purpose of verifying the reliability of the labor bestowed on them; we must allow them to rest, for the present, upon the established reputation of the names connected with the authorship of the work, which ought to be in the hands of every practitioner in Massachusetts, and we hope to see the list of subscribers enlarged so as to comprise every physician in this State. The book has our most cordial support; yet, while expressing our esteem of its merits, we subjoin a few remarks upon works on materia medica in general, as well as on the book before us.

The remedies, one hundred and eight in number, are introduced in alphabetical order, beginning, of course, with A. This is the way in which our homœopathic materia medica has always been arranged, and we may say it is laboring under this error of unnatural classification. In selecting remedies in practice, we cannot make as good use of the alphabet, but of natural classes, for this artificial arrangement tears them asunder, and scatters what belongs together. Had the *whole* materia medica been published at once, the artificial alphabetical arrangement might have been less objectionable; in looking for members of the *Compositæ*, for instance, we would find Arnica in Vol. I, Chamomilla in Vol. III, and Tussilago and Tanacetum in Vol. XVIII or XX. Atiopine appears in the present volume; Belladonna must follow in the next. Artemisia absinthium is contained in this volume; Artemisia judaica, known as Cina, will have to appear in Vol. II or III, and Santonin in the last. As long as the whole could not be brought out at once, we had hoped to see a new era inaugurated by the adoption of a natural order of arrangement.

We do not deny that even the alphabetical arrangement brings together much that is useful and indispensable; but this reminds us of another point, which we would rejoice to see improved in future compilations of the materia medica. What we need for practice is not only provings of drugs upon healthy individuals, but comprehensive provings, exhibiting all that a drug can do or promises to do. In the arrangement of the Encyclopedia are embraced many perfect provings, but among them are thickly scattered mere fragments, like asteroids of unknown and often incalculable course, occupying and flying through space.

One of these lesser luminaries, *Abies canad.* by virtue of alphabetical order, actually opens the list; *aconitum septentrionale* is very insignificant; *aqua marina* is quite in its infancy like many others. These quotations take up space and increase bulk and expense of the book, but not its real value. As they must find their place in an encyclopaedia, it seems to us that for the present these fragmentary provings might have been safely placed by themselves at the end of one of the forthcoming volumes, leaving more space for perfected provings; and instead of one hundred and eight remedies, about forty-four of which are very fragmentary, we might have had before us at this time an equal number of perfected, or, at least, much more useful provings; add to this a natural order of arrangement, bringing for instance *Atropine* and *Belladonna* into line with the other members of the group of *Solanaceæ*; and placing *Absinth*, *Cina* and its alkaloid *Santonin*, into one natural group with the other medicinal members of the *Compositaceæ*, *Arnica*, *Chamomilla*, *Calendula*, *Achillea*, etc. etc., — it appears to us that such a plan would greatly enhance the scientific value as well as the practical usefulness of a digest of *materia medica*.

Fortunately it is not too late. We are still earnestly hoping for the speedy forthcoming of the next volumes, where the arrangement might possibly be perfected with regard to the alterations we have proposed. Be that as it may, however, we must have the whole work, and advise every practitioner to subscribe for it. C. W.

BOOKS AND PAMPHLETS RECEIVED.

- A MANUAL OF DIET IN HEALTH AND DISEASE, by Thomas King Chambers. Philadelphia: Henry C. Lea.
- THE ANIMATOLOGY OF FLORIDA. Address delivered before the Medical Association of the State of Florida, by A. S. Baldwin, president.
- ICHTHYOSIS OF THE TONGUE AND UVULA, by Robert E. Weir, M.D.
- NINTH ANNUAL REPORT OF THE HOMŒOPATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURG.
- PETTET'S ANNUAL DIRECTORY OF HOMŒOPATHIC PHYSICIANS OF OHIO, 1875.
- HOMŒOPATHY IN TENNESSEE. A brief sketch of its rise and progress in the State, by Eugene R. Smith, M.D.
- THIRD ANNUAL ANNOUNCEMENT OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE, May, 1875.
- FOURTH ANNUAL REPORT OF THE CINCINNATI HOSPITAL for year ending Dec. 31, 1874.
- Publications of the MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, Vol. III, 1866-70.

TRANSACTIONS OF AMERICAN INSTITUTE OF HOMŒOPATHY, twenty-seventh session, held at Niagara Falls, June 9, 10, 11, and 12, 1874. New Series.

OBITUARY.

DIED, at Newtonville, Jan. 1, 1875, Charles W. Taylor, M.D., aged 54 years. Dr. Taylor was born in Ashburnham, Dec. 26, 1820. He began the study of medicine under Dr. S. Graves, in Springfield (Dr. G. died in Chicago a few years since) He attended lectures at Pittsfield, also at Cleveland Homœopathic Medical College, from which he graduated in 1853. He first practised medicine in Westfield; a few years after he removed to Malden and from there to Newton. A cold taken while visiting his patients resulted in phthisis, from which he died; for fifteen months he was a great sufferer, but with the opening of the new year he passed away to the land where sickness and disease are unknown, "where the wicked cease from troubling and the weary shall find rest."

Dr. Taylor always took a deep interest in everything pertaining to Homœopathy, and was highly respected by his colleagues and patients.

PERSONAL.

J. H. WOODBURY, M.D., has removed to 165 Boylston, corner of Berkeley Street.

F. L. RADCLIFFE, M.D., has removed from Lynn, Mass., to 77 St. Mark's Ave., Brooklyn, N. Y.

HENRY MINTON, M.D., has removed to 165 Jerusalem St., Philadelphia.

W. S. SEARLE, M.D., of Brooklyn, N. Y., will practice at Saratoga during the months of July and August. Address, United States Hotel.

T. P. DAKE, M.D., of Nashville, Tenn., had a stroke of paralysis on May 26; he is recovering, and will sail for Europe on the 26th inst., to be absent several months. His son, Dr. W. C. Dake, will attend to his practice during his absence.

PERSONAL information will receive due attention, if forwarded to the Editors. We cannot be blamed for omissions, if we are not promptly informed of changes of residence, etc.

THE
New England Medical Gazette.

No. 7.]

BOSTON, JULY, 1875.

[VOL. X.

ELECTRO-THERAPEUTICS.

BY S. M. CATE, M.D., SALEM, MASS.

PART II.

THE GALVANIC CURRENT.

THE galvanic current is adapted to and will cure some forms of disease in which the inductive current is useless and perhaps injurious. This is particularly true of disease of the brain and spinal cord, and might be inferred from the difference between the two currents. The inductive current is small in quantity and of great intensity, while the galvanic current has a larger quantity and much less intensity. The difference can be illustrated, in a crude way, by a stream of water flowing from a pipe connected with the water-works of our cities: with a pressure of sixty pounds to the inch, a small stream of water is thrown with a great intensity, and would represent the inductive current, while a stream several inches in diameter, flowing at the rate of twenty miles an hour, would similarly represent the direct current.

The inductive current is apt to produce so intense an action upon the brain and spinal cord as to provoke a troublesome reaction. Hence, professional electricians, as far as I have been able to learn from their works, strongly advise against applying this current to the brain or spinal cord, except with the greatest care; yet such writers seem to use the inductive current almost, if not wholly, to the exclusion of the galvanic current, and their treatment of disease by electricity seems to be more an art than a science. The general routine of faradiza-

tion is easily learned, and such practitioners will become so much the masters of it as to have a great measure of success in a wide range of diseases. But the galvanic current cannot be applied with the same general maxims, such as tonic or antiphlogistic: it requires a more thorough knowledge of the history of the diseases of the nervous system and of their pathology than pertains to mere routine. In cerebral and spinal congestion, and in cerebral and spinal anæmia, idiopathic in their nature, the galvanic current can be applied with the best results, while the inductive current would be useless and probably injurious. In these diseased conditions, the galvanic current can be applied directly through the brain and spinal cord, as will be explained further on; but to apply the inductive current through these nerve-centres, in any force capable of modifying the diseased action, would be likely to produce alarming symptoms. Hence electricians, who generally confine their practice to the use of the inductive current, have very moderate success in the treatment of these diseases. Thus Messrs. Beard & Rockwell,* in their new and valuable work on this subject, give only two cases of epilepsy treated by them, neither of which were cured; and I am informed, by an electrician in large practice in Boston, that but few cases of epilepsy had been under his care, and with these few the result was not encouraging. Dr. Moritz Meyer † does not mention the treatment of epilepsy by electricity. Dr. Hammond ‡ reports one hundred and thirty cases of epilepsy treated by him, in which the galvanic current was applied to the brain, medulla oblongata, spinal cord, and sympathetic nerve, of which fifty-nine fully recovered. But these cases had received at the same time potassium, the bromides of soda or ammonia, or the oxide of zinc, or some of these in combination.

*A Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Faradization, etc. etc. By Geo. M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D. 8vo. 794 pages. New York: Wm. Wood & Co. 1875.

† Electricity and Its Relations to Practical Medicine. By Dr. Moritz Meyer. New York: D. Appleton & Co. 1869.

‡ A Treatise on Diseases of the Nervous System. By William A. Hammond, M.D. New York: D. Appleton & Co. 1873. 8vo. 585 pages.

These facts clearly show that the galvanic current is the only one to be applied with benefit for the cure of diseases of the brain and spinal cord.

With the view of giving some hints and suggestions in regard to the use of the galvanic current in some of the diseases of these parts, congestion of the brain will first be considered.

Wakefulness is one of the earliest symptoms of active cerebral congestion,* or else the sleep is light and unrefreshing and broken by bad dreams. The mind lacks the power of attention or of fixed and careful thought, and all mental labor is difficult and irksome; the memory fails, and there is a special tendency to forget, transpose, or misuse words; the judgment is vacillating and all effort towards continuous or severe thought aggravates the disease; the emotional system becomes involved and the disposition becomes suspicious, peevish, fretful; or violent outbreaks of passion, delirium, or insanity may occur.

Certain physical symptoms are present in conjunction with these mental phenomena. There may be fulness and pressure in the head, or a feeling as if it were encircled by a tight band. In some cases the pains in the head are violent, with great restlessness, tossing, and moaning, intolerance of light and noise; the face is flushed, the carotid and temporal arteries throb with more than usual force, and there may be muscular twitchings of the muscles of the face. Muscular power is impaired, it may be of one side of the body, or it may be of both legs, or of either arm, but the muscles of the tongue are usually unaffected, so that the tongue, when protruded, comes out straight. Speech is liable to be affected, the articulation is thick and slovenly. The pulse is usually slow and full, appetite capricious, digestion imperfect, bowels constipated, and urine scanty and high colored.

This describes, imperfectly, the first stage of cerebral congestion, which may pass on to develop the apoplectic, the epileptic, or the maniacal form of this disease.

In the form just described, increased arterial action seems

* *Loc. cit.* p. 34.

to predominate; but there is also a passive cerebral congestion, caused by an increase of the amount of venous blood in the brain, which differs from the active in that it is more often met in old people, and the symptoms are milder in form.

MORBID ANATOMY.* — “There are certain appearances in the brains of those who have died of cerebral congestion which, when observed, are characteristic; but some, or all, are sometimes absent. These are an increased size of the capillaries and large blood-vessels, both of the brain and the pia mater. It thus happens that, when a section of the brain is made, the red points ordinarily seen are larger and more numerous than usual, and that the pia mater presents in spots, or throughout its extent, a red or rose colored appearance. The white matter of the brain is increased in density and the gray matter is red or even violet in hue.”

Dr. Hammond advises the internal use of bromide of potassium, oxide of zinc, strychnia, phosphorus, phosphide of zinc, arsenious acid, and phosphoric acid. Of electricity he says: —

“The constant galvanic current possesses the power of contracting the cerebral blood-vessels, when so used as to stimulate the sympathetic nerve. For this purpose, the positive pole should be placed over this nerve in the neck, and the negative on the neck as low down as the seventh cervical vertebra. The current from about fifteen Smee’s cells is sufficient, and it should not be allowed to act for more than two minutes. If extreme vertigo be produced, the number of cells should be lessened.” †

Applying the electrode to the sympathetic nerve, say under the tip of the ear and just back of the angle of the lower jaw, is apt, in some cases, to produce a good deal of vertigo and at times nausea. With the positive electrode applied to the fifth cervical vertebra and the negative to the seventh dorsal, the sympathetic nerves are reached and the brain relieved. The application of the current for one or two minutes through the brain, one electrode on each mastoid process, also helps, to be followed by the positive electrode at the forehead and the negative at the base of the brain for one or two minutes. The vertigo sometimes produced by applying the current laterally

* Loc. cit. pp. 50 and 53.

† Loc. cit. p. 55.

through the brain is quickly removed by passing a current for one minute, with the positive electrode on the forehead and the negative on the nape of the neck at the base of the brain.

DIFFUSED AND MULTIPLE CEREBRAL SCLEROSIS.* — I cannot forbear calling attention to the two chapters of Dr. Hammond upon these forms of cerebral disease. Of the former, or diffused cerebral sclerosis, he says: "By diffused cerebral sclerosis is to be understood a morbid condition of some part of the brain, characterized by induration and atrophy of the tissue, and not distinctly circumscribed except by the anatomical limits of the region affected"; and "In multiple cerebral sclerosis the lesion involves several parts of the same ganglion, and consists of plates or nodules of sclerosed tissue scattered throughout its substance."

The former disease is generally developed during infancy, producing arrest of development of the part of the brain affected and at the same time of those parts of the body dependent upon the sclerosed brain for their nerve force. "The limbs, usually on only one side of the body, become paralyzed, and do not grow with the same rapidity as those on the sound side. Contractions are very apt to take place, from the fact, probably, that the normal degree of antagonism between the muscles is destroyed, and those not so much destroyed as others draw the limbs in the direction of their action. It is quite common in this disease to find the fingers drawn into the palm of the hand, the wrist flexed on the forearm, or the foot clubbed in the same manner."

Multiple cerebral sclerosis is usually ushered in by sharp pains in the head, or there may be an epileptic fit. Altered sensation in some of the extremities soon shows itself, followed or attended with tremors of some of the extremities. The tremor extends gradually, till, in some cases, all the limbs of the body, and at last the head become involved. It is distinguished from functional paralysis agitans in that the latter is never a serious disease, and the seat of it is not in the brain. "Besides, in the latter there are no festination, alterations of sensibility,

* Loc. cit. pp. 261 to 300.

inco-ordination, muscular anæsthesia, or inability to maintain muscular contraction.”

MORBID ANATOMY. — “On cutting into the tissue of the hemispheres, plates or nodules of hardened matter are found scattered throughout its extent. These are well defined, and vary in size from that of a cherry-stone to that of a small walnut. In the only case in which I have had the opportunity of making a post-mortem examination, they were confined entirely to the white substance of the hemispheres. Their color is white or grayish white, and they are of varying degrees of consistency, from that of hard-boiled white of egg to that of cartilage.”

In the treatment of these two diseases Dr. Hammond recommends the Chloride of Barium, in doses of one grain, night and morning, and Tincture of Hyoseyamus, in doses of one or two drachms, morning, noon, and night. But he regards electricity as a powerful adjunct in their treatment, and for the brain uses the primary current from fifteen of Smee's cells, applying the electrodes — wet sponges — over the mastoid processes, for not more than three minutes. An analysis of the directions given for the application of this current to the brain may be stated definitely thus: Apply the positive electrode to the fifth cervical vertebra and the negative electrode to the seventh dorsal for three minutes; then apply the positive electrode to the forehead for three, and the negative to the nape of the neck, close to the head, for one minute; then apply an electrode over each mastoid process for one minute; then go back to the forehead and nape again, and so on till it has been applied for three minutes antero-posteriorly and three minutes laterally, — in all, about ten minutes. Such applications should be made only each second or third day.

ANTERO-LATERAL AND POSTERIOR SPINAL SCLEROSIS. — These two diseased conditions of the spinal cord have so much in common, and the space at command is so limited, that mention of both will be made under one head. Spinal sclerosis (locomotor ataxia of Romberg) usually is first brought to notice by some failing of the muscular powers of the lower extremities. This increases; the gait becomes weak and vacillating; and, unless informed to the contrary, the patient will be sup-

posed to be afflicted with paralysis, more or less complete, of the legs. But a careful examination of the case will show that the difficulty arises from a lack of co-ordination of the muscular powers of the legs. Sometimes the first manifestation of the disease is evinced by an inability to walk with the eyes shut or in a dark room. Sometimes the heel strikes the ground before the sole, so the foot comes down with a jerk; in other cases the body is moved laterally on the thighs, first to one side and then to the other, in which case the gait is similar to that of a duck or of a woman with a wide pelvis. In spinal sclerosis, there may be very considerable muscular power, if it could be co-ordinated. Thus, with patients having the disease so far advanced as to need crutches and two attendants to enable them to walk, if laid upon the back, they will kick or push with either foot with quite an astonishing force. In paralysis, this is not so, unless the paralysis should be of only some single muscle.

This diseased condition may last several years, and as many as twelve or fifteen, but usually results in more and more complete paralysis and death.

MORBID ANATOMY.* — “The essential feature of sclerosis occurring in the spinal cord is identical with that of the same disease affecting the cerebral hemispheres. It consists of hypertrophy of the connective tissue and atrophy of the proper nerve substance. It may be diffused, and involve considerable extent of tissue and extend the entire length of the cord; or it may be multiple, in which the lesions are several in number and entirely isolated; or it may be cortical, in which the lesion is confined to the superficial layers of the cord.” In the congestive stage of this disease Dr. Hammond uses large doses of Ergot, a drachm of the fluid extract at a dose, and three doses a day. In the more advanced stages of the disease and “in those insidious forms of the disease not accompanied in the early stage by symptoms indicating hyperæmia, and in those cases in which the morbid process has apparently reached that stage in which there is proliferation of the neuralgia, Ergot can be of no service.” In this condition he gives

* Loc. cit. pp. 477 and 498.

the nitrate of silver, in one-fourth grain doses, three times a day.

The galvanic current is also recommended by Dr. Hammond in this disease. In the congestive stage he uses a current from twelve or fifteen cells, the positive electrode to the upper end of the spine and the negative to the lower end; or when the disease seems confined to some limited portion of the spine, the positive pole above and the negative below the diseased part. Apply the current some three minutes, and after an interval of two or three minutes apply it again for three minutes more; so the whole time of its application should not exceed ten minutes, and the whole *séance* fifteen minutes.

EPILEPSY. — It will not be necessary, in order to show some of the uses of electricity in the cure of this disease, to go into its description or history: most physicians are familiar with it from personal observation, and the student and beginner in medical practice are referred to works on diseases of the nervous system. But when any disease is presented for our consideration, it is natural to wish for an analysis of the phenomena by which it is distinguished. If such analysis is correct, each symptom assumes its proper place in the group, and we are able to determine which is primary and which secondary, which is important and which is unimportant.

It is to this end that something of the pathology of epilepsy will be presented, as it is understood by Dr. Hammond. * “In very many memoirs Dr. Brown-Séguard has pointed out the dependence of this affection upon injuries of the upper part of the spinal cord and upon irritation existing in various parts of the body. His researches, and facts observed every day by physicians who see many cases of epilepsy, show very conclusively that the starting-point is often in the sympathetic nerve — the nerve by which the calibre of the blood-vessels is regulated.

“Neither can I accept the view that the first intra-cranial condition producing a paroxysm is in all cases spasm of the blood-vessels and the consequent deprivation of the blood supply to the brain. On the contrary, I am very sure that the

* Loc. cit. pp. 580 and 581.

primary state is often of paralysis of the cerebral blood-vessels and resulting hyperæmia. By this condition the medulla oblongata is thrown into a state of over-excitation, giving rise to convulsions, and consciousness is lost from the fact that the hemispheres participate. That convulsions, epileptiform in character, may be produced both by anæmia and cerebral hyperæmia when either condition involves the medulla oblongata is a fact which experiment has abundantly established; and that loss of consciousness follows either condition involving the hemispheres is equally certain. We have, consequently, two kinds of epilepsy — the one due to anæmia, the other to congestion; and it is to this fact that is due the circumstance that sometimes the paroxysms are prevented by measures that tend to increase the amount of blood in the brain, and at others by remedies which exercise a contrary influence. The existence of the two species of epilepsy is likewise shown by the ophthalmic examination, — a point upon which I have already insisted.

“During natural sleep the amount of blood is, as I have elsewhere shown, decreased from the quantity which circulates in the cerebral blood-vessels during wakefulness. Epilepsy occurring during sleep is therefore of the anæmic variety. But it often happens that sleep passes gradually into stupor, from the fact that causes tending to increase the flow of the blood to the brain or to arrest its passage from this organ are in operation. In such cases epilepsy of the congestive variety may be induced.” That is to say, theoretically, epilepsy occurring during sleep is of the anæmic variety, though experience shows that such cases are often of the congestive type.

“In those cases in which the tongue is bitten, the medulla oblongata is probably always in a condition of hyperæmia; and this state, as Schroeder van der Kolk has very conclusively shown, is mainly in the course of the roots of the hypoglossal nerves.

“It must not be supposed from what has been said that simple cerebral anæmia and simple cerebral congestion attended with epileptiform convulsions are identical with the anæmia and congestion of epilepsy. This disease is cerebral anæmia, or congestion with another element, the exact nature of which we

do not understand, but which is certainly of such a character as to constitute the main differential point between epilepsy and any other affection."

Treatment. — "When the opportunity affords, I always make use of the constant galvanic current, applying it to the brain and sympathetic nerve. There should ordinarily be three *séances* a week, each of about ten minutes. For one third of this time I pass the current antero-posteriorly, one pole being placed on the back of the neck and the other on the forehead; for another third, one pole is placed on each mastoid process, and for the other, one on the sympathetic nerve in the neck, and the other on the spinal column at about the first dorsal vertebra. The current should be derived from ten or fifteen of Smee's or Daniell's elements."

Dr. Hammond relies mainly upon the bromides as medicines, though the oxide and lactate of zinc are used by him with success. He also combines strychnia in doses of the thirty-second or twenty-fourth of a grain, with the bromides, as he says, for a tonic, and for counteracting, to some extent, the debility produced by the bromides; that is to say, the bromides generally help to remove congestion and strychnia to remove anæmia. Give bromides enough not only to remove the congestion, but also to produce some degree of anæmia, and then give strychnia to antidote the excessive doses of bromides.

In my own experience, if the Bromide of Potassa fails to act in moderate doses, say of five or ten grains a day, no increase of dose is useful. If called upon to treat a case of epilepsy with an anæmic condition of the brain and spinal cord, Bromide of Potassa could not cure, if we accept the theories of Dr. Hammond. One case of this kind under my care, in which the fit almost always came in the night, was aggravated with the Bromide of Potassa, but was fully cured with *Nux Vom.*²⁰⁰ at night, and *Pulsatilla*²⁰⁰ in the morning. The medicine was continued for several months, with longer intervals as the cure progressed, a dose a week being given during the last of the treatment. Several cases have been permanently cured with Bromide of Potassa in doses of five to ten grains a day.

The galvanic current has proved useful in cases not amenable to any of the usual remedies. In the congestive form the positive electrode was applied to the fifth cervical and the negative to the seventh dorsal vertebra for three minutes; then the positive to the forehead and the negative to the nape of the neck at the base of the brain for one minute; then an electrode on each mastoid process for one minute, and soon applying it three minutes to the forehead and nape and three to the mastoid processes. Following the accepted theories with regard to the pathology of epilepsy and the action of electricity, in the anæmic form of epilepsy the poles should be reversed, that is, the negative electrode should be applied to the fifth cervical and the positive to the seventh dorsal vertebra, and the negative electrode to the forehead and the positive to the nape of the neck. I have had no experience in applying electricity in anæmic epilepsy, but have in anæmic conditions of the brain and medulla oblongata in other diseased conditions, and with favorable results.

This is not a paper upon epilepsy, and hence any further detail of treatment would seem out of place. I have attempted to bring enough of the pathology of this disease before the mind to render a description of the uses of electricity in its treatment intelligible to the busy practitioner, and have mentioned some of the therapeutic means used by Dr. Hammond and given some hints from my own practice. If what I have here said begets in the mind of any a desire for a more careful study of this disease in extended works upon the subject, and a more exact understanding of the use and application of the homœopathic remedies, and an extended and intelligent use of electricity, I shall be satisfied with my effort.

SPINAL ANÆMIA. — Tenderness at some one or more points over the spinal column, increased by pressure, is given by Dr. Hammond as the centric symptom of spinal anæmia. This symptom he considers pathognomonic of this disease. That it may always be present in this disease I can well believe, but I have no doubt it is sometimes present in cases in which there is no spinal anæmia.

The degree and kind of pain produced by pressure varies in

different cases, according to the intensity of the disease and the part of the spine in which it is located. In many cases the patient is not aware that the spine, or any part of it, is tender to pressure till it is examined by a physician. Upon examination the pain produced may be dull or sharp, slight in degree, or the slightest pressure, in some cases, will produce the most intense pain. With the tenderness to pressure, there is often pain in the spinal cord, aggravated by motion of the spinal column, by action of the muscles which have their attachments to the spinous and transverse processes, by percussion, and sometimes by the erect posture. The tenderness to pressure seems to be seated primarily externally to the cord in the vertebral canal.

The eccentric symptoms developed by this disease of the spine are very numerous. Vertigo, headache, noise in the ears, disturbance in vision, fulness and a sense of constriction across the forehead, disturbances of the mind amounting to aberration and at times to decided maniacal excitement. The sleep is deranged in many cases, and there may be either insomnia or somnolence, though the former predominates. Neuralgia is a common attendant, and acute articular rheumatism is sometimes produced by this disease. Thus Professor J. K. Mitchell * and his son, Dr. S. Weir Mitchell, report in detail cases of acute articular rheumatism that resisted all medicines usually given by the allopathic school. The patients were found to have several places along the spine that were very sensitive to pressure. The spinal trouble was treated with blisters and other counter-irritant means, upon which both the spinal disease and the rheumatism were speedily cured. Drs. Morehouse and Keen † have also shown that injury to the spine sometimes produces arthritis. Fibrillary twitchings, clonic spasms, general chorea, contractions of the flexor muscles, paralysis of the upper or lower limbs, but most often of the lower; aphonia, constant hiccough, nausea and vomiting, gastralgia, flatulence and acidity, incontinence of urine, spasms of the bladder and womb, and epilepsy are a few of the secondary symptoms produced by this disease.

* American Journal of Medical Science, Vol. VIII, 1831, p. 55.

† Gunshot Wounds and Other Injuries of the Nerves. Philadelphia, 1864. Loc. cit. p. 416.

MORBID ANATOMY. — Dr. Hammond regards spinal anæmia as the same disease as that formerly described under the name of spinal irritation; it is his opinion “that the essential condition of spinal irritation is anæmia of the posterior columns of the spinal cord,” but owing to the fact that spinal irritation is not a fatal disease *per se*, it is difficult to verify this opinion by post-mortem examinations. Admitting the lack of such evidence, he proceeds to give his reasons for this opinion, for the examination of which the reader is referred to the book itself, as also in regard to the diagnosis. To point out the conditions and diseases with which it is liable to be confounded would carry me far beyond the limits of this paper, and here, too, we refer the reader to Dr. Hammond’s work. The symptoms and pathology thus far noticed refer to anæmia of the posterior columns of the spinal cord, but in the same chapter he treats of

ANÆMIA OF THE ANTERO-LATERAL COLUMNS OF THE CORD. — “The most prominent symptom of anæmia of the antero-lateral columns of the spinal cord is paralysis of motion in those parts of the body which derive their nerves from the affected portions of the cord and in many cases of those below the lesion. . . . In the great majority of cases the paralysis is confined to the lower extremities.”*

It may be caused by various tumors, or by thrombosis or embolism of the spinal arteries; extreme cold, lying on the damp ground, may cause it; but it is most commonly met in general practice as a sequel to dysentery, diarrhœa, cholera, typhoid and typhus fevers, diphtheria, and several other affections.

Before mentioning the treatment of these two kinds of anæmia, I wish to speak of reflex spinal anæmia, both the posterior and the antero-lateral forms. There may be decided symptoms of spinal irritation which are only reflex, and which will disappear when the exciting cause is removed. A few months since I was consulted by a lady about forty years of age, who had a neuralgic trouble on one side of her neck and one shoulder, numbness of one arm, some neuralgia of the

* Loc. cit. p. 431.

tercostal nerves of one side, wakefulness, and a number of other nervous disturbances. Examination showed a good deal of sensitiveness to the pressure of the fourth and fifth cervical vertebræ, and of the third dorsal, and spinal irritability was suspected as the cause of the trouble. Electricity was applied and medicines administered in accordance with the demands of the case. The application was followed by immediate relief, but in two or three days all the troubles returned as acutely as ever. Further application of the same means failed to produce any improvement. A careful inquiry was now made into the uterine symptoms. No subjective symptoms of importance were elicited, but an examination was advised. This was readily granted. A large ulcer was found on one side of the os uteri and neck of the womb, to which suitable applications were made. Relief of the reflex symptoms followed the cure of the ulcer, and the spinal irritation rapidly disappeared. To the same import are some cases cited by Dr. Hammond of antero-lateral anæmia. I quote:—

“Within the last few days a young lady, aged twelve, was brought to me by her mother to be treated for paraplegia, which had developed very suddenly. There was no evidence of serious organic difficulty and no apparent cause for peripheral irritation. Her symptoms, however, all pointed to anæmia of the antero-lateral columns, and, on the principle of exclusion, I thought it probable there might be worms in the alimentary canal. I therefore administered several doses of Santonine, followed by Castor Oil. A number of lumbrici were discharged, and the paralysis disappeared in the night as suddenly as it had arisen.*

“In another case a gentleman was rendered paraplegic soon after contracting catarrhal inflammation of the bladder. The bladder affection was disregarded by his physician, and energetic means used against the paralysis, but without effect. I suggested the expediency of suspending the administration of strychnia, and the application of counter-irritants to the spine and directing attention to the cure of the bladder difficulty.

* Loc. cit. 437, 438.

This was done, and at the same rate as the inflammation yielded to the treatment the paraplegia disappeared."

In all diseases of the nervous system a careful discrimination should be made between idiopathic and reflex nervous disturbances. Of reflex and idiopathic neuralgia I have spoken in the first part of this paper, and of the importance of discriminating, in any case, if we wish to be able to cure to our own satisfaction. In diseases of the spinal cord, it is of equal importance to determine which are reflex and which idiopathic.

Treatment. — The medicines advised by Dr. Hammond for the treatment of the first described form of spinal anæmia are Strychnia, Phosphorus, Phosphoric Acid, and Opium, — the Opium for the contraction of the limbs. He also finds hot water, applied in one of Dr. Chapman's india-rubber bags, hot as it can be borne, an admirable adjuvant.

But he regards the galvanic current as more valuable than any other agent for the cure of spinal irritation. He applies the negative electrode to the spine a little above the sensitive part, and the positive a little below. The current should pass but two or three minutes at a time. Then to relieve the pain and soreness of the back, apply the negative electrode to the sensitive spot, and the positive three or four inches from the sensitive spot, on the side of the back. Let this application last two or three minutes, and then the current may be applied to the spine as at first, the negative above and the positive below the sensitive part for two or three minutes. This is usually long enough to apply the current to the spine at any one *séance*. I have found a moderate current, say from six or eight elements, of decided benefit for the pains in the limbs that are sometimes a troublesome element in these cases, but in applying it to the limbs in such cases, I reverse the current and apply the positive to the top of the shoulder while the negative is held in the fingers for one minute to each arm; then I apply the positive to one groin and the negative to the sole of the corresponding foot for one minute, and then in the same way to the other limb for one minute.

According to my own observation, the application of electricity should be made at longer intervals as the cure pro-

gresses. Cases that require it every second day at first, after a few applications need it only each third or fourth day, and soon once a week is often enough. The interval between the applications is to be constantly lengthened as the cure progresses, till at last there may be intervals of three or four weeks. For it will be seen that if the theories with regard to the nature of this disease and the action of the galvanic current are correct, if the current is too long continued, or if a too powerful one is used, the stimulation to the spinal cord may be carried so far as to produce a decided congestion of its tissues, followed by disturbances quite as troublesome as those arising from anæmia. As over-dosing with bromide may change a congested to an anæmic brain, so electricity, if injudiciously used, may change an anæmic to a congested spinal cord.

Dr. Hammond also advises counter-irritation in the vicinity of the disordered portion of the cord, and for this purpose he prefers blisters to any other means. Dry cups he also favors, to be applied each side of the spinous processes for four or five inches above or below the painful spot.

In my own practice, I have found *Nux. V.* 3d or 30th useful in this disease, also *Rhus.* 1st or 3d; but the liquor *Soda Chlorinatæ*, as it comes from the shops, two or three drops in water at night and in some cases morning and night, has served very well in a number of cases. *Ferrum Phos.*, 1st or 2d trit., two or three doses a day, has rendered valuable aid when the trouble was in the lumbar portions of the spine, and especially in females of lax fibre with considerable disturbance of the generative organs.

But I must stay my hand from proceeding in this direction. I am not writing a paper upon spinal irritation, but only presenting a sufficient picture of the disease to enable me to show the application of electricity for its cure. True, I have digressed from this a little to gather a few items from Dr. Hammond that would not be found in any homœopathic repertory or well-thumbed hand-book. In doing this, it will be understood that I am not holding him or his practice up to my medical brethren as a guide. Still, I think there are many homœopathic physicians who can study his book to advantage,

and I would advise all such, who have it not, to get and read it carefully. In it they will find many diseases which are treated as units in homœopathic works, but which, under Dr. Hammond's hand, fall into separate and quite different entities.

If we take paraplegia as an example, we find little discrimination in homœopathic treatises upon practice, only palsied legs are palsied legs, and that is about all the light that falls upon it. True, when we come to the therapeutic indications, all the conditions of the system are invoked, and the right remedy may be selected from the analogy between the symptoms presented by the patient and those produced by medicines upon the healthy; but a correct analysis of the symptoms presented will enable us to understand the value of each, and, still adhering to our paraplegia for illustration, show us whether we should direct our attention to the brain, spine, or limbs, and also help us, when we have determined where the lesion is, to ascertain its nature, — a long step towards selecting the proper homœopathic remedy.

There are some, no doubt, whose ethereal steps will scorn such earthly tread; with capacities inadequate to grasp the most simple rational statement and a conceit derived from their immense mental rarefaction, they are unable to understand the plodding steps of the work-day world, and hence, according to their own conviction, are peculiarly fitted to the office of critic. The loudness of their bark is usually increased in proportion to their lack of understanding of the subject, or, the less they know the more noise they make. This paper is not for such, for there is no hope that they will derive benefit from it. Those who are already full of wisdom can receive no more till they enlarge their capacity or empty themselves of some they now carry.

For the treatment of anæmia of the antero-lateral columns of the spinal cord Dr. Hammond prefers Strychnia and Phosphorus to other medicines. Two grains of Strychnia are dissolved in an ounce of water, and ten minims, containing one twenty-fourth of a grain of Strychnia, are given three times a day. The next day eleven minims are given, the next twelve, and so on till the paralysis yields or symptoms of over-dosing

are produced. In some cases he has pushed this medicine, gradually increasing the dose as described above, till sixty minims were taken at a dose, equal to one fourth of a grain of Strychnia a day; and one patient took this quantity each day for more than two weeks before the paralysis was removed. It is not probable that any of my homœopathic brethren will approve of such heroic treatment as this. I have found a solution of Strychnia of one grain to the ounce of water, in doses of two or three minims twice a day, quite enough, and followed by the best results. The comparative merits of larger or smaller doses I have not experience enough to determine. Some of the class referred to will, without doubt, be able to determine the proper dose without any experience. Dr. Hammond says that he treated sixty-one cases of paralysis due to anæmia of the postero-lateral spinal columns the year previous to the publication of his book, and cured them all. In some of these cases the galvanic current was used in the same way as directed for anæmia of the posterior columns, and in some Phosphorus was used, but he attributes the successful result mainly to the use of Strychnia.

There are other diseases to which the galvanic current is applicable, and progressive muscular atrophy is one that might be referred to, but I have already exceeded reasonable limits.

I cannot leave the subject without noticing the imperfection of the effort that I have made. Much was to be presented within small limits, to do which, successfully, is no easy task. But the effort, imperfect as it is, is given to the profession, hoping it may prove of service to some and an incentive to many to the more careful study of diseases of the nervous system.

MEDICAL INTOLERANCE.

A REPLY TO DR. LIPPE'S REVIEW OF MY ARTICLE ENTITLED "PRACTICAL MEDICINE AND MEDICAL BIGOTRY."

THE *New England Medical Gazette* of January, 1875, contains an attack upon me and upon the article above named. In writing a medical paper, which I hope was no more egotistic than

any article must be that expresses the writer's own opinions, I was not prepared to see it called "illogical, irrational, contradictory, and anti-homœopathic"; still less to see mention made of "broad falsehoods" contained in my paper. Undoubtedly, a facile method of criticising is to call the criticised an ass or a liar. I am unannihilated and uninjured, however, by Dr. Lippe's *brutum fulmen*, and though I doubt whether it is worth the trouble, will reply to each of his strictures, large and small.

Amongst other trivial objections to my answer to Dr. Korn-dörfer is the one that I was "two years writing it,"—a point not worth referring to, except as showing the animus of my critic. I stated in it that a prolonged absence from the country and more important duties since had prevented my replying sooner, — a sufficient explanation to make any allusion to my delay uncalled for. I finally answered him, as I do Dr. Lippe now, at the request of medical friends who seem to think the reviews of more consequence than I myself consider them. The doctor says, "How such illogical, irrational, contradictory, and anti-homœopathic papers can find a place in a journal professedly homœopathic is to us an incomprehensible mystery."

If you cannot comprehend it, it is your own affair; the matter is plain enough if you *desire* to understand: the mere utterance, however, of a string of objurgations and expletives will not aid you to comprehend this "mystery."

"H. B. Millard, M.D., says, 'Hahnemann sometimes contradicts himself.' Will not the learned M.D. let us know *where* and *when* and *how* Hahnemann contradicted himself? Let us know it at once, — not in two years." If I have not let him know at "once," it is because I did not see the article until Feb. 26, and because I cannot, to gratify Dr. Lippe's impatient and petulant spirit, neglect my legitimate professional duties. If my strictures were wrong, truth is mighty enough not to have been injured by them, no matter in how great a lapse of time.

The subject of Hahnemann's contradictions I will refer to further on. The merits or demerits of my article on *Coccyodynia* do not evoke from Dr. Lippe the slightest mention. He accuses me of accusations that I never made; he cries aloud

and spares not, and is in a very agony lest I should not answer "at once." He guards the name of Hahnemann as zealously as ever vestal maid watched the sacred flame of the temple: but Hahnemann's name will endure without Dr. Lippe; "*non eget istis defensoribus.*"

Dr. Lippe makes demands, impossible except on the part of a man who is prejudice-blinded or who has lost his temper. Witness this (as he seems to be desirous of entering into the very infinitesimals and fine dilutions of argument): "If he [Dr. Millard] makes this false charge, he must have facts to substantiate it. Now let us have these facts, these *contradictions.*" On the contrary, if I have made false charges, how can I have facts to substantiate them? It would be interesting to know.

Dr. Lippe also pronounces me guilty of bad logic, and on these grounds: "He [meaning me] begins a sentence with, 'Should practical physicians practise their noble profession *addicti jurare in verba magistri*'?" As homœopaths, we are supposed to have accepted such fundamental principles — and a practice conforming to them — as Hahnemann taught us. These principles are based on natural laws, and if they are principles they are "infallible." But the sentence quoted by the doctor says nothing about principles: *verba* does not mean "principles," it means "words." It certainly is not illogical to ask if we should practise medicine "addicted to swear in the words of a master"; but even if it were so, I might still believe firmly in Hahnemann's law of *similia*, and yet reject his practice as regards either the high or low attenuations, without being illogical.

Dr. Lippe says, "We admit 'that every earnest worker is justified in thinking for himself,' but this admission does not embrace the freedom to change, alter, or modify fundamental principles." Will the reader who is sufficiently interested in this discussion to take the trouble turn to the *North American Journal of Homœopathy*, which contains my article, and see if I have in any way called in question the truth of any one's principles?

Dr. Lippe quotes Dr. Peter John George Cabanis, who wrote in 1771, in a sentence entirely foreign to the point, to show that

he anticipated the establishment of fixed principles, and that Hahnemann gave them to us. To prove an axiom or to try to teach intelligent readers what they all admit, viz. that everything in the universe is governed by immutable laws, is superfluous. If it were necessary I might quote plenty of writers farther back than Cabanis and of more renown, who in eloquent language show this. I believe, however, that he has made the quotation, to show his erudition in being acquainted with the works of Dr. Peter John George Cabanis.

I now come to a portion of Dr. Lippe's article concerning an alleged statement by me which is the grossest misrepresentation of an author's language I ever have met with. He says (the italics are Dr. Lippe's), "The learned doctor, after saying erroneously, '*Hahnemann sometimes contradicts himself*,' continues, '*discarded before his death many of his earlier parts of belief, and the Materia Medica pura.*'"

A very remarkable statement, if any one ever had made it!

Permit me to present to the reader what I did say, *verbatim et literatim*, as will be found by referring to the *North American Journal of Homœopathy* for November, 1874, page 221: "Hahnemann sometimes contradicts himself — discarded before his death many of his earlier points of belief, and the *Materia Medica pura*, and some more recent writings by other authors, contain some symptoms so irrational as to suggest the idea of burlesque."

I should be gratified if I could believe that Dr. Lippe had *misunderstood* my meaning. If he did, he had no right to: there are mistakes which are inexcusable.

Clearly enough, in my sentence "*Materia Medica pura*" is one of the subjects of the verb "contain," and *not* the object of the verb "discarded." But how, "clearly enough"? I think the sentence reads that way naturally, but it is the only way to read it grammatically, because the next clause is, "And some more recent writings by other authors contain some symptoms," etc. More recent than what? More recent than the "*Materia Medica pura*." "More" is comparative, and refers always to something else. "*Materia Medica pura*" and "writings" are evidently the subjects of the verb "contain."

If it be said that it is only a mistake or misconception, I ask Dr. Lippe if it was a misconception that prompted him to put a period in the middle of my sentence where there was none, cutting it off and giving only half, leaving the reader to infer he had given the whole.

I have never known such a perversion of an author's meaning except in the following case. An applicant for literary work, who represented himself as an expert, was set at work to make an index to a magazine. The editor, coming to examine and judge of his work, observed in the index the words "Mind, great, p. —." Turning to page —, the only reference he saw to "great mind" was in a sentence which read, "Mr. — said he had a great mind to kick the intruder down stairs."

Nor in an article purporting to be critical is even the substitution of the word "parts" for "points" admissible.

As regards Hahnemann's contradictions, which seem to alarm my reviewer so much, I must content myself with referring the reader to a very able work easily obtained and in common use, viz. Dr. Dudgeon's "Lectures on Homœopathy." From the high character of this writer, I have taken it for granted that his quotations and extracts are correct, as no author of common sense would make false quotations which might be easily open to exposure. Some of these statements I have verified, so that if any of them are inaccurate (and I do not believe they are) they are not *all* so. These contradictions refer particularly to the circumstances under which medicines should be tested; to the development of the power of medicines by dilution and by succussion; to the most appropriate potencies in the treatment of certain diseases, and to the repetition and intervals of administration of doses. Broader and flatter contradictions can nowhere be instanced. To give them as Dudgeon has written them would occupy several pages of the GAZETTE, and aside from that, I simply have no time to present them, even in a condensed form. If Dudgeon's quotations are false, and are proved so, I am willing to withdraw my statement, not very harsh at the worst, that "Hahnemann sometimes contradicts himself."

I do not, however, believe in the sanctity of the motives of

my detractors, and give them no credit for a desire to promote the good of medical science or the human race. I believe they injure homœopathic principles in the estimation of all liberal physicians. They are as intolerant in medicine as were the inquisitors in religion. How *am* I write when Dr. Korndörfer takes me to task for using the word "neuralgic" ? If he will read the admirable work of Dr. Anstie, who has recently paid with his life for his devotion to medical science, he will find there is such a disease as neuralgia. There is, however, something more than pure zeal at the bottom of this irate criticism. I have written some papers, of which the merits or demerits demand in this place no consideration, but no word that I have written has, so far as I know, evoked hostile criticism until finally I intimate : —

First. That Hahnemann, like other mortals, was liable to error.

Second. That there are defects in the *Materia Medica pura*, — when there is let loose upon me a torrent of abuse.

With the blind devotees of Hahnemann, I may make mistakes in pathology, I may write ridiculous verbiage, I may promulgate absurd theories, — and be forgiven ; but if I hint that our *Materia Medica* contains a defect or that Hahnemann is less wise than Omniscience itself, there arise such groans of anguish and curses as Dante describes in the "Inferno" amongst the "wretched people who have lost the good of the intellect."

" . . . sospiri, pianti, e alti guai
 . . .
 . . . orribili favelle
 Parole di dolore, accenti d' ira,
 Voci alte e fioche."

" Sighs, plaints, and deep wailings
 . . .
 . . . horrible outcries,
 Words of pain, tones of anger,
 Voices deep and hoarse."

Finally, permit me to state that in nothing I have written have I ever intimated that I did not wholly believe in the law of *similia similibus* or that I considered the high attenuations

any less successful than the low. Certainly, some of our most astute and brilliant intellects are amongst the high dilutionists.

In regard to our great master Hahnemann, I can only say I would I were a worthier pupil of so great a teacher.

I beheld once with reverence the rude and insufficient telescopes fashioned by the hands of Galileo, whose intellect seems to me to have been of that godlike character infused into human clay only at long intervals in the world's history; and yet on account of his faulty instruments and the many errors of his life I did not reverence him less; nor because Hahnemann was human and erred in some things, do I regard his surpassing achievements with less wonder and admiration.

I can best express my real ideas concerning the *Materia Medica pura* by quoting from Dr. Dudgeon: "The more I study his *Materia Medica*, the more I marvel at the transcendent acuteness of the author, his wonderful perceptive powers, his almost miraculous instinct in perceiving the characteristic symptoms, the germs of grand pathological states producible by medicines, amid the perplexing redundancy of their less important pathogenetic effects; and I may safely say that in the mere labor of the *Materia Medica*, Hahnemann's own doings are tenfold as great and important as all the labors of all his predecessors and all his followers; that while we might manage to get on though we were deprived of all the provings of every other contributor to our *Materia Medica*, were we deprived of Hahnemann's observations, and especially his earlier provings, such as *Belladonna*, *Aconite*, *Bryonia*, and *Nux*, *Pulsatilla*, *Rhus*, *Arnica*, *Mercurius*, etc., we might shut up shop at once. In the matter of the *Materia Medica*, we must all acknowledge that among them that are born of women there hath not arisen a greater than Samuel Hahnemann."

In conclusion, I beg to state that if I have already given, as I think, too much time to this war of words, I shall discuss the subject no more. I leave others to write what they please.

H. B. MILLARD, M.D.

CLINICAL CASE.

BY J. HEDENBERG, M. D., MEDFORD, MASS.

BENJAMIN GIBBS (apothecary's clerk), aged 20 years 4 months, was seized with a severe chill at his place of business, at 3 o'clock, P. M., Saturday, Feb. 15, 1873. Saw him in a few minutes, and found him shaking, and complaining of intense chilliness and pain in the back; this latter had existed for two or three days, and he had during that time worn a porous plaster for its relief. No complaint of head. Examined throat, nothing abnormal seen; also skin no eruption present, cutis anserina. Ordered his removal to his home; heat externally, and warm drinks. Diagnosis probably variola.

Sunday morning, 9 A. M. There had been a slight reaction during the night. Patient is now in a collapse, pulseless at the wrist, vomiting frequently a dark greenish and brownish fluid; has involuntary discharge of urine and fæces. On skin of arms, breast, abdomen, and legs were numerous petechial spots, dark brown, and on posterior surface of thighs some large purpuric patches, great lividity of the whole surface; face pinched, great play of the alæ nasi; conjunctiva of right eye injected, pupils normal; patient unconscious, will not protrude tongue or answer any questions. Diagnosis hemorrhagic small-pox. Prognosis unfavorable.

Sunday evening. No change.

Monday morning. Patient answers questions. Skin hot and moist; pulse 140, not strong; hyperæsthesia of skin; cannot bear to be touched; small joints very red, swollen, and tender; lies upon back; eruption same; less lividity of skin; eruption vesicular on lips and about mouth. Has not slept, and is constantly talking deliriously about business and other matters. Diagnosis doubtful.

Evening same. Diagnosis, spotted fever.

Tuesday. Patient weaker, but in most respects the same. Iritis of the right eye; pupils fixed. (Members of family who had been sent away returned.) Under Chloral Hydrate slept several hours.

Wednesday, Feb. 19. Patient sinking; lies upon back; no

curvature of spine or throwing back of head. Hypopyon of right eye. Died at 5 P.M., four days two hours from first chill.

NOTES. — 1. I never saw his urine except as it stained bed-clothes; it was very red, and from the post-mortem appearances I have no doubt was bloody.

2. The purpuric patches and much of the eruption were probably invisible at the time of the autopsy, owing to the great lividity of the surface posteriorly.

3. The young man, though doing much less work than in the summer months, had complained for some time of feeling much weaker than during the summer.

4. He had enuresis.

5. He had frequently complained of an offensive smell in the room in which he slept (on the ground-floor rear of the store), which he thought proceeded from some drain or cess-pool.

This last complaint was made to his own family, not to his employer, James W. Tufts.

6. Small-pox is epidemic here; one man died about two weeks since of the hemorrhagic form, the only one I ever heard of here (February, 1873).

AUTOPSY* MADE FORTY HOURS AFTER DEATH. — Rigor mortis very marked; frame robust, sufficiently muscular; extensive hypostatic congestion; several petechiæ on extremities, with a few livid spots; Crusts (herpetic) about the right angle of the mouth; hypopyon of right eye, the deeper parts of the globe inaccessible to light.

On removal of the calvaria the longitudinal sinus found to contain a considerable amount of clotted blood; the dura mater presented no abnormal appearances; the pia mater over the entire convexities, dull, injected. Between the gyre along the veins the meshes were extensively infiltrated with a greenish-yellow material, quite opaque (purulent); the base of the brain free from any marked alteration; nothing abnormal observed about the cranial nerves. The ventri-

* Made by Dr. R. H. Fitz.

cles contained a moderate amount of opaque, sero-purulent fluid; at the base of the fourth ventricle, on the left side, about midway, was found a small patch of punctate hemorrhage in the ependyma; the substance of the brain moist, sufficiently firm; punctæ vasculosæ more apparent than usual.

On opening the dura mater spinalis in the lower lumbar region there escaped rather more than an ounce of dirty gray opaque fluid. In the meshes of the pia mater of the posterior surface of the cord, in the lower dorsal and upper lumbar regions, were seen, in the median line, ten elevated patches of a grayish-brown color, slightly translucent, extending over one fourth the circumference of the cord. They were about three fourths of an inch in length, and over one half an inch in width. The heart contained a moderate amount of blood, in part fluid, in part coagulated; the organ, only moderately contracted, was rather more pale than usual, muscular substance firm, valves and cavities healthy; the dependent portions of the lungs injected, crepitant, of a brownish-red color, slightly œdematous, and containing considerable blood.

Spleen somewhat enlarged, soft, of a dark-red color; follicles quite distinct, pulp moderately increased in volume.

Kidneys of normal size, capsule readily detached, surface beneath smooth. On section the surface was of a grayish-red color, the Malpighian bodies and vessels of the cortex injected; the region of the convoluted tubes otherwise presented no unusual appearance.

Bladder considerably distended with urine; mucous membrane smooth, dull, slightly swollen, moderately opaque, generally injected with occasional minute hemorrhagic spots of a red color.

Liver of normal size, in general of a darker color than usual, reddish-brown capsule, smooth and transparent. The cut surface presented a somewhat waxy lustre, the boundaries of the acini not readily made out; where less blood was present the substance of the organ was of a yellowish-gray color and opaque.

Stomach and intestines not examined.

Diagnosis, cerebro-spinal meningitis (leptomeningitis cere-

bralis et spinalis interna.) Hemorrhage in the base of the fourth ventricle; congestion of kidneys and liver, with cloudy swelling of the latter; acute swelling of the spleen; hemorrhagic cystitis.

I had intended to present this report of a case of cerebro-spinal meningitis at one of the meetings, but want of time prevented. It is the more interesting from the fact that it occurred in the midst of an epidemic of small-pox, and though several cases called by the same name occurred in town soon after none presented such an array of formidable symptoms. Reports of similar cases may be found in some of the later works on the practice of medicine, where they are called, "*blasting*," "*fulminant*," "*siderant*," terms expressive of the terrific force of the invasion.

We are now (October) having typhoid fever, and most of the cases have occurred in one part of the town. This has led to an investigation by our own Board of Health, and we have also been visited by an agent of the State Board of Health.

The clinical thermometer has enabled me to make an early diagnosis in many cases, and occasionally to assure some frightened one that a trifling ailment was not the dreaded fever. I have insisted on recumbency and a liquid diet till the temperature has fallen to the normal standard and remained so for two or three days, believing this the only sure test of convalescence. In my early use of the thermometer I was greatly annoyed by finding that the black in the markings was all rubbed out in a few days, and it required the sharpest sight or a magnifying glass to read correctly the height of the mercurial tell-tale. I spoke to the dealers in surgical instruments, but they advised nothing. A friend, a jeweller, told me to lay the stem of the instrument upon a smooth, hard surface and rub the marking with heel ball, such as used by shoemakers; this I have since done every few days, and the comfort has been so great that I think it worth mentioning. A few rubs and then the removal of the superfluous black with a piece of tissue paper, and the markings are as black and legible as when new.

AGALACTIA, RICINUS COMMUNIS.

JOHN J. SHAW, M.D., PLYMOUTH, MASS.

THE following case is reported as helping to prove the correctness of the observations of Drs. Woodbury, Hemenway, and others on this subject: —

Mrs. H. —, lymphatic temperament; health good; has had several children and in every case, though the milk has come well and has been plentiful while she remained in bed, yet as soon as she got about it began to diminish, and soon ceased altogether.

I attended her in her fifth confinement, and being informed of the facts just stated I gave her a vial of tinct. Ricinus about the fourth day, with orders to take five drops morning and night. She got up in six days, and continued taking the medicine until it was gone; during which time and for two weeks after she had plenty of milk. It then began to decrease very perceptibly, and the Ricinus was again resorted to with the effect of increasing the flow to its former standard, since which time no trouble has been reported, and it seems likely that she will be able to nurse her babe for the usual period.

COMPARISON OF THE RESULTS OF TREATMENT IN THE HOMŒOPATHIC WARDS OF THE ST. ROCHUS HOSPITAL (BUDA-PESTH), WITH THOSE OBTAINED IN THE ALLOPATHIC WARDS AND IN OTHER HOSPITALS.

(Extracts from an address circulated among the members of the Hungarian Diet. Translated from *Allgem. Hom. Zeitung*, May 10, 1875.)

The sources from which the following statistics have been compiled are, on the one hand, the reports of Dr. Theodor Bakody, University Professor of Internal Diseases, published in the *Hasonszenvi Lapók* (Homœopathic Journal) and in the *Internationale Homœopathie Presse*, Nos. 7 and 8, 1874, concerning cases treated in his wards from Oct. 15, 1871, to Dec. 31, 1873; and on the other hand the "Reports of the Imperial General Hospital, Vienna, for the years 1871-72-73"; the "Reports of the General Hospital, Wieden (suburb of Vienna), for the years 1871-72-73"; and "Summary Report of Labor performed, with Proportional Tables of Cases treated and Deaths in the St. Rochus Hospital, Pesth," published for the years 1869-70 by Dr. Franz Flor, and for the year 1872 by Dr. Ludwig Gerhardt.*

As a matter of course only those diseases could be allowed to enter into this comparison which appear in uniform proportions in all the reports, while those forms and groups of diseases necessarily excluded from Dr. Bakody's wards (which are intended for "internal diseases")

* No report has appeared for 1871 nor as yet for 1872.

only), or appearing there only in isolated cases, could not be taken into account.

To this latter class belong injuries and wounds of every description, diseases of the eye, ear, and nose, cutaneous diseases and acute exanthemata, with the exception of scarlet fever; syphilis, diseases of the urinary organs, puerperal diseases and those of pregnancy and of the new-born, mental diseases and Asiatic cholera, for all of which affections separate wards and departments are assigned. Deducting these wherever they appear, we have:—

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 30,917 | 6,669, | = 21.5 |
| Wieden General Hospital, | 11,132 | 2,205, | = 19.8 |
| St. Rochus Hospital, | 21,372 | 3,958, | = 18.5 |
| Dr. Bakody's Wards, | 2,274 | 359, | = 15.7 |

Deducting the cases of pulmonary tuberculosis, as is the custom in the Vienna hospitals, we have the following proportions:—

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 26,542 | 4,062, | = 15.3 |
| Wieden General Hospital, | 9,138 | 1,215, | = 13.3 |
| St. Rochus Hospital, | 18,707 | 2,470, | = 13.2 |
| Dr. Bakody's Wards, | 1,676 | 167, | = 9.9 |

The difference becomes still more apparent if we compare the separate forms of disease with each other, taking into account again only those which appear in considerable numbers on both sides.

PNEUMONIA.

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 2,462 | 544, | = 22.0 |
| Wieden General Hospital, | 827 | 190, | = 22.9 |
| St. Rochus Hospital, | 1,259 | 320, | = 25.4 |
| Dr. Bakody's Wards, | 306 | 20, | = 6.5 |

PLEURISY.

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 699 | 131, | = 18.7 |
| Wieden General Hospital, | 272 | 34, | = 12.5 |
| St. Rochus Hospital, | 678 | 48, | = 7.0 |
| Dr. Bakody's Wards, | 39 | 2, | = 5.1 |

PULMONARY TUBERCULOSIS AND CONSUMPTION.

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 4,375 | 2,607, | = 59.5 |
| Wieden General Hospital, | 1,994 | 990, | = 49.6 |
| St. Rochus Hospital, | 2,665 | 1,488, | = 55.8 |
| Dr. Bakody's Wards, | 598 | 192, | = 32.1 |

DISEASES OF THE RESPIRATORY ORGANS IN GENERAL; CROUP,
BRONCHITIS, PNEUMONIA, ASTHMA, PLEURISY, ETC.

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 10,869 | 3,681, | = 33.8 |
| Wieden General Hospital, | 4,311 | 1,329, | = 30.8 |
| St. Rochus Hospital, | 8,016 | 2,099, | = 26.1 |
| Dr. Bakody's Wards, | 1,304 | 227, | = 17.4 |

PERITONITIS (exclusive of Puerperal Cases).

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 324 | 108, | = 33.3 |
| Wieden General Hospital, | 76 | 29, | = 38.1 |
| St. Rochus Hospital, | 278 | 117, | = 42.0 |
| Dr. Bakody's Wards, | 57 | 1, | = 1.7 |

DYSENTERY.

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 110 | 43, | = 39.0 |
| Wieden General Hospital, | 25 | 7, | = 28.0 |
| St. Rochus Hospital, | 143 | 47, | = 32.8 |
| Dr. Bakody's Wards, | 22 | 1, | = 4.4 |

TYPHOID FEVER.

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 2,599 | 585, | = 22.5 |
| Wieden General Hospital, | 1,018 | 225, | = 22.1 |
| St. Rochus Hospital, | 1,152 | 388, | = 33.6 |
| Dr. Bakody's Wards, | 68 | 16, | = 23.5 |

It is to be borne in mind that the great cleanliness, proper ventilation, and the means for hydropathic treatment, which add so much to the favorable results of treatment in this disease in the Vienna Hospitals, have not yet been introduced into the St. Rochus Hospital.

GASTRIC AND ENTERIC AFFECTIONS (exclusive of Dysentery and Typhoid Fever).

| | TOTAL. | DEATHS. | PER CENT. |
|--------------------------|--------|---------|-----------|
| Vienna General Hospital, | 3,748 | 101, | = 2.6 |
| Wieden General Hospital, | 1,891 | 32, | = 1.7 |
| St. Rochus Hospital, | 4,165 | 158, | = 3.3 |
| Dr. Bakody's Wards, | 159 | 0, | = 0.0 |

SUMMARY.

The average mortality under the two systems, in those forms of disease which make the subject of Dr. Bakody's reports, stands as follows:—

| Diseases. | Allopathic. | Homœopathic. |
|--|--------------|--------------|
| Total | 19.9 per ct. | 15.7 per ct. |
| Exclusive of pulmonary tuberculosis | 14.0 " | 9.9 " |
| Pneumonia | 23.4 " | 6.5 " |
| Pleurisy | 12.7 " | 5.1 " |
| Consumption | 54.9 " | 32.1 " |
| Dis. of respiratory organs in general | 30.2 " | 17.4 " |
| Peritonitis | 37.3 " | 1.7 " |
| Dysentery | 33.2 " | 4.4 " |
| Typhoid fever | 26.0 " | 23.5 " |
| Gastric and intest. diseases | 2.7 " | 0.0 " |

The Society of Homœopathic Physicians of Hungary deems it an imperative duty to add to the facts contained in the above reports, which illustrate the labors of Prof. Bakody, its own observations, in order to place in their proper light the assertions of our adversaries, made in the inaugural address of the present rector of the university, as well as in the opinions handed in by the allopathic physicians who were consulted in regard to the creation of the homœopathic professorship. On all these occasions the reports of Dr. Bakody were entirely suppressed.

Results similar to those given above were publicly recognized, at the time, by the erection of a homœopathic cholera hospital in London during the Crimean War. But what was the upshot? Notwithstanding the fact that two thirds of the patients there treated recovered, while two thirds of all those treated in allopathic hospitals died, the cholera committee, composed entirely of non-homœopaths, declined to report these results to Parliament, and in justification of its course, when interrogated concerning the withholding of this important information, declared it "to be incompatible with the dignity of the medical profession to report on the results of so unscientific a method as Homœopathy." The president of this committee, Dr. McLaughlin, alone had the moral courage to address the following letter to the chief of the homœopathic hospital:—

"You may be assured that I entered your hospital with the most decided prejudices against the homœopathic method, and that in your efforts you could count upon me much more as an enemy than as a friend, so that it required weighty reasons to induce me to leave your beneficent institution with so much sympathy as to recommend a friend to subscribe a certain sum towards its maintenance. . . . In order to forestall any misapprehension concerning the nature of the cases treated in your hospital, I will add that all those I saw there were genuine cases of Asiatic cholera, and that of these many, which, I frankly confess, would have died under any other mode of treatment, were cured under your own. In conclusion I repeat that I am, by descent, education, and practice, an allopathist, but should it please Providence that I should be stricken with cholera, and not in a condition to treat myself, I would rather be treated by a homœopathist than by an allopathist." *

* As the original English of this letter is not before us, we have of course not given Dr. McLaughlin's precise words, but there can be no doubt of his meaning.—EDITORS GAZETTE.

By an order of the Hungarian Parliament creating two homœopathic professorships in the University of Pesth, and ratified by both the Imperial and the Hungarian governments, the homœopathic physicians are now permanently represented in that university so that it will no more be an easy matter in the future to suppress the reports exhibiting the results of homœopathic treatment. . . . But the success thus gained excites in the minds of our adversaries more fiercely than ever the desire to call the legality of these newly-created Chairs in question once more, and to deprive us of the advantages we have achieved. . . . That we may not be accused of exaggeration we quote the exact words of Prof. Kovács, the present rector of the university: "Must it be tolerated by our faculty (the medical faculty of the university) that in its announcement of lectures a homœopathic pathology, and in its year-book homœopathic professors should find mention, to the vexation of all the universities and the entire profession of the West? Has the majority in Parliament the right to disgrace the moral, scientific, and social standing of those into whose midst these things have been decreed? We declare emphatically that this proceeding is humiliating to our university and to the medical profession."*

We regret that our space will not permit us to give in full this very able address, which goes on to analyze in detail the claims of the dominant school to the title of scientific medicine, and to show most conclusively that Homœopathy is founded upon those scientific principles which alone can ensure the positive and steady advance of scientific therapeutics.

In conclusion we give, with extreme satisfaction, the welcome news, appended to the address by the editor of the *Allgem. Hom. Zeitung*, that its distribution among the members of the Hungarian Diet created a profound sensation, and such consternation among the opposing party, consisting chiefly of professors of the university, that at a meeting called for the purpose of considering the subject, it was wisely concluded to abandon for the present all efforts to oppose, in the debate on the budget, the further granting of the sums previously voted for the homœopathic Chairs.

This, together with the late favorable termination of the struggle at Ann Arbor and the action of the Committee of the Birmingham Medical Institute, is calculated to inspire in the bosoms of the Fellows of the Massachusetts Medical Society the proud consciousness that they have, at least, not yet yielded to the enemy, who has gained some well-contested fields in other quarters.

*A precedent for this act of the Hungarian Diet may be found in the creation of the Chair of Chemistry, some fifty years ago, in the University of Leipsic when Chemistry was not yet counted among "the sciences." The Government of Saxony was not deterred by the inimical attitude of "the profession" nor by the veto of the medical faculty, from carrying out its design.

SOCIETIES AND INSTITUTIONS.

*** Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

N. H. HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-third annual meeting of the above Society was held in Concord at 10.30 A. M., Wednesday, June 16, the Chair being occupied by Dr. J. H. Gallinger, of Concord, President of the Society, and the attendance being unusually large.

The records of the last meeting were read and approved, and also the report of the treasurer, which showed a very healthy state of finances of the Society.

Drs. A. D. Smith of Concord, C. S. Collins of Nashua, D. L. Jones of Lancaster, N. R. Perkins of Woodsville, J. M. Hartwell of Hooksett, and W. H. W. Hines of Milford, were elected to memberships.

At 12 o'clock the president of the Society proceeded to deliver the annual address, of which the following is an abstract, he taking for his text the subject of "Homœopathy."

He said that Homœopathy is undeniably one of two things, — either a grand and beneficent truth, or a monstrous imposition and fraud. Which is it? When Hahnemann, the illustrious founder of Homœopathy, declared the maxim of "Similia similibus curantur," he doubtless believed that this doctrine was destined to be universally accepted by medical men; but in this he was disappointed, for although the progress of Homœopathy has been wonderful, "similia" is sneered at and ridiculed by the so-called "regular" profession of to-day, the followers of which are making a determined effort to bring disrepute upon all medical men who decline to fly their flag. He denied that the allopathic profession was entitled to the term "regular," as that meant "agreeable to an established rule, law, or principle," and the homœopathic school can alone lay claim to this distinction. He showed that this cry of regularity, and the consequent persecution of homœopathic physicians in Boston, had already given the homœopaths the medical department of the Boston University and placed in their hands an ample fund to build a first-class hospital, and they soon expected to be in joint possession of the hospital now exclusively in the hands of the old school. He claimed that the persecution by the "regular" school was not because they believe, as they gravely asserted in Boston, that homœopathic physicians are "guilty of conduct unbecoming honorable physicians," but rather because homœopaths have, in this country at least, one half the intelligence and wealth on their side, and thus have already become a formidable rival to the old school.

Alluding to the fact that the old school have dropped the title of "allopathic" and substituted that of "regular," and that they claim

to be in possession of everything of worth that all other systems contain, the speaker contended that such was not the fact, saying that Harvey, Jenner, Hahnemann, and other discoverers were persecuted and ostracized by the "regular" school for daring to ask them to even investigate new facts; they have frequently denied the right of private judgment and individual opinion, and thus kept behind in the grand march of events.

To show what "regular" medicine has been in the past, the speaker quoted from old medicine books, printed in 1525 and 1598, many of the prescriptions of which were very ludicrous, — such, for instance, as "a capital corroboration," "a good confection for an imbecile head," "an excellent remedy for the sudden striking of God's hand," the chief ingredient of which is asses' blood, especially blood of a miller's ass, which must be taken out of the ear of the animal. Other prescriptions were composed of pulverized crickets, white amber, coral, white and blue saplyss, pickerels' eyes and neck, etc. etc. Next he gave extracts from distinguished "regular" writers of modern times, in which they unequivocally condemned their practice, among which were Bichat of France, Prof. Rush of Philadelphia, Prof. Jacob Bigelow of Harvard University, Prof. Chapman of Philadelphia, Drs. Gregory and Graham of London, Dr. Abercrombie, and others equally distinguished. Coming to the present day, he claimed that the much-boasted improvements of "regular" practice were almost wholly due to Homœopaths, as the people had been educated by them to understand that huge doses of destructive agents were not necessary as medicine, but terribly mischievous, and self-interest compelled even the conservative "regulars" to trim their sails to catch the favoring breeze. But notwithstanding doses have been reduced, and many physicians of the old school are bunglingly trying to practice homœopathy, there is still, and always will be, a vast difference between the two systems; and, after paying a tribute to Homœopathy, he appealed to his hearers to stand firm on their own ground, unmoved by sneers, persecution, or the silly cry of "regularity." In conclusion, the speaker said that the only true test of medical systems was practical results, saying that if Homœopathy fails to cure a larger percentage than the old school it is unworthy of confidence, but if it cures more, then it cannot be cried down on any pretence. On this point he gave statistics which showed that in one New York Life Insurance Company there were insured 4,470 homœopaths and 1,437 allopaths, yet the mortality in the latter class, covering a period of several years, was 37 against 32 in the former, or about four times as great. Again, statistics show that in 80,000 cases of death in the cities of New York, Boston, Philadelphia, Newark, and Brooklyn, the loss is in the proportion of seventeen allopathic to ten homœopathic. The speaker closed by predicting that the time was not far distant when all medical men would demand an absolute law to guide them in their selection of drugs, and then Homœopathy, or a belief nearly allied to that held by that school, will be the recognized platform upon which all intelligent physicians will stand. Until then he would argue for charity towards all and for the fullest possible exercise of individual

opinion and action, believing, as he did, that the educated physicians of all schools were earnestly striving to reach the highest point of excellence in their art.

At the conclusion of the address the Society adjourned to partake of a dinner at the Phoenix Hotel.

AFTERNOON SESSION.

Dr. L. Whiting, of Danvers, Mass., delegate from the Massachusetts Society, was introduced, and briefly addressed the meeting, after which Prof. J. H. Woodbury, of Boston, spoke of Homœopathy in Massachusetts, which he declared to be in a prosperous condition; after which, by request, he gave an exceedingly interesting address, illustrated by diagrams, on "Retroflexion and Retroversion of the Uterus," for which the thanks of the Society were extended.

Dr. Hackett, of Henniker, from the Committee on Surgery, and Dr. Sawyer, of Littleton, from the Committee on Chemical Medicine, made reports, which were supplemented by remarks from various members.

A committee appointed to nominate officers reported the following list:—

President.—Dr. J. H. Gallinger, of Concord.

Vice-President.—Dr. L. T. Weeks, of Laconia.

Secretary and Treasurer.—Dr. J. C. Moore, of Lake Village.

Counsellors.—Drs. E. Custer, of Manchester, and T. E. Sanger, of Littleton.

Censors.—Drs. J. F. Whittle, of Nashua, S. C. Morrill, of Concord, D. L. Jones, of Lancaster, G. H. Hackett, of Henniker, and D. F. Moore, of Lake Village.

After the transaction of some business and an exceedingly interesting "Conference Meeting," at which clinical cases were presented by Drs. Sanger of Littleton, Hartwell of Hooksett, Gallinger and E. Morrill of Concord, and others, the Society adjourned, to meet in Concord on the last Wednesday of May, 1876.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-fifth annual meeting of this Society was held at the State House in Montpelier, on Wednesday, June 2. The meeting was called to order by the president, Dr. C. H. Chamberlin, of Barre, and the records of the semi-annual meeting, held in Burlington, were read and approved.

The Committee on a State Board of Health reported that it had seemed inexpedient to bring the subject of the establishment of such a Board before the last Legislature, but they should urge further action at the proper time. The committee also showed the necessity for securing equal allopathic and homœopathic recognition and representation in the appointment of all public medical officers, particularly in the organization of all State and Local Health Boards.

The Board of Censors reported favorably upon the following physi-

cians, and they were duly elected to membership: Miss Jane A. Rich, M.D., of Richville; C. A. Jackman, M.D., of Morrisville.

The Bureau of Surgery was then opened, and several interesting cases reported by Drs. H. C. Brigham, James Haylett, Van Deusen, and others. An interesting discussion followed upon the surgical and medical treatment of cancer. The report of this Bureau showed that while the members of the Society considered many of the so-called surgical diseases to be amenable to medical treatment, some of their number were not wanting in the manual skill of the surgeon.

The regular order of business was then suspended to allow some remarks from Dr. G. N. Brigham, who said, "The American Institute of Homœopathy will meet in Philadelphia in 1876, as the World's Homœopathic Convention, and it is greatly to be desired that this Society shall do its full duty in seeing that Vermont is properly represented upon that occasion. It is especially necessary that a history of Homœopathy in Vermont should be furnished, showing its introduction and progress, with biographical sketches of its early pioneers."

The following physicians were elected to do the work for their respective sections: M. G. Houghton, of St. Johnsbury, for N. E. Vermont; S. H. Sparhawk, of Gaysville, for Windham and Windsor Counties; T. R. Waugh, of St. Albans, for Franklin and Grand Isle Counties; S. Worcester, of Burlington, and A. E. Horton, of East Poultney, for Chittenden, Addison, Rutland, and Bennington Counties; N. H. Thomas, of Stowe, and J. M. Sanborn, of Hardwick, for Orleans and Lamoille Counties; J. H. Jones, of Bradford, for Orange County, and G. N. Brigham, of Montpelier, for Washington County.

The Bureau of Provings was next in order, and after the report it was resolved that during the present year the Society would prove such drug as may be chosen for that purpose by the American Institute, and the chairman of the Bureau was requested to procure and distribute such drug for proving.

The Society then adjourned to dinner, and at half-past one was again called to order.

The Board of Censors, through Dr. Brigham, made a supplementary report, saying that they had considered an application for membership, but recommended that the Society take no action upon it at present. The report was accepted.

The Bureau of Obstetrics was then called up, and Dr. Waugh, of St. Albans, reported an interesting case of labor.

Dr. J. M. Sanborn extolled the method of delivering the placenta advised by Dr. Thomas, of New York, and said that he had been very fortunate in escaping hemorrhage and other after troubles. A discussion followed as to the best methods of delivering the placenta.

Dr. E. B. Whitaker, of Hinesburg, reported a case of labor fatal to both mother and child; the woman had previously had eleven children, and was forty years old. The child weighed sixteen pounds.

Dr. Jackman reported the following case coming to his knowledge: A woman gave birth to a child weighing five pounds, and in seventeen days to another weighing eight pounds.

The Bureau of Clinical Medicine was then opened, and a case of interest was presented by Dr. Chamberlin, of Barre. The patient showed entire loss of motion and feeling in the right arm, the trouble following a severe injury of the shoulder; the discussion of the case elicited remarks of interest from the members present.

Dr. Worcester, of Burlington, read a paper reporting a case of mental aberration as illustrative of the manner in which medicines act homœopathically.

Dr. Whitaker, of Hinesburg, reported an interesting case of scarlatina.

Dr. Thomas, of Stowe, related several cases of scarlatina, and called especial attention to the cerebral paralysis with which it is sometimes complicated.

The Bureau of Psychological Medicine was then taken up, and a paper read by Dr. Worcester upon heredity as a cause of insanity. The paper showed the extensive part taken by heredity in the causation of mental and nervous diseases, and also the different ways of its manifestation, showing itself as insanity, epilepsy, chorea, hysteria, deaf-mutism, general paralysis, etc.

The Committee on Nominations reported the following to serve as officers the coming year, and they were unanimously elected.

President. — C. H. Chamberlin, M.D., Barre.

Vice-President. — A. E. Horton, M.D., East Poultney.

Secretary and Treasurer. — S. Worcester, M.D., Burlington.

Corresponding Secretary. — H. C. Brigham, M.D., Montpelier.

Censors. — Drs. J. H. Jones, of Bradford, J. M. Van Deusen, of Waitsfield, T. R. Waugh, of St. Albans.

Auditors. — Drs. N. H. Thomas, of Stowe, Jas. Haylett, of Moretown.

Dr. G. N. Brigham, of Montpelier, was appointed delegate to the American Institute of Homœopathy, whose twenty-eighth annual session will be held at Put-in-Bay, Lake Erie, Ohio, on June 15.

Delegates were also appointed to the homœopathic medical societies of New York, New Hampshire, and Massachusetts.

Upon motion, a vote of thanks was passed to Mr. Clark, of the American House, and to the Central Vermont Railroad Company, for favors received.

Several of the members were accompanied by their wives, which added to the social features of the meeting.

The Society then adjourned.

SAMUEL WORCESTER, M.D.,
Secretary.

THE BIRMINGHAM MEDICAL INSTITUTE. — On the 7th ult. a large meeting of the leading inhabitants of Birmingham was held in the Town Hall, to aid the members of the medical profession in erecting the proposed institute. The meeting was called by the chairman of the committees of the various medical charities in the town, and was presided over by Mr. George Dixon, M. P., the president of the Homœopathic Hospital.

In moving a resolution advocating the claims of the institute, and pointing out that the wealthy townfolk of the borough had now an opportunity of expressing in a tangible form that feeling of gratitude which, year after year, they embodied in votes of thanks to the medical officers of their hospitals and dispensaries, Mr. Jaffray said, in allusion to the discussion which had taken place on the question of admitting homœopathic medical men to the full privileges of the institute, "with reference to the controversy which had now, he hoped, happily terminated, that neither he and all those gentlemen whose names were on the circular calling the meeting, nor ninety-nine out of one hundred of those present, would have taken any part in the movement had the decision been otherwise."

It was on the supposition that the decision arrived at would be adhered to as one of the principles of the institute that a large sum of money was at once promised in aid of its fund. It seems, however, from a letter from Mr. Gamgee, in the *Morning News* of the day after the meeting, that the laws of the institute have yet to be determined; and it therefore remains to be seen whether the institute is to be governed by laws breathing a spirit of complete toleration for the therapeutic opinions of all medical men, or whether it is to sink to the level of a mere sectarian association.

Upon this decision, apparently, will depend the amount of support it will receive from those outside the profession.

N. Y. OPHTHALMIC HOSPITAL. — Drs. J. M. Schlaf and F. H. Boynton have been appointed assistant surgeons, and Dr. Alfred Wanstall resident surgeon of this hospital.

The report for the month ending May 31 is as follows:—

| | |
|---|-------|
| Number of prescriptions | 2,468 |
| “ “ new patients | 319 |
| “ “ patients resident in the hospital | 28 |
| Average daily attendance | 95 |
| Largest “ “ | 143 |

ALFRED WANSTALL, M.D.,
Resident Surgeon.

CORRESPONDENCE.

EDITOR OF GAZETTE, — I agree with you entirely in regard to the propriety of "washing our dirty linen at home," and I am more than ever convinced of the soundness of your advice since reading the articles in the last number of the GAZETTE by Drs. Berridge and W. E. Payne. I believe the editorial pen would have done wisely to put its precepts into practice on the spot and expunge at least one half of those wordy epistles.

It is clearly a fact that we are divided into two great parties, and

the practical question is how to reconcile the opposing purists and rationalists so that we may dwell together comfortably. Shall we stretch the old homœopathic dogmas to cover the new growth of ideas, or shall we, taking counsel perhaps of the theologians, quietly brush it aside and say nothing? Our difficulties would end at once if we could all adopt Dr. Dudgeon's definition of a homœopath, as given by him in his recent letter to the *Lancet*, viz. "We are medical men who hold ourselves free to avail ourselves of all the resources of therapeutics including Homœopathy." I think that nine out of ten of us "hold ourselves free" in practice. Why shall we not boldly proclaim this freedom and so make our practice and principles conform to each other?

H. C. ANGELL.

16 Beacon Street, June 19.

[We agree fully and unreservedly with Dr. Dudgeon's definition, and can but wonder that any should exist who reject it, more especially since Hahnemann himself has declared as often as there was occasion to do so that the *true physician* will, as a matter of course, unite in the healing art every plain rule derivable from the science of medicine; and it is obvious that by the true physician he means neither the half-educated layman; with or without diploma, nor the generalizing rationalist, but the skilful, accomplished physician, thoroughly trained in surgery, obstetrics, hygiene, and the auxiliary sciences, as was the master himself in his day. On this point he can scarcely be misunderstood except by a layman or an allopath. (See note to § 7 et al., of *Organon*.)

This part of the problem hardly admits of a doubt among homœopaths, although it is now said to form the chief obstacle to our recognition by the allopaths. But the fundamental question, the solution of which alone can bring us peace *intra muros*, is not, What is a homœopathist? but, What is Homœopathy? If it is merely "the old homœopathic dogma," and if there is, indeed, "a new growth of ideas," founded upon positive or trustworthy data with which our system is not in accord, as our correspondent holds, then is Dr. Dudgeon's definition no better than the meaningless and misleading phrase which the allopathists are flaunting in the face of all the world with unblushing effrontery, and which serves as a cloak to hide every conceivable therapeutic sin. But if Homœopathy is a principle, a natural law, as true as any law of Physics or Chemistry, as Dr. Dudgeon also declares it to be, it will require neither stretching nor any other artifice to make it harmonize with every new truth that science may disclose; and without committing ourselves in any way to the one-sided faith of those who look upon every utterance of Hahnemann's as an inspired revelation, we are bound to uphold the claim of Homœopathy,

pure and simple, to the highest position in medical science, and to relegate to their proper position in practice the unstable and uncertain expedients of empiricism as well as the theoretical rules of rationalism. None can dispense with these entirely, and we mistrust the man who declares himself able to do so; but they must not be confounded with scientific practice, for the advancement of which Homœopathy has come upon the earth, and now demands of its votaries that they should unite to determine its limits and to extend them.—
EDS. GAZETTE.]

FLINT, MICH., July 3, 1875.

TO WALTER WESSELHOEFT, M.D.:

Dear Doctor,—At the annual meeting of the Board of Regenta of the Michigan University, held last Tuesday, June 29, at Ann Arbor, S. A. Jones, M.D., of Englewood, N. J., was appointed to the Chair of Homœopathic Materia Medica, and I. C. Morgan, M.D., of Philadelphia, to the Chair of Homœopathic Theory and Practice of the Homœopathic Medical Department of the Michigan University. Thus, you see, a Homœopathic Medical Department of the Michigan University is a reality and an accomplished fact, and the lecture course will commence on the 1st of October next and continue six months, and nominally free at that.

Very truly yours,

I. N. ELDRIDGE.

REPLY TO "HOMŒOPATHY IN ENGLAND."

DR. BERRIDGE'S article bearing the above title, in the May number of the *New England Medical Gazette*, is of so personal a character, and so misrepresents the subject of which it is supposed to treat, that it merits a prompt answer. As I am a native of Liverpool, England; have practised Homœopathy there from July, 1866, to July, 1874, when I sold out to emigrate to the United States, choosing California on account of delicate health; as I have been resident physician to the Liverpool Homœopathic Dispensary; have watched Dr. Berridge's career there and ever since, and know him personally and his peculiarities of practice,—I think I am entitled to make some pertinent observations on his ill-timed, ill-advised, and ill-natured article. The general impression, designedly conveyed by the whole of this article, as well as by some of Dr. W. E. Payne's remarks to American readers, is, that the eight absurd prescriptions copied out by Dr. Berridge (the authenticity of which I do not question, though we have only Dr. Berridge's authority for them) are in common use by homœopaths of good standing and experience, both in London and Liverpool.

This is a false impression, entirely. There is as much careful individualization of cases and covering of symptoms by the great major-

ity of the homœopaths in these two cities, and all over Great Britain, as in the practice of the 4,000 or 5,000 practitioners in America. Such provincial physicians as Dr. Hayle, of Rochdale, and Dr. Simmons, late of Liverpool, now of Cheltenham, will rank with C. Dunham, Lippe, Raue, Lilienthal, and others on our side the Atlantic. Dr. Payne, who once called on me in England, is an excellent man, but has come too much under Dr. Berridge's influence, and sees everything with Dr. Berridge's green or yellow tinted glasses, and actually takes the trouble (and space) to repeat Dr. Berridge's malicious statements about the box of allopathic drugs found in the London Hospital, etc., so that we have two articles in your May number treating of the same subject in much the same words. I cannot for a moment believe that two communications of this kind can do any good to Homœopathy, nor do I consider that the *New England Medical Gazette* is consulting the true interests of its readers by printing them at full length. Dr. Payne's paper, being the observations of an able correspondent and traveller, has some *raison d'être*, but Dr. Berridge's none.

The existence of these allopathic prescriptions is easily explained, thus: We have no "School or College of Homœopathy," unfortunately, in Great Britain. Consequently, young graduates have to take the first appointment they can obtain in the homœopathic hospitals or dispensaries, in London, Liverpool, Birmingham, or Manchester, and study Homœopathy, while endeavoring to put it into practice, often at great disadvantages, for they, possessed of no knowledge of our *Materia Medica* and but little true conception of the law of "similia," are suddenly confronted with very serious cases. Being humanely anxious to save the lives and relieve the sufferings of those intrusted to their care, they *at first* use allopathic palliatives, purgatives, etc., but as their knowledge of and skill in our remedies increase, they throw aside these old nostrums and become true homœopaths. Such was my course at first, when I took up the study of Homœopathy in June, 1866, being then perfectly sceptical about it; and now, after nine years' increasing experience, study, and therefore confidence in it, there is no more thorough supporter of the system than I am, either in England or America. Let us make charitable allowances for the allopathic leaven still clinging to *students* of Homœopathy, and not swallow all the stories told by Dr. Berridge, as if they represented the general practice of English homœopathic practitioners. Dr. Berridge's own record is not a spotless one; therefore, let him beware of personalities. All his Liverpool colleagues know that he was "invited" to resign the resident physicianship of the dispensary there, on account of his neglect to attend patients and record cases in the books, and some amusing facts came out relating to his clinical treatment after he left that town.

As to the value of his clinical contributions to our journals, it is but insignificant, if we are to take as a specimen his case narrated in the *American Journal of Homœopathic Materia Medica* for January, 1875, where one dose of Lycopodium 2^m "cured" a wart that was spontaneously dropping off. Even a brother high-dilutionist, "G.

W. P.," comments satirically on this case in the *American Observer* of this month. Dr. Pope *may* have some personal feeling, preventing him from inserting Dr. Berridge's contributions in the *Monthly Homœopathic Review*, but it is much more probable, nay, it is the fact, that the three editors of that *Review* do not consider Dr. Berridge's clinical cases worth printing; hence he sends them across the Atlantic, where he shines as a literary star. He is very industrious and laborious, no doubt, but is bitterly personal, disingenuous, and when I knew him was rather deficient in the diagnosis of disease. I request the insertion of this communication, if space allows, in your July number.

J. MURRAY MOORE, M.D.,
Edin. M. R. C. S., London, etc.

410 Kearny St., San Francisco.

REVIEWS AND NOTICES OF BOOKS.

*.*Books sent to THE GAZETTE for notice will, after suitable examination and criticism, be presented to the College Library, where they will be accessible to the profession under the rules of the library.

WHAT YOUNG PEOPLE SHOULD KNOW: The Reproductive Function in Men and Animals. By Burt G. Wilder. Boston: Estes & Lauriat.

Although every sincere effort to instruct the masses on all matters concerning the public health and morals is in itself highly meritorious, and sure to be followed by benefit in one direction or the other, the appearance of a book like the one before us, by an author of Prof. Wilder's antecedents, can only be looked upon as a misfortune to the author himself, to his readers, and to popular scientific instruction in general. It is a noticeable fact that of late years a kind of semi-scientific literature is springing up in great abundance, purporting to convey to laymen the results of modern professional inquiries on a variety of intricate subjects, and poured out upon an ill-prepared but eagerly-devouring public from every motive except those few legitimate ones which alone can justify the publication of a book. Aside from all the trash designed to gull the young, and manufactured for the most sordid end, we are flooded with family guides, family physicians, treatises on health and disease, and kindred subjects, for all classes and conditions, meeting, in some instances, with such extraordinary success, even among scientific readers, that it has become wellnigh impossible to distinguish the good from the bad, or to draw the line between deserving and undeserving authors. It is high time to recognize the fact that together these publications form a class of exceedingly unwholesome literature, of which Dr. Clarke's "Sex in Education" may be taken as the most prominent and plausible example, and among which the work before us must likewise be counted. Like others of its kind, it may be said to contain nothing but what is accepted by science, or what could not be safely asserted, and like them, too, it contains nothing original, either in the facts it adduces or the uses to which they are put, except, perhaps, the erroneous suppositions that society may be bene-

fited by the particular notion of reform advocated, and that welcome and much-needed information is conveyed to the particular class of readers to which it is addressed.

In order to establish his claim to a hearing, Prof. Wilder adopts the easy method of book-making, and quotes without stint from authors and authorities of all sorts and descriptions, in support of views, which, however fully persuaded we may be of the purity of his motives, we cannot but consider as questionable. His answers to anticipated objections do not explain away the natural shrinking of an uncontaminated young mind from the consideration of subjects proscribed by the ethics which distinguish an advanced civilization, nor does he take into account that a book, however proper and deserving its tendency, can only be pure to the pure, whose healthy moral tone requires no extraneous guidance or support, while to the impure, all the best things that can be said on the reproductive function are only thrown as pearls before swine. The plea that detailed information on this subject is necessary for the young as a preventive of many of the greatest dangers to which they are exposed is not borne out by experience, as every physician can testify who has had sufficient opportunity to watch the growth and unfolding of youthful bodies and minds, nor is it evident, from Prof. Wilder's reasoning, that the proper handling and application of scientific knowledge such as his book contains can be advantageously intrusted to other hands than those of the physician, in the first instance, to be judiciously filtered by him, either directly or through intelligent parents or guardians, to the young at the fitting moment. However true it may be that plain, unvarnished information should be had for the asking, or even unasked by those who can value or who stand in need of it, it is equally true that popular treatises such as the present are not calculated to impart this information wisely, and, appalling as the evils undoubtedly are which arise from ignorance, we must not assume that knowledge can be conveyed by any and every channel. The remedies to be applied to these social evils must be much more thorough-going. Before books like these can be freely distributed with advantage, we must have healthy minds to read them; and these will be created by everything that tends towards physical health, towards vigor, courage, candor, and a cheerful, generous spirit in our boys and girls. What we want are more watchful and intelligent family physicians, who run less on specialties and more on the study of the human being who is subject to the various diseases concerning which modern pathology has brought to light some valuable information; we want very much less theology, and very much more appreciation of moral principles; less repression and more guidance and direction of youthful vitality. Among other means to this end, those suggested by the very able and thoughtful paper on physical training, read by Dr. J. J. Putnam before the last meeting of the Social Science Association, and the timely article by Prof. Elliot, in the May number of the *Atlantic Monthly*, on "Wise and Unwise Economy in Schools," though bearing but indirectly on the subject, will be found infinitely more beneficial in the end, than any "hints to the young."

WE take pleasure in calling attention to the historical number of the *Boston Medical and Surgical Journal*, to appear in honor of the Centennial celebration. It will be devoted chiefly to historical matters of special interest to the profession, and contain among its most attractive features:—

1. A copper-plate portrait of Gen. Joseph Warren, M. D., with quotations from his Medical Day-book.
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ITEMS AND EXTRACTS.

A CASE OF CHLOROFORM NARCOSIS RESUSCITATED BY NÉLATON'S METHOD.—Dr. M. H. Jordan, of Birmingham, Alabama, reports (*American Practitioner*, February, 1875) the following case:—

Miss —, aged eighteen years, stout, of full habit, and seeming to be in perfect health, applied to Dr. Eubank, a dentist of this place, to extract a tooth. She was accompanied by Dr. F. D. Nabors, and concluding that she could not undergo the operation without chloroform, this after some solicitation was administered by Dr. Nabors on a napkin. After four or five inhalations, some spasmodic movements of the face being observed, the napkin was removed, and the patient directed to open her mouth, which she did, when the tooth was extracted without pain. No indications of a return of consciousness being observed, and the pulse being found excessively small and feeble, and it along with the breathing soon ceasing to be perceptible, the patient was quickly placed prone on a bed, and Dr. I. W. Sears and myself sent for. Dr. Sears arrived a few minutes before me, and finding the jaws tightly closed, he forcibly opened them with the handle of a spoon, and pulled the tongue, which had fallen back upon the fauces, well forward. When I reached the scene the young lady was apparently dead. There was complete relaxation of the entire muscular system; the lips, face, and hands were livid; breathing and pulse had ceased. Having in mind the experience of Dr. Marion

Sims in a case in many respects similar (see *Am. Journ. of Med. Sci.*, Oct. 1874, p. 570), we immediately inverted the patient's body, the head hanging down, while the feet were raised high in the air by Dr. Eubank, both legs resting over his right shoulder; Dr. Nabors supported the thorax; Dr. Sears kept the jaws open and managed the tongue; while I made efforts at artificial respiration by alternately pressing on the thorax and abdomen. After anxiously waiting for about five minutes for some indications of returning vitality, we were overjoyed at seeing one feeble attempt at respiration, followed after a long and painful interval by another, which gradually became fuller and more frequent, accompanied by a return of the pulse, until we concluded that it was safe to place her back in bed. Imagine our distress to find that as soon as she was put in the horizontal position the breathing again ceased and the pulse disappeared, and she looked again the very picture of death. She was again and instantly placed as before, so as to invite the blood to gravitate a second time to the brain, while efforts at artificial respiration were briskly kept up. After a prolonged and most anxious interval we were again delighted by hearing a feeble spasmodic gasp, followed after another protracted interval by a second, then a third, etc., until the breathing finally became natural and the pulse returned. We laid her on the bed a second time, confident that it was now safe; but shortly after resuming the horizontal position there followed a spasmodic twitching of the muscles over the entire body, with a decided inclination to fall into a heavy sleep. Finding it difficult to keep her awake by mild means, we made stimulating applications along the entire spine, and put her feet into hot (almost scalding) water, which aroused her sufficiently to make further treatment unnecessary. After anxiously watching and working with this patient for one hour and a half, we were rewarded by seeing her restored to life, and at the expiration of four hours finding her able to ride to her home, a distance of five miles.

I feel that I am simply stating a reasonable conclusion when I say that the life of this young woman was saved by practising the method of M. Nélaton, and I do not believe that she could have been resuscitated by any other.

ON THE EFFECT OF VENOUS OBSTRUCTION OF THE SKIN. — Dr. Auspitz has lately brought before the k. k. Gesellschaft der Aerzte in Vienna some observations on the effect of venous obstructions upon the skin, which are reported in the *Allgemeine Wiener Medizin. Zeitung* for November 3.

1. A ligature was tied round the arm of a healthy person, as if for bleeding. First the superficial veins swelled, then a livid color spread over the arm, beginning on the flexor surface (where the skin is thinnest), and at last affecting all but the volar eminence (the thickest part of the skin). At the same time the temperature sank. The next effect was œdema of the skin, followed in from five to ten minutes by the appearance of numerous patches of red or brownish-red color, accompanied by minute spots, which were either bright scarlet

or purple in tint. On removing the bandage, the cyanosis first disappeared, then the œdematous swelling; next the red patches gave place to a diffused blush of the whole arm; and lastly this disappeared, leaving only the minute red spots, which remained for several hours or even days. Comparing these appearances with those observed by Cohnheim in a rabbit's ear as the result of mechanical venous obstruction, there can be no doubt that the minute red spots above mentioned are extravasations, either of red blood-corpuscles or of their hæmoglobin in solution.

2. Similar experiments were next tried by Dr. Auspitz on the arms of persons suffering from measles, variola, and other cutaneous diseases.

a. In the cases of measles, it was observed that the large red patches above mentioned coincided with those of the eruption; and that beside the minute ecchymoses, larger spots of cutaneous hemorrhage sometimes appeared.

b. The effect in cases of urticaria was less marked. The wheals were more prominent, and minute ecchymoses were not more frequent (perhaps less so) than in the normal skin.

c. In ordinary small-pox, there was intense congestion of the bases of the pustules, and the points of cutaneous hemorrhage were both more numerous and larger than in a normal arm; but there was never any extravasation of blood in the pustules themselves.

d. In cases of hemorrhagic variola, the whole of the arm below the ligature became rapidly covered by a dark-blue lividity, which concealed all minor shades of color. This was the case even when there were few or no pustules; and when these were present, they were not themselves the seat of extravasation of blood.

e. The ligature applied to the arm of patients suffering from scarlatina had little or no effect beyond that observed in the experiments above noted on the normal skin.

f. In "scorbutic affections — *erythema nodosum*, *morbus maculosus Werlhoffii*, *purpura rheumatica*, and scurvy proper" — Dr. Auspitz was surprised to find the effect of the ligature trifling. There was no scarlet injection of the skin and no ecchymosis. This seems to confirm the old belief (recently called in question by Cohnheim) that purpura depends on a change in the blood itself, and not on any difference of pressure in the circulation, or on anatomical lesions of the blood-vessels. — *London Med. Record*.

DIGESTIVE FLUIDS IN THE FÆTUS.—A. Moriggia (*Revista Clinica*, 1873; abstract in *Centralblatt für die Medicinischen Wissenschaften*, No. 22, 1874) has investigated more than a hundred embryos (chiefly of the cow), from the most different periods of development, and has found that the digestive power of the mucous membrane of the stomach is present, and can be demonstrated, not only in the sixth and fifth, but also in the fourth and third months of pregnancy. The salivary glands, on the contrary, have no digestive properties either in the fœtus or in the newly born. (Compare Schiffer and Korowin, *Journal of Anat. and Phys.*, Vol. VIII.) The bile-forming function of

the liver begins very early. When the liver begins to produce glycogen could not be accurately ascertained; for even at the earliest period of development of the liver, almost all the embryonal tissues contain glycogen or glyose. Embryos which have been preserved for a long time at the temperature of the body, in Moleschott's acetic acid mixture, were by the action of their own gastric juice completely digested, without a trace of them being left. To self-digestion the author seeks to ascribe the disappearance of dead embryos in closed cysts. The parts of such embryos which generally remain to the last are either those which are widely removed from the stomach (*e. g.* head) or those which afford resistance to the digestive power of the gastric juice (*e. g.* hair, bones). From the constant presence of amniotic fluid in the stomach and of amniotic epithelium in the meconium of the embryo of the cow, it is to be concluded that a constant swallowing of the amniotic fluid takes place in the embryo.—*London Med. Record.*

STAMMERING. — The treatment of this defect is now carried on with much success in France by M. Chervin. His method has been the subject of a favorable report to the Academy of Medicine, in which we find a sketch of the system. The training begins by a respiratory practice, in which the patient learns to steady his voice while regulating the respiratory rhythm. Then follows the practice of vowels, which, in fact, constitutes the gymnastics of articular phonation. Lastly comes the demonstration of the functions which the tongue and lips have to perform, and of the shape which the mouth should assume in the pronunciation of each letter of the alphabet. This concludes the initiatory practice. Afterwards we have the combination of letters, vowels and consonants, in the different and respective positions which they may occupy; and, finally, words and periods, with the intonation and expression which they require. The whole consists in gymnastically educating the organs of speech, the excellent results being due not so much to actual muscular work as to the precision with which the practice is carried out. The success depends on an effort of the will on the part of the patient to reproduce with the utmost precision a particular movement. The will of the teacher must take the place of the patient's will, as the latter is unable to regulate the movements dictated by it.

M. Chervin justly remarks that stammering is a kind of chorea of the muscles of respiration and phonation. To remedy this, he advises slow and measured gymnastic exercises of respiration, this being the first part of the treatment. It is shown above that he combats the unruly movements of the tongue and lips by subjecting these organs to muscular exercise. This method seems thus perfectly rational, and the Government have been advised by the Academy of Medicine to give M. Chervin pecuniary support.—*Lancet.*

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[VOL. X.

SIMPLE REMEDIES IN OBSTINATE CASES.

BY C. WESSELHOEFT, M.D.

THE following cases are intended as an illustration that the vale of similars holds good in very severe cases, and that a great and salutary effect is often produced by medicines which are often neglected on account of their simplicity and supposed want of energetic action.

I. A women aged forty, of excellent development and good health, became subject to uterine hemorrhage, preceded by cessation of menses for a month or two. Such attacks had occurred several times in the course of a year, and may have been owing to the commencement of the climacteric age, though the physical and mental condition of the patient counter-indicated such an inference. On the 12th of May, '75, she was again attacked with hemorrhage, which proved very obstinate; lasting with brief intermissions till May 30, at which time the case presented the following symptoms: constant oozing from the vagina of dark, or brownish-red discharge, resembling lochial blood, of intolerable odor; occasionally this flow was interrupted by gushes of bright-red blood, followed for a day or two by discharges of clots, which gradually diminished in size, and at length gave way to the offensive ichorous discharge again. Digital and ocular examination revealed only slight enlargement and some induration of the neck of the womb. The uterine sound showed some enlargement of the uterine cavity. During the examination, the odor of the discharge was most overpowering, resembling that of advanced stage of

cancer, and leading to a strong suspicion of the existence of malignant disease.

Creosote and Crocus were of no avail, and on the 12th of May, she received a dose of *Chamomilla*, 3^d cent. dil., one drop in one half goblet of water, a teaspoonful every three hours. From that time, there was a decided improvement; the discharge and odor disappeared by the second day entirely, and did not return. The patient, who had been confined to bed from weakness, soon was able to be up and about, and has menstruated quite regularly ever since.

II. The same medicine soon afterwards proved its great usefulness in a very different, though much more striking case:

A woman aged about fifty-five, who was spending the summer at the seaside, had been troubled for three weeks with most violent cramps of the flexor muscles of the legs. These cramps came on every night, beginning at the feet, and extending upwards to the hips, involving both legs, and causing most intense agony. The least motion brings on an attack at night in bed; every breath of air or coolness of the bed has the same effect, producing fearful cramps. To avoid these causes, she wears heavy winter stockings all night, and covers her legs with heavy pillows and blankets, to ward off the attack, which makes her perfectly helpless while it lasts; at other times she has much twitching and coldness on the dorsal portion of her feet.

This state of health followed an attack of cholera, and dates from that time. The cholera, again, was preceded for three months by intense itching of both legs from the feet to the hips. The itching was so violent as to cause her "to tear herself to pieces with scratching," especially at night when retiring.

The prescription consisted in four drops of *Chamomilla*, 3^d, upon sacch. l., each powder to be dissolved in half a goblet of water, and a teaspoonful to be taken every three hours. This was on July 8. A week later, the lady came to report great improvement. The first night after beginning with the medicine the cramps were perceptibly less; she soon needed no more pillows or blankets. In another week she was quite well of the cramp; the violent itching had diminished very much,

and was lessening every day. For this remnant, *Rhus*. 20th was prescribed, and the patient, who was well pleased with the result so far, promised to report in a week if there was no further improvement. I have no doubt she would have kept her word had she needed more medicine, which did not seem to have been the case.

EUPHRASIA IN PARALYSIS N. OC. MOT.

BY GEO. S. NORTON, M.D., NEW YORK CITY.

Peter V., age 52, dark complexion, laborer, was sent to me, at N. Y. Ophthalmic Hospital, by Dr. McNeil, of Jersey City, for treatment of his eye, on March 29, 1875.

The following brief history was obtained: Five days ago he found upon awakening in the morning that everything appeared double to him. This continued through the day, the double images becoming farther and farther separated, until soon he noticed that the upper lid began to droop, when he became alarmed, and applied for relief. The only cause found, from which this trouble could have originated, was exposure to cold and wet, which the nature of his work made necessary. He had been troubled with rheumatism, but not at the present time. No syphilitic symptoms could be detected; had been troubled with no headache, and seemed to be in excellent health generally.

Status præsens. Right eye was normal and vision equal to $\frac{20}{20}$, Hm. = $\frac{1}{50}$. Left eye, complete ptosis, no action at all in the levator of the upper lid. Upon raising the lid, the eyeball was seen turned far outwards, and no amount of exertion could turn it inward beyond the median line. On attempting to move it, a slight rotary movement downward and outward was perceived, showing that the superior oblique still retained its activity. The pupil was widely dilated and ciliary muscle wholly paralyzed, as shown from the high degree of presbyopia. The refracting media were clear and fundus normal. Vision was only $\frac{20}{70}$, on account of the hyperopic structure of the eye, but could be made perfect with proper convex glasses. Diplopia was present in the right field of vision and in the

centre. The symptoms all pointed to total paralysis of the third pair of nerves. *Caust.*³⁰ was given, and the daily use of electricity advised.

May 1. Can see no change in the condition of the eye since last date, now over one month. During this time he has had the electricity applied nearly every day, and has been taking steadily either *Caust.* or *Rhus tox.*, in both high and low potencies. At one time commencing paralysis of the ciliary muscle of the right eye made its appearance, but under the use of *Rhus tox.*¹ it disappeared. To-day I find a slight catarrhal condition of right eye; conjunctiva a little red; eye smarts and feels as if there was something in it, especially in the morning; agglutinated mornings, and an occasional film before the eye (right), relieved temporarily by winking. Electricity continued and *Euphrasia*³⁰ given internally, three times a day.

• May 8. Catarrhal condition of right eye relieved. Noticed after taking the second dose of *Euphrasia* that he could raise the paralyzed lid a little, now opens the eye half-way; pupil normal and is beginning to turn the eye inwards. Continue treatment.

May 15. Opens the eye well and apparently has good control over all the muscles, supplied by the third pair, though still sees double at certain points. Repeat.

June 7. Is entirely well, no diplopia and complete restoration of power to the nerve. Discharged from further treatment.

REMARKS.

Euphrasia is a remedy which has not been very thoroughly proven, but from its symptomatology already known one would not think of its use in paralysis of the nerves, and I do not think there is another case reported in our homœopathic literature where it has been used with benefit. But here we have a case where there is very little doubt regarding the efficacy of this drug. Some may claim that the cure was due to the Electricity, for that is a very important element in the treatment of this class of cases. If so, why did not Electricity prove beneficial before? It was used over a month with no effect whatever,

until Euphrasia was given, when the patient experienced immediate relief. Now it must be a wonderful coincidence if the credit of the cure is due to Electricity. Again we know that these cases, sometimes, not often though, recover if let alone. But are the probabilities in favor of this assumption? No, I think not; its duration, its course, and its termination, all argue against such an hypothesis. We are therefore left to ascribe the credit of the cure to Euphrasia, and it only remains now to prove the truth of this assertion by its trial in similar cases, and the report of such trials. I think that it will only prove serviceable in those cases caused from exposure to cold or wet. The symptom which led me to give this remedy in the above case was the simple and unimportant one of "blurring of the eyes relieved by winking," which it will nearly always relieve.

CURE OF THROMBOSIS OF THE AXILLARY VEIN BY ARNICA.

BY DR. W. SORGE, BERLIN, PRUSSIA.

(Translated from *Hirschel's Zeitschr f. Hom. Klin.*, March 15, 1875.)

MR. S., bank official, æt. 52, a tall, spare man, always in good health with the exception of occasional attacks of hemi-crania, very active and zealous in business, complained on the 20th November, 1874, of oppression in the chest and slight dyspnœa, which symptoms had already troubled him for a fortnight. As an examination of the chest elicited nothing abnormal, I gave *Bry.*² gtts. 6, three times daily.

Nov. 26. Impulse of heart in the fifth intercostal space; first sound of heart unclear at apex; no dilatation of heart; some slight oppression of the chest still remaining, otherwise much better.

Dec. 9. Right arm and hand swollen, with bluish discoloration of eight days' standing; the veins stand out prominently, without pain. The precise location and cause of the stoppage of the venous circulation cannot yet be determined. Gave *Puls.*² gtts. 6, three times daily, guided by the well-known relation of this drug to the veins.

Dec. 16. The arm much swollen and cool; the axillary vein can be felt as a thick cord; distinct thrombosis of axillary vein. For the inflammation of this vein I gave *Bell.*² gtt. 6, to be taken every three hours in water.

Dec. 19. The arm is less swollen, but still cool, and the cutaneous veins much distended; along one of these runs a much discolored stripe of ecchymosis. The veins of the integument over the pectoralis major to the clavicle very prominent, and the region of the axillary and subclavian veins sensitive to pressure; pulse 60, regular; the second sound of the heart strikingly feeble in the second intercostal space; at the apex both sounds perfectly clear. No rigor. *Bell.*² gtt. 5, every three hours.

Dec. 22. Severe pains as from bruises behind the elbow, with bluish-red spots over the arm; pulse 64. *Arnica*² gtt. 5, every three hours; selected for its known affinity for the venous system, and with the object of hastening the reabsorption of the thrombi.

During the use of the arnica the pains about the elbow not only subsided within a few days, but the swelling of the axillary vein also diminished steadily, so that it could not be detected on the 25th of January. The arm, at the same time, grew smaller and smaller from week to week, until, by Jan. 25, it measured less than its fellow, with but very little turgescence of the cutaneous veins, and entire disappearance of the coldness and stiffness, which left behind only a slight feeling of weakness in the fingers. The sound of the pulmonary artery valves in the second intercostal space gradually assumed its normal strength, so that I could consider the thrombosis entirely cured by the 25th of January.

Whether or not the subclavian and axillary vein again became pervious, I am not able to state; but it is somewhat remarkable that a tense nerve branch could be felt at the posterior wall of the axilla, like a knitting needle, and much more prominent than on the left side. The muscular tissue of the affected arm was still wasted and somewhat flabby.

In order to guard against the detachment of portions of the thrombosis and consequent embolism of the lungs, I directed

the arm to be worn quietly in a sling, and omitted all wrapping up or bundling of the arm in the early stages, in order to prevent a strong blood-current in the affected veins. From the 4th to the 13th of January, I had the hand and forearm bandaged; after that it was left free.

I attribute to the arnica the rapid removal of this dangerous affection without breaking down or suppuration of the thrombus and without embolism.

The only remaining difficulty was a rheumatic pain in the muscles of the upper arm and shoulder, which forced the patient out of bed at night, and to sit upright on his sofa, while during the day nothing more than slight painfulness was felt during backward motions of the arm. This very annoying pain disappeared quickly under the use of *Rhus tox* 3¹⁰. For some slight muscular pains in the shoulder, brought on by wearing a heavy cloak, or when the patient has been lying on the right side, I am giving no medicine, as I hope to see all these sequelæ disappear by the improved nourishment of the arm and by strengthening the muscles by regular exercise.

LECTURES ON MATERIA MEDICA AT THE LONDON HOMŒOPATHIC HOSPITAL.

BY DR. RICHARD HUGHES.

(From *Monthly Homœopathic Review*, July 1, 1875.)

LECTURE XV. — MAY 13.

CINCHONA. — We have given a rather full abstract of the lecture on this important and, so far as homœopathy is concerned, historically interesting substance, because it shows how thoroughly the most recent scientific investigations can not only be advantageously utilized by the homœopathist, but how thoroughly they support the homœopathic theory of drug selections. It further demonstrates, in a very clear manner, the necessity of individualizing cases from a general pathological point of view, and shows how impossible it is to use any drug indiscriminately in a series of cases having only one general feature in common. The *modus operandi* and sphere of action of quinine as a tonic was exceedingly well explained and supported by the investigation of the experiments of Briquet and Binz. Empirically, quinine has been held to be a tonic in all forms of weakness. If the antipathic theory is correct, the experiments of the French and

German observers prove that it is no tonic at all. If, on the other hand, the homœopathic theory of drug selection is the true one, these experiments afford it support, and they also endorse Hahnemann's individualization of the kind of cases in which cinchona is a "tonic." We would gladly have given a fuller report of this most interesting, instructive, and suggestive lecture, had circumstances enabled us to do so. It is one of the best Dr. Hughes has delivered during the session.

After some introductory remarks on the provings of cinchona, and giving an estimate of their value, Dr. Hughes passed to the consideration of its physiological action, and the therapeutic indications to be derived therefrom. Hahnemann's provings showed that it gave rise to a peculiar kind of debility, and that its "tonic" properties in disease were demonstrably applicable to weakness of this very sort. When used with precision under the guidance of the homœopathic law, he stated that cinchona would do all its strengthening work in infinitesimal doses as high even as the 12th dilution. The special kind of debility for which it was indicated, Hahnemann had pointed out to be that resulting from exhausting discharges, or other loss of fluids, when there is emptiness of the blood-vessels, and much loss of energy, but at the same time considerable erethism of the nervous, and even of the circulatory, systems. In this condition cinchona is curative, because homœopathic to it. Dr. Hughes warmly recommended the study of Hahnemann's preface to his proving of cinchona, which he characterized as a masterpiece of observation and reasoning. He went on to show that while cinchona did not cure anæmic debility like ferrum, or nervous debility like phosphoric acid, in that occasioned by loss of blood, by diarrhœa, diuresis, or excessive sweating, by over-lactation, and by too great and too rapid an expenditure of semen, it was a most effectual remedy. Its value in the hectic following suppuration was pointed out; and it was added, that, whether with or without hectic, debility from drain on the system is the sphere of the tonic action of cinchona, which also extended to headaches, various pains and neuroses, to hydræmia, and even to dropsy, when arising from the same cause.

Dr. Hughes then pointed out that the experiments of Briquet and Binz recently, and especially those of Binz, had proved the homœopathic relation in which bark, and its alkaloid quinine, stood to this form of debility; the latter observer having demonstrated that quinine was the most potent of protoplasm-destroyers, while to check the formation of blood by destroying its white corpuscles is to produce a similar effect upon the system to that occasioned by the loss of the vital fluid.

Dr. Hughes next entered into an elaborate discussion of the question whether bark was an antiperiodic under all circumstances or an anti-malarial. From the numerous facts he had collected, and which were considered in his lecture, he concluded that cinchona cures ague by its specific antidotal influence against malaria. He then passed on to consider what kind of antidote it was. Was it a chemical neutralizer? Did it set up in the parts affected an action incompatible with that of the poison? Was this action of a similar, or of an opposite

kind? It had been supposed, that, quinine being a destroyer of protoplasm, and malaria being supposed to consist in an abundance of low organisms, bark antidoted it by destroying these. Against this theory several considerations were urged. The dose of quinine sufficient to cure an ague was insufficient to destroy the supposed microzymes. Again, other substances, such as strychnia and mercuric chloride, had the same property in a less degree; yet they had little or no power over intermittents. Further, other substances controlled intermittents which had no action upon protoplasm. Dr. Hughes then quoted Dr. George Wood (Philadelphia) to show that bark exercises a powerful influence upon those parts of the nervous system, through an influence upon which it is that the paroxysms of ague arise. He next passed on to argue the homœopathicity of bark to ague. In doing so he showed, that, though bark had never been known to produce ague in the concrete form, it had given abundant evidence that it acted upon the same parts as those affected by ague, and that it did so in a similar manner. In support of this argument he adduced several clinical illustrations from Rogers, Langhein, from published reports on the health of workmen in quinine factories, etc.

It was further shown that the theory, upon which quinine was supposed to cure ague, influenced the quantity required and the time of prescribing it. If it depended upon microzymes, large and frequently repeated doses were required. If it acted by giving a slight shock to the nervous system, after the theory of Dr. Wood, single full doses to cinchonism just before a paroxysm were necessary. If it were homœopathic we need, he said, only proportion our doses to the severity of the disease, giving them in moderate frequency during the interval. Further, bark cured most effectually those cases of ague which were most similar in their features to its physiological action. These are cases where there is thirst just before and after the hot stage. The paroxysm commences with some accessory symptoms, such as palpitation, anxieties, nausea, great thirst, canine hunger, pains in the hypogastrium, headache, distention of the external veins, and rush of blood to the head. While cases giving such indications were those most rapidly cured, still Dr. Hughes regarded all cases as being sufficiently nearly similar to quinine to demand its use, and that, provided the dosage were no greater than was necessary, no harm could be done in any.

Dr. Hughes next proceeded to consider other conditions in which bark was useful, instancing chronic, passive, painless diarrhœa; acute summer diarrhœa, attended with severe griping pain. It was also a remedy for lenteria; in the weakness induced by several losses; in a class of pains of a neuralgic or rheumatic character, increased or excited by movement, or by touching the part; in certain forms of jaundice, in humid gangrene of the outer parts, and in suppuration of the lungs. He had also found it useful in relaxed states of the ligaments of the joints, especially of the ancles, which ache after exertion, and in some forms of metrorrhagia.

Dr. Hughes then proceeded to speak of quinine. After drawing attention to the provings which had been published, its relation to

intermittent fever having been already noticed when speaking of bark, he referred to its other actions and uses. The kind of headache to which quinine was homœopathic was described. Its influence upon the quality of the urine was referred to. The experiments of Briquet with quinine, showing its influence on the circulation, were also noted. While it increased the force and frequency of the heart's action at first, its more intense and sustained effect was enfeeblement of the circulation, with diminished arterial pressure and lowered temperature.

The experiments of Binz had shown that while it increased the amount of fibrin in the blood, it diminished the quantity of red corpuscles. It does so as a protoplasm-poisoner, killing the white corpuscles, and preventing their becoming red. It also lessened the ozonizing properties of the blood. Hence, among members of the dominant school, quinine, as a tonic, was under a cloud, while it was being freely used in inflammation, to restrain the activity of the white corpuscles; and, as cinchonism was objectionable in inflammation and alcohol was antagonistic to cinchonism, alcohol and quinine were given together in inflammation! Dr. Hughes thought the lancet would do less harm in such a condition.

The indiscriminate use of quinine in neuralgia was another unwarranted employment of it, which was passing out of vogue. For the supraorbital nerve, Dr. Hughes thought that quinine had possibly an elective affinity.

LECTURE XVI. — MAY 20.

The first drug treated of was the *cocculus indicus*, one of the many drugs which Hahnemann proved on his own person, and was the means of bringing into notice as a curative agent.

The lecturer, after showing that its action, as a poison, was almost entirely confined to the motor nerves, producing both paralysis and tonic and clonic convulsions, went on to say that it had been proved of great service in those cases of vomiting and intestinal spasms dependent on reflex action, such as in migraine, and also in nervous women at the menstrual periods.

Its action as an antiparalytic, and in nervous cases, though it has proved very useful in the hands of some, does not yet seem to have been fully determined; but it bids fair to take a leading place in the treatment of such diseases.

COFFEA. — The preparation is either a tincture from the raw bean, or a trituration of the same.

The physiological effects of coffee are well known as nervous stimulation, increasing the sensibility of all the special senses, prohibiting sleep, and in some cases going on to produce extreme irritability, palpitation, and even neuralgia, in the form of toothache.

This picture sufficiently indicates its range as an homœopathic curative; and accordingly we find it of very great use in those cases of sleeplessness caused by nervous irritability, and in some forms of neuralgic toothache and migraine, which present characters similar to those produced by coffee.

COLCHICUM. — This drug, when taken in large doses, was shown to exert its influence chiefly on the gastro-intestinal organs, producing profuse mucous diarrhœa, utter prostration, violent vomiting, and cold extremities with cramps; and accordingly it is homœopathic to cholera, dysentery, and such complaints, and has cured them, but is not much used in these cases, its place being so well filled by *veratrum album*. Its chief interest, therefore, centres in its relation to gout, for which it is an undoubted specific, so far as giving immediate relief goes. In a poisonous dose it has produced pains and stiffness in the joints, the occiput, and the back of the neck, with profuse acid sweating; therefore, in so far as it influences the joints in health, it is certainly not antipathic to the gouty condition, but rather similar, although its homœopathicity to gout is not by any means clear, and we are content at present to use it empirically. It also is curative to some forms of rheumatism and pericarditis.

COLOCYNTH. — This drug, which has hitherto been used by the old school as a simple purgative, serves to illustrate well the advantages gained by “proving” drugs on the healthy person. This has been done for colocynth by the Austrian provers. That colic is an invariable accompaniment of the action of colocynth is well known; but in these provers it also produced neuralgia of the nerves of the face, but especially of the hip and thigh, besides pains in the ovaries (in two women), and in the testicle in one of the male provers.

Accordingly we find that while it is comparatively seldom indicated in diarrhœa, it has a large sphere of action in the neuroses, notably in colic and sciatica, but also in neuralgia testis. It appears to have a more immediate relation to such neuralgic complaints as are traceable to a rheumatic origin.

CONIUM. — From some provings of undoubted value, it appears to act as a paralyzing agent upon the motor nerves from below upwards, ultimately causing death from asphyxia, through the paralysis of the diaphragm and intercostals; from this, however, very little practical use has come. In many of the provings it has produced swellings of the glandular organs, particularly those connected with the generative functions; and hence it has proved of value in scrofula, and in cancer and other affections of the glands, particularly when attacking the mamæ, the ovaries, or the testicles. Its full value, however, is as yet not ascertained.

LECTURE XVII. — MAY 27.

The medicines treated of were *cuprum*, *digitalis*, and *drosera*.

CUPRUM. — This drug the lecturer described as acting first as an inflammatory agent on the stomach and intestines, producing true gastro-enteritis with violent colic; but this has led to little use in the homœopathic school. Its second action he described as being one of nerve-irritation, producing cramp, convulsions, and, occasionally, paralysis of the hands; and he stated that it is found practically curative in a number of cases resembling its poisonous effects, instancing cramps, spasms, epilepsy, the second stage of cholera, and those

forms of cerebral disturbance following the retrocession of the exanthemata and some skin diseases.

DIGITALIS. — The lecturer began by giving a somewhat extended *résumé* of the theory of its action on the heart, and showed that while it acted as a direct stimulant to the vagi, thus slowing the heart's action, it also paralyzed and weakened the muscular tissue of the heart itself, the contraction of the organ after death being from *rigor mortis*, which set in earlier and stronger than after death from other causes.

Starting from this ground he showed that its action in disease is best seen in cases of enfeebled and irritable heart, to which condition it is purely homœopathic; he also explained that its beneficial action in cardiac dropsy was to be entirely ascribed to its tonic influence on the heart.

He then discussed its action both physiologically and therapeutically on the brain, the kidneys, the mucous membranes of the stomach and intestines, and on the genital organs. He then passed on to

DROSERA. — The provings of which he described as limiting its field of action almost entirely to the larynx and the lungs, producing a spasmodic cough, and among sheep and cats an apparently true tuberculosis. In accordance with these facts, he showed that it is of great use in the convulsive stage of pertussis, and in convulsive coughs of other origin, while in the hands of some it has been found to relieve and even cure tuberculosis of the lungs in its earlier stages.

LOCAL TREATMENT FOR DIPHTHERIA.—Where the patient complains of sore throat, *ab initio*, I have found an iron gargle (two drachms of the tincture to half a pint of water) beneficial: but this I have found too cutting when the membrane has disappeared, and then I have substituted one of borax and glycerine (two drachms of the former and one ounce of the latter to half a pint of water); and this gargle I have also found very useful to relieve the sensation of bread-crumbs and tickling in the throat, of which complaints are frequently made during convalescence. . . . In paralysis of the soft palate and regurgitation of fluids through the nostril, holding the nose during deglutition will be found very much to assist the act; this a patient of mine found out for himself, and I subsequently confirmed his statement in other cases. In these cases, too, I always advise thick drinks, which are more easily swallowed. When the pharynx is also affected, a large bolus is much more easily passed down than a small one, so that I have advised the collection of all the food in the mouth into one mass before swallowing. This is no doubt accounted for by the weakened muscular fibres of the pharynx being enabled to grasp a large bolus with less effort than would be required for a small one. In one case I kept a patient alive for some days by giving the yolk of an egg unbroken, and letting it glide down his throat, as it were. — THOMAS PRANGLEY, Esq., in *British Medical Journal*, Jan. 9, 1875.

The New England Medical Gazette.

BOSTON, AUGUST, 1875.

SINCE the Massachusetts Medical Society has succeeded in ridding itself wholly of its homœopathic members, it is evidently bent on enjoying the liberty of unrestricted expression on all matters relating to its aims and position without fear of contradiction from without, or of disturbing the quietude which is now said to reign within its bosom ; but the tone of its official utterances is not calculated to inspire the world outside with the conviction that the new privilege is enjoyed without some alloy of that discomfort which comes from the consciousness of having made a *faux pas* of a very bad kind, and on the occasion of its annual meetings within the last three years, no insignificant part of the most laborious efforts of the orators whose duty it is understood to be to pronounce a eulogy on the society, is devoted to attempts at escaping from the false position into which they clearly feel the society to have run itself. At first the addresses and after-dinner speeches teemed with a sort of triumphant bravado, with strongly-worded denunciations of homœopathy, and that kind of loud and excited talk which answers for argument where both speakers and hearers are of one mind, and feel the necessity for making much noise to drown the whisperings of their better sense. This year, however, the tone is somewhat more subdued, and shows that the deep-seated desire to appear perfectly respectable and self-possessed, the highest aim of conservative societies and individuals, is again asserting its supremacy ; and it gives us sincere pleasure to record that the efforts to smooth the ruffled plumage have not been unsuccessful, especially on the part of the orator of the day, who was happy in getting well back again to that safe ground of commonplace and smoothly-worded phrases upon which his fellow conservatives have always felt themselves perfectly at home. The loud, untruthful assertions and blatant nonsense of the stage of exaltation we could allow to pass unnoticed, as they carried their own refutation with them to every reasonable mind, as the general expression of public opinion amply testified at the time ; but now that “ regular ” tactics have returned once more to the steady reiteration of those wholly groundless and invidious declarations clothed in what will be mistaken by many for scholarly and dig-

nified terms, which still constitute the substance of the anti-homœopathic argument, we feel bound to protest again, most earnestly, as their effect upon that large and timorous class of the community which delivers itself up, body and soul, to what it recognizes as established and infallible authority in medicine, is not to be overlooked.

The orator chooses for his subject, "The interest of the public and the medical profession," and deals with its various parts, more especially quackery and the question of woman's right to enter the profession, in the spirit and almost in the very phrases with which we are all familiar for so many years, avoiding, with so much circumspection, everything like a modern or progressive idea that we cheerfully offer a suggestion which cannot fail to commend itself to his learned colleagues and which we are sure will be acted upon without a word of recognition, like so much else from homœopathic quarters, namely, that this address be declared perennial, and that it be read at the annual meetings throughout the remainder of this century by an orator selected as usual, whose sole duty it would then be to invent a new and pleasing title. The advantages of such a move are obvious; and since the society has taken the first step in this direction by its expulsion of the homœopathists it cannot hesitate long over the remaining ones.

Homœopathy, as a matter of course, is counted among the various forms of quackery, but, notwithstanding its name is barely mentioned, there is sufficient evidence to show throughout the whole argument that, as usual, the "exclusive dogma" is an infinitely greater source of discomfort to the regular mind than all the "well-advertised elixirs or patent pills" in existence, or likely to be invented. The relation of "the profession" to the "exclusive dogma" is again made clear in the definition first formulated for New England by Dr. O. W. Holmes nearly forty years ago, and imported by him from France, whither it had been brought out of Germany some fifteen years previously, and since then it has been repeated among us by less gifted speakers until one is forced to wonder how far conservatism can be carried even in an enlightened republic, in the face of advancing knowledge and the clearest lessons of experience. A few short extracts from the oration which, although it sings the praises of stability, congratulates the society on the changes in its spirit and practice, will illustrate its particular aim and its general tenor.

"If we are accused of conservatism, it must be admitted that it is for the conservation of the interests of the public; if we have refused to affiliate with any 'exclusive dogma,' whether it be Perkinism or Spiritualism, Thomsonianism or Eclecticism, Allopathy or Hydropathy, Homœopathy or Electropathy, our sufficient reason is that the range

of the regular practitioner includes everything of worth which they contain, most of these erratic systems originating mainly in attempts to erect an independent structure upon some isolated but already well-known medical fact, valuable only in its existing and subordinate connection. . . .

“It surely may be claimed for regular practitioners as a body, that they are as intelligent, honest, unselfish, and gifted with as fair a share of common sense, as any other body of men. Granting this, it is passing strange that the same business sagacity which distinguishes our people in their respective callings should not lead them to recognize that their safest course, in matters involving such vital issues as the preservation of life and health, is to leave the working out of these problems to those specially trained for the duty, and whose interest in the result cannot possibly differ from their own.” . . .

“. . . There is a force behind which irresistibly impels to progress and development, and it becomes the medical profession to retain the lead if they do not wish to be lost sight of in the rear. Were the axiom always borne in mind that we have no rights separable from the interests of the public, it would clear away much sensitiveness and misapprehension; then the public, realizing our disinterestedness, would more cordially rely upon our judgment, and patiently wait for all necessary investigation with something like the old faith in the final decision.”

The sting of the first of these paragraphs lies in the fact of its being what in the manly art of self-defence is called a cross counter, *i. e.* a thrust intended at once to punish the adversary and to parry his blow, its offensive movement lying in the persistent classing of Homœopathy with Perkinism, Spiritualism, Thomsonianism, and similar limited procedures and pseudo sciences, while its defensive is effected by throwing Allopathy into the same category. But luckily there are outside of the Massachusetts Medical and kindred societies few so unskilled in intellectual sparring as not to see at once that this is in reality not a blow but merely a badly delivered feint, indicative of both weakness and want of “science.” The best and the worst that can be said of men who persist at the present day in the delusion that, by persistently ignoring, they are escaping the grave responsibilities under which the well-established claims of Homœopathy lay them, is that they are conservatives, the title upon which they pride themselves, but which, in the estimation of live and active men, has anything but a flattering significance. What was pure and not unreasonable prejudice in the days when this line of argument was first brought forward has now come to be sheer vicious-

ness since Homœopathy has assumed the fairest proportions in the very teeth of every obstacle the most unreasoning and malevolent conservatism could throw in its way, and has established its claims to recognition on the part of the public as well as the profession by conforming fully to the demands which science makes upon a "new and independent structure," thereby raising itself far above those limited procedures and "erratic systems" which either never claimed to be more than "isolated facts," like hydropathy and electropathy, now absorbed by regular practice, or like Perkinism and Thomsonianism long forgotten, like so many of those ephemeral therapeutic agents with which the profession has affiliated in the same unreasoning spirit in which it has rejected others. The artful dodge of attempting to abandon Allopathy, and to denounce it as one of the erratic systems with which regular practice has never affiliated, is quite too transparent to deceive even the warmest admirer of old-school respectability, and shows to what extremes of folly and inconsistency men may go in attempting to escape from a false position. Until quite recently this perfectly just and expressive term by which Hahnemann distinguished the traditional practice has been accepted the world over by the old school as most correctly defining its therapeutical method, and nobody has ever denied that the *rationale* of all "regular" medication which is not purely empirical, is the dogma or rule or principle, *contraria contrariis* by which it is even attempted to explain manifest homœopathic drug action. Therefore it follows that while they adhere to their present practice, which is, scientifically speaking, neither better nor worse than it was two thousand years ago, being based upon precisely the same rules, the medical conservatives will be neither more nor less than allopathic doctors, and the declaration that the "regular profession" has never affiliated with Allopathy, remains a subterfuge which it is lamentable to see men driven to who have so many and such undeniable claims to our gratitude and respect. While the Massachusetts Medical Society asks the confidence of the public on grounds like these, it must rest content to see a very large proportion of the most independent and intelligent classes hesitating to accept its decisions and doubting the disinterestedness of its motives. Throughout all history the public faith has been too often betrayed by conservatism to warrant its "waiting patiently for the necessary investigation," or abiding by the "final decisions" given from that quarter.

"The force behind which irresistibly impels to progress and development" is the spirit which is ceaselessly and uncompromisingly antagonistic to that other spirit which at present animates the Massa-

chusetts Medical Society, and compels this and all the other august bodies which recognize the jurisdiction of the American Medical Association to shift their ground continually in their opposition to every new truth in therapeutics that is not merely a fortuitous empirical discovery; that forces them either to admit, although tardily and reluctantly, any revolutionizing idea that will not be killed by force or ridicule, or to take refuge against it behind an ethical sophism like that of the "exclusive dogma." The unwarranted assertion that "regular practice" embraces everything of worth in every "ism" or "pathy" would have some weight if it were not too plain that this practice, though it grasps eagerly and blindly at every isolated empiricism, yet finds itself unable to hold any but by a very slight tenure, or to make them valuable by any "existing and subordinate connection," as it fights tooth and nail against any deduction by which they could be harmonized and resolved into a safe and widely applicable rule of practice, or in other words, which would organize the crude mass of empirical knowledge upon which "regular practice" is founded, and convert therapeutics into a science of the highest order, — higher even than pathology or physiology, — as we possess the amplest means for making it both experimental and deductive. Had the Massachusetts Medical Society advanced so far there would be a modicum of sense in the frightfully illogical and contradictory sentence, "most of these erratic systems originated mainly in attempts to erect an independent structure upon some isolated but well known medical fact, valuable only in its existing and subordinate connection." Perhaps, too, we should then be spared such concentrated twaddle as is embodied in the following: "While pathology, physiology, diagnosis, hygiene, the natural history of diseases, have in their rapid development approached more and more nearly the dignity of science, it still remains true that the practical application of our remedial measures to the multiform and complicated emergencies arising from individual constitution and habits of life constitutes as yet only an art."

Now it may appear indelicate, but, both for the honor of Massachusetts doctors and because the shockingly loose and untutored notions still abroad on this very subject breed the most virulent opposition to Homœopathy, we feel bound to explain to the president and fellows of the Massachusetts Medical Society that pathology and physiology are sciences, not exact sciences, to be sure, but sciences, nevertheless mainly deductive, and of the most commanding dignity; that the natural history of disease is merely a method of description or classification in its accepted signification, and a subordinate branch of pathology; while diagnosis, hygiene, and the application of remedial measures

either to multiform and complicated or to simple emergencies are arts, and can never by any possibility be anything else, a matter which we see no reason to deplore. It will not be out of place to add that, so long as the knowledge from which "regular practice" derives its rules remains in the loose chaotic state in which it is confessedly at present, the practice can never become a complete art which consists of definite rules drawn from scientific truths, both facts and laws derived from summarized facts, but it will remain forever the mass of unscientific speculations and almost worthless empiricisms which leave every physician to "his favorite methods, the results of personal experience *or choice*" (the italics are ours), or what is the same, to follow the dull routine, which in ninety-nine cases out of a hundred is choice, or to build up laboriously his own little system of disconnected theories and experiences, of which millions upon millions will not make a science until they are sifted and analyzed and made to serve as the basis for an explaining theory or law. This is what Hahnemann achieved with the facts he found ready to his hand and those he produced by direct experiment, thus making his "independent structure" conform to the demands of modern science and of plain reason, and laying the foundation both for a progressive therapeutical science and a practicable benignant art.

On the subject of woman's right to enter and enjoy the privileges of the profession, the same line of argument is pursued as that directed against the "exclusive dogma." After announcing that "sooner or later the Massachusetts Medical Society may be compelled" to take the matter into consideration, whereby he makes a confession which cannot but cause a smile among the publicans and sinners, and after admitting with a mental reservation both woman's right and intellectual fitness for every educational advantage in the arts and sciences, law, theology, and medicine, the orator proceeds to recount all the ancient arguments against her physical and moral fitness and her right to share the best educational advantages with men. He draws freely on Dr. Clarke's "Sex in Education" in order to have chapter and verse for his sentiments and his phrases, and to show that he does not swerve a hair's-breadth from the traditions of conservatism, and clinches his argument with a quotation from that arch enemy to all progress, the *Saturday Review*, which declares "that women have at common law, no right to demand to share the studies of men at universities, and no right to demand degrees." On the strength of this kind of reasoning, which is strengthened by the usual twaddle about the presence of women at demonstrations in anatomy being dis-

gusting, and the danger of destroying the relation between the sexes by breaking down every barrier of decency and privacy, he returns again to the bulwark of conservatism, his ethical code announcing the impossibility of admitting women to the Massachusetts Medical Society, as this "was never intended for such affiliation," and that "the profession is singularly unanimous in the disapproval of any such aim (namely, any professional education for women), they having decided that the higher standard of education which women are seeking, and which they certainly ought to have, should find for its development other and more appropriate spheres which are as yet far from being exhausted."

That a physician addressing physicians, especially in Massachusetts, where in other walks of life, freedom of thought, clear and independent judgment, and wise progressiveness are valued more highly than elsewhere in this country, should quote English common law, — the law which is founded on traditions and decisions extending back for ten centuries or more, the law at which woman scarcely has a right that man is bound to respect — in support of views which bear the stamp of the narrowest prejudice, and lack every element of strength that might be allowed them if they showed even a semblance of modern scientific reasoning, is positively humiliating and grievously disheartening to every thinking mind. While these fellows of the Massachusetts Medical Society, in the pride of their conservatism, are leisurely preparing to begin to take into consideration the advisability of making the "necessary investigation" into these vital issues of scientific therapeutics and woman's fitness for professional labors, other men have been at work at the sacrifice of their social position, their comfort, their time and means, to test practically these questions upon which no final decision can be reached by mere *a priori* reasoning, based upon narrow assumptions, and concerning which the public looks to "the profession" in vain for light. It is Emerson who says, in defining the conservative: There is always a certain meanness in the argument of conservatism, joined with a certain superiority in fact. It affirms, because it holds. Its fingers clutch the fact, and it will not open its eyes to see a better fact. The castle which conservatism is set to defend is the actual state of things, good and bad. The project of innovation is the best possible state of things. Of course, conservatism always has the worst of the argument, is always apologizing, pleading a necessity, pleading that to change would be to deteriorate. . . . Reform is affirmative; conservatism negative; conservatism goes for comfort, reform for truth. Conservatism makes no poetry, breathes no prayer, has no invention, it is all memory. . . .

Conservatism tends to universal seeming and treachery; believes in a negative fate; believes that men's temper governs them; that for me it avails not to trust to principles, they will fail me, I must bend a little; it distrusts nature; it thinks there is a general law without a particular application, — law for all that does not include any one." Can there be a more striking illustration of the profound truth of these aphorisms than the attitude of the Massachusetts Medical Society, which continues to grind out year by year its ancient assertions, and to delude itself into thinking that an enlightened public can have no standard by which to judge its actions than that which the society would impose upon it. We cheerfully concede what is claimed "for 'regular' practitioners as a body, that they are as intelligent, as honest, unselfish, and gifted with as fair a share of common sense as any other body of men," but we know too well that all these qualities do not prevent men from committing the gravest and most lamentable errors where their prejudices are aroused, or in the heat of party strife, and although the public of Massachusetts may award the Massachusetts Medical Society the respect it owes to so large and influential a body, and the eminence of some of its members, and generously support every good and laudable move towards the elevation of the profession, the people are far too well informed and sagacious to repose an unquestioning confidence in the integrity of an organization which has shown too plainly that it values its conservatism infinitely above the public interest, and that there is nothing it will not sacrifice to save its cherished traditions.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE summer vacation is being improved for the thorough renovation of the college building. The museum has been greatly enlarged and made ready for the additional specimens which have been purchased abroad by the Dean, and contributed by the friends of the school at home. Further contributions of specimens, both pathological and embryological, are earnestly solicited. They will be properly preserved and duly accredited, if sent to the Registrar, and will be of great service to both teachers and students.

The prospect for the next course is very flattering, a large number of students having already applied for admission. The first instalment of books for the "Hunt Fund Library" has been purchased and placed in the college library. This library is the product of a legacy left by the late Dr. Harriott K. Hunt, for the purchase of text-books

for the use of indigent students. Dr. James H Osgood, the faithful and efficient janitor of the college since its opening, has resigned and entered into practice, with very flattering prospects, at No. 21 E. Springfield Street. He has the best wishes of every one ever connected with the college, for his future success. The position is now vacant, and offers a fine opportunity for a student of medicine with a small family. Applications, with testimonials as to character and fitness, may be addressed to the Registrar, J. H. Woodbury, M.D., No. 165 Boylston Street, Boston. The new hospital is rapidly approaching completion. It is already "roofed in" and the masonry nearly finished. It will be a very handsome as well as substantial building, alike creditable to the architect and to the cause which it represents. Its proximity to the college will render it very available for clinical purposes.

RARE SURGICAL CASES.—It is designed by the surgical editor of the *Ohio Medical and Surgical Reporter* to compile for publication all of the more rare and interesting cases of surgery that have occurred in homœopathic practice. It is therefore especially urged that the members of the profession will forward to Dr. H. F. Biggar, Cleveland, O., the history, course, treatment, and termination, with, if possible, a photograph or cut, of such cases of this character as may have come under their observation.

SOCIETIES AND INSTITUTIONS.

** Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MEDICAL EXCURSION AND FIELD DAY.

THE Third Annual Excursion and Field Day of the Essex County Homœopathic Medical Society occurred on Wednesday, July 28, and was held by invitation of the homœopathic physicians of Lawrence, at Laurel Grove, on the banks of the beautiful Merrimac.

Although the weather in the morning looked unfavorable, which prevented many from attending, the party numbered more than two hundred, and proved a grand success.

The physicians from Lynn, Boston, and vicinity, attended by their ladies and other invited guests, reached Salem at 8.40 A. M., where they were augmented by various members of the society and their invited guests from Newburyport, Gloucester, Salem, and vicinity, and

thence proceeded to Lawrence, in a *special train*, provided by the Eastern Railroad. Reaching Lawrence the excursionists were met by Drs. Scott, French, and Lougee, and hastily escorted to the landing of the steamboat *City of Lawrence*, which had already been chartered for the day and taken possession of by our Lawrence friends, who were patiently awaiting our arrival. "All aboard," and in no time we were speeding up the romantic Merrimac.

Soon it was whispered on the boat, that owing to our unfortunate detention just beyond Danvers, by an accident to the engine, which delayed our arrival nearly an hour, we should not enjoy the pleasure of a trip to Lowell, as anticipated, and therefore a large majority of the party landed at the grove, while a few proceeded on the boat up the river to receive the Lowell delegation.

The grove proved to be a delightful spot to while away time. All hearts were made light and free by various games, sports, walking and running matches. Prizes were offered to the successful competitors in the various matches arranged, generous purses being contributed by those present. The first was a walking-match, open to all ages and either sex. Judges were appointed, the flag-staff erected, and when all were ready, the word "Go" given. Five ladies and two gentlemen entered this match, and although a certain M. D., from Haverhill, came in slightly ahead, he was "declared out," and the first and second prizes awarded the ladies. Next came a race by the lads of the party, creating great merriment; and the little four-year-old from Salem, who brought up the rear so handsomely, was presented with a *special* purse, a lad from Boston taking the first prize. The contest between two of the solid doctors of Boston, from "Fader-landt," both solid in intellect and strength, won loud applause as they came in neck and neck, puffing and blowing, with distended nostrils and protruding eyes. A three-legged race by a quartette of boys was next in order, affording great amusement; but the final race between the secretary of the society and his lifelong friend from Boston, created the wildest excitement, in the midst of which came the shout "the boat! the boat!" when all beat a hasty retreat to the steamboat landing, and gave a hearty welcome to our friends from Lowell. The party now proceeded to the Pavilion, where the tables were soon loaded with a great variety of tempting viands. The chowder provided by our Lawrence physicians was delicious, and no better coffee was ever furnished on a similar occasion. The president called upon the Rev. Mr. Barnes, of Woburn, who invoked the divine blessing. The appetites and tastes of all having been fully satisfied, then came the intellectual treat.

The Society was now called to order by the President, Dr. A. M. Cushing, of Lynn, who requested the Secretary, Dr. Morse, of Salem, to read the records of the last meeting. On motion of Dr. Whiting, the further reading was omitted, when Dr. H. M. Lougee, of Lawrence, stepped forward and welcomed the Society and their guests to the festivities of the day in a neat and appropriate speech, which was highly applauded and briefly responded to by the president.

The Vice-President, Dr. David Foss, of Newburyport, then arose

and introduced Dr. Cushing, the president, who he said would now deliver his "Inaugural Address." The address was entitled "Shadows and Sunshine of a Physician's Life," and was replete with excellent humor, timely hits, and happy suggestions.

A beautiful duet was now sung by Miss Ellen Sargent and Mrs. Seville Davis Martin, of Lynn, both fine singers, who were present by invitation of Dr. C. B. Brown of that city. Their charming voices on the boat and in the cars added much to the pleasures of the day.

Dr. C. W. Scott, of Lawrence, was next introduced as "the poet of the day"; but the poem was missing, although the doctor was sure he had it a few minutes before,—it had either been lost in the grove or hall. Dr. Norton suggested that it got into the chowder and that accounted for its being so good. It was soon found in the hall and proved to be an interesting biographical sketch of our honored President, Dr. Cushing, of Lynn. The poem abounded in wit and elicited great applause at its close.

On motion of Dr. Scales, of Woburn, and Dr. Moore, of Haverhill, the thanks of the Society were extended to Dr. Cushing for his valuable address, and to Dr. Scott for his interesting poem, and copies requested for publication and the archives of the society. The Society then voted to hold its next regular meeting in Salem. A fine glee was now sung by the "Hatton Glee Club," of Lawrence.

Toasts and speeches were now in order, the Secretary, Dr. Morse, acting as toast-master.

First regular toast, — "Hahnemann," the world's great benefactor. Countless thousands to-day are *living* monuments to the truth of the great primal law of cure enunciated by him, *similia similibus curantur*.

The president called upon Prof. David Thayer, of Boston to respond.

Prof. Thayer said, "Mr. President, ladies, and gentlemen, I feel it a great honor to respond to such a sentiment. To speak of Samuel Hahnemann, his praise, his character, his genius, I feel quite unequal to the task; but as one of his admirers, my feelings are enthusiastic. He has not always received just praise. It is three quarters of a century since he enunciated his doctrine, — the great law of cure on which our healing art is founded. Many questions grow out of that law which are not yet fully settled. The field before us is broad and the laborers thus far have been unequal to the task. The *funders* of Homœopathy in New England were *united* and earnest. If we are like them, Homœopathy will prove a complete success. I have no doubt that some of us who are present to-day will live to see Homœopathy the dominant practice in this country. I joined the Massachusetts Homœopathic Medical Society about 1845. The men who organized that society may be counted on five fingers. The first meeting held was in 1841, at the house of Dr. Charles Wild, of Brookline. Drs. Cutler, Flagg, Gregg, Spooner, and Wild were present. One feature marked all these meetings — a *fraternal* feeling — and if there is anything that will aid us in our progress it is to possess that fraternal feeling, which ever animated the early disciples of our school. Let us ever stand *united*, and our cause shall ultimately triumph."

Second regular toast, — “The Massachusetts Homœopathic Medical Society”: — distinguished for the intelligence, culture, and individuality of its members, — *historic*, on account of the summary expulsions of some of its most honored members by the Massachusetts Medical Society. We are fortunate in having present its worthy president.”

Response by the President, Dr. Farnsworth, of East Cambridge.

“Mr. President — The Massachusetts Homœopathic Medical Society sprang from the Homœopathic Fraternity, not because of any enmity to the Massachusetts Medical Society, but because its members desired to benefit the community. Most of its early members have passed away, but their example still lives a benefit to humanity. In proof of which we behold the numbers who have adopted this law of cure, and the success which they have met in relieving those who have been intrusted to their care. The obstacles brought to bear against it and the efforts made to stigmatize some of its most honored members has been its *life*, making its members more zealous and more earnest in their studies. Many ‘regulars’ have been led thereby to investigate its teachings and adopt its practice. The Massachusetts Medical Society has injured itself by the course it has taken, leading the attention of the people to an examination of it — Homœopathy — and by investigation they have been led to adopt its principles and practice. The Massachusetts Homœopathic Medical Society has several children. The Essex County Society is one of its most promising sons. As the people become intelligent and acquainted with the homœopathic law of cure, they will adopt it.”

Third regular toast, — “Boston University School of Medicine”: — May it fulfill in its *Maturity* the bright promise of its *Youth!* We tender it our best wishes and our hearty support.

Responded to by Prof. Woodbury, Registrar of Boston University School of Medicine: —

“Mr. President,” — In responding to this toast, I have to make acknowledgments for a *yearly* entertainment from this society; but you are fortunately well situated to have such gatherings. You have the beautiful Merrimac River with its islands, Salisbury Beach, Chebocco Pond, Nahant, Dr. Morse, and many other advantages, for he did have the advantage of me decidedly in the ‘foot race’ this morning.” Dr. Woodbury spoke of the early days of the University. Two years ago, when he spoke of its opening prospects on a similar occasion, he remarked that they hoped to start with sixty students — they had ninety, and last year one hundred and thirty-one.” We still continue to appeal for sympathy and support, thanking you for that which has been received in the past. And here I desire to speak of the *services* of its Faculty, who have given them gratis with a few exceptions, and many of them are large donors to the school, while several are at the great trouble and expense of coming from ten to sixty miles once or twice each week to deliver their lectures, with little prospect of reward, present or future.

“In 1871, there were only eleven homœopathic students in our

medical colleges from New England, and in 1872, fifteen. In 1874, the whole number of students from New England in our medical colleges was one hundred and seventy-three, and one hundred and twenty-two of them in Boston University School of Medicine. We are gaining our strength by increasing our numbers, enabling every town or village to have a homœopathic physician. Every town that now has two allopathic physicians, will support a good homœopathic physician. An old-school doctor recently expressed his surprise at the success of a young graduate of our school, who had recently taken up his residence in that town. 'Why,' said he, 'I had no idea that I was treating so many unwilling patients.' The young man has the largest share of the practice now. We propose to make our school a nursery of well-trained students." Prof. Woodbury alluded to the early physicians of our school,—how unprepared, comparatively, they went into the fight; that "as it were, they snatched their javelins from the forge half made, to hurl them at the enemy."

A sweet song by Mrs. Jennie Noyes of Boston.

Fourth regular toast, — "The Pioneers of Homœopathy in New England": — they were men of individuality, *earnest* students, patient toilers for truth; they labor to alleviate the pains of suffering humanity, and *we* reap the reward of their labors.

The president called upon Dr. Swazey, of Springfield, to respond, which he did by saying: "Mr. President, — I had a feeling last night on my way here, that I was doing a foolish thing in coming so far, and when your active and ubiquitous secretary put that paper in my face, I knew I was. It must seem strange to you that so *young* a man as myself should be called upon to respond to such a toast. The Pioneers of Homœopathy were indeed men of individuality." The doctor spoke of Dr. Whittle, and the lamented Morrill of New Hampshire, and others from Maine, Vermont, and Rhode Island, and said, "How can I speak of Gregg, Flagg, and Wesselhoeft, and others of Boston, without paying a tribute of respect to their memories? To Boston belongs the honor of having the first chairman of the American Institute of Homœopathy, Dr. Josiah Flagg. I like to place the honor where it belongs. Dr. Wm. E. Paine, of Bath, Maine, was introduced to Homœopathy by Dr. Sandicky, one of the most *indefatigable* of the pioneërs. Earnest students and patient toilers, these men were *earnest* in pursuit of truth, — earnest as well as honest, — their history needs no comment from me. I cannot preach as well as your president, but it seems to me everybody is a cup which, if set right side up, by earnest endeavor, may be filled with truth. The early physicians of our school labored to relieve their patients of early prejudices, as well as of their bodily ills, — for merely to dispense drugs is not all of a physician's duty, — and we to-day are reaping the rewards of their labors. 'We have labored, and ye have entered into our labors.'" Dr. Swazey closed with the remark that a few days since he made a visit upon Dr. McFarland in his declining health. When he told the doctor of his proposed visit to Lawrence, he, Dr. McFarland, said, "Give my kindest regards to the committee of arrangements, and tell them 'I still live.'"

Another song by the Hatton Glee Club, followed.

Fifth regular toast, — “The City of Lawrence”: — distinguished for its rapid growth, business interests, and mammoth mills.

The president remarked that he would call upon a man to respond “who had a backbone extending from the crown of his head to the sole of his feet,” — Mayor Tewksbury, of Lawrence.

The Mayor was greeted with round after round of applause. He replied, “Mr. President, ladies and gentlemen, — I come out merely to show you the *extent* of that backbone. We are proud of our lovely city, our *beautiful* river, our busy mills, and our people. We are proud of our doctors and *prouder* of our doctors’ wives; in them we get both the useful and the ornamental; but as I do not say which is useful and which is ornamental neither can be offended.” He pleasantly alluded to the various doctors of Lawrence, — “We have the irrepressible doctor and the agricultural doctor; and there are here to-day two venerable doctors of the other school, who show their good-will by their presence at this entertainment, “perhaps believing that even though they are old,

“While the lamp holds out to burn
The vilest sinner may return!”

The Mayor closed by extending a warm welcome to the Society and inviting them to repeat their visit at some future time.

Sixth regular toast, — “The Science of Chemistry”: — It has done more for the science of medicine than any other of the exact sciences, and its promises for the future are still more brilliant than its progress in the past.

Response by Prof. Babcock, of Boston University, who replied briefly by thanking the president for the honor of calling upon him to respond to such a toast, and said that although chemists might be expected to have gas ready for any occasion, he could not bring any intellectual gas which should burn most brilliantly on such an occasion, and fearing that what he had brought might prove a sort of Babcock’s Extinguisher (of which I understand Prof. B. is the inventor), he would be brief.

Seventh regular toast, — “Our Lawrence Brothers”: — Surrounded by flying spindles and long yarn “bobbin” around, are ever ready to minister to the afflicted or feed the hungry.

The president called upon the Rev. Mr. Dunning, of Lawrence, to respond, which he did by remarking “that the eloquence of which His Honor the Mayor spoke as being ‘bottled up’ for the occasion is in my case in a homœopathic bottle. The physicians of Lawrence are too well known to need any praise from me. They, like our spindles, are *busy*, — they are *good* men, — worthy of the city in which they live; they are competent men — they provide good victuals; *successful* men, as in my capacity of city missionary I know, as I follow them from house to house, and if their friends die I bury them.” Mr. Dunning closed with words of welcome and cheer.

Eighth regular toast, — “The Press”: — The mighty teacher of a

free people, which should ever be wisely employed to suppress the wrong and champion the right.

Response by Charles H. Webber, of *The Salem Post*, who remarked that " 'Mark Twain' truly says 'that it is impossible for a man to make an impromptu speech with less than thirty seconds' notice,' and as I have hardly had that my speech must be brief." He spoke happily of the Press, as the teacher of the people and the silent police of society.

Ninth regular toast, — "Woman": — Her mission, like Homœopathy, brings healing blessings, and good cheer. May the day speedily come when, before the law, and in all our institutions of learning, she shall be welcome, and stand upon equality with man!

Dr. French, of Lawrence, was called upon by the president in answer to this toast. The doctor said that he felt *honored* to respond to such a sentiment. He should present no argument in regard to the position which woman occupies at present; the time for that had passed. Homœopathy recognizes woman in her College of Medicine, in Boston, giving her every opportunity to acquire medical knowledge, and from there the *influence* has spread to the University of Vermont, two ladies this year taking the first rank in their class there, which admitted them to a very select society, the "Phi Beta Kappa." The doctor asked the ladies to persevere in their studies as a help to them, the gentlemen, and she shall come up to the ballot and all the honors we can bestow.

Dr. Caroline Hastings, of Boston, was also called up by the president to respond to the same sentiment, which she did briefly.

Tenth regular toast, — "*Fader-landt*": — She is always represented at our Annual Excursion and Field Day.

Response by Prof. Krebs, of Boston, who addressed himself to the laity present, explaining, somewhat, the difference between "regular" and "irregular" doctors.

Eleventh regular toast, — "The Medical Press": — Its function is to express the noblest and most advanced thoughts of the profession.

Response by Prof. Walter Wesselboeft, of Cambridge, editor of the *New England Medical Gazette*.

Twelfth regular toast, — "The Legal Profession": — Ever searching for the right and discarding the wrong, — they have largely contributed their influence to the advancement of scientific progress.

Response by John W. Porter, Esq., of Salem.

Thirteenth regular toast, — "The Clerical Profession": — Sagacious in observation, prudent in council, and truthful as leaders, — they have noticed the *benign* effects of homœopathic therapeutics in their pastoral relations, and adopted the same in their *own* households.

Response by the Rev. Dr. Stephenson, of Lawrence.

Fourteenth regular toast, — "The Principles of Homœopathy": — In accord with the fundamental law of nature.

Response by Dr. Daniel Holt, of Lowell.

Fifteenth regular toast, — "The Field Day of the Essex County Homœopathic Medical Society": — Our old spelling-book, when we

were boys, had a wise *saw*, — “All work and no play makes Jack a dull boy”; the rest of it we have no occasion to remember.

Response by Dr. Cummings, of Newburyport.

Sixteenth regular toast, — “Our Absent Members”: — Detained by professional labors at home.

Response by Dr. Woodman, of Lynn.

On motion, the thanks of the Society were severally extended to the physicians of Lawrence, the “Hatton Glee Club,” of Lawrence, the “Lynn Duet,” and the Eastern Railroad. Adjourned.

Hastily the party now embarked upon the steambot, and after a short trip up the Merrimac, returned to Lawrence in season for the 6 P. M. train for Salem and Boston.

All agreed that they had spent a most enjoyable day of recreation and pleasure, which would long be remembered.

NATHAN R. MORSE, M.D., *Sec'y.*

CHAMPLAIN VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

THE regular meeting of this society was held at the office of Dr. C. B. Currier, in Middlebury, August 3d, and there was a good attendance. The meeting was called to order by the President, Dr. Currier, and the minutes of the last meeting read and approved.

The Board of Censors reported favorably upon the names of Jane A. Rich, M.D., of Richville, and C. P. Holden, M.D., of Rochester, and they were elected members of the society.

The committee on nominations reported as follows: President, Dr. A. A. Arthur, of Vergennes; Vice-President, Dr. F. W. Halsey, of Port Henry, N. Y.; Secretary and Treasurer, Dr. S. Worcester, of Burlington; Censors, Drs. E. B. Whittaker, of Hinesburgh, Jane A. Rich, of Richville, and M. D. Smith, of Addison; and they were elected.

Dr. E. T. Crafts, of Middlebury, then read a carefully prepared paper upon “Electricity in combination with active and passive movements in the treatment of paralysis.” The paper was a valuable one and gave rise to a discussion as to the relative value of the constant or interrupted current in the treatment of disorders of the nervous system.

Dr. C. B. Currier reported a case of facial paralysis cured by Kali chloricum.

Dr. S. Worcester then read extracts from the report of Dr. H. R. Stiles, Superintendent of the State Homœopathic Asylum for the Insane at Middletown, N. Y. As this is the first public homœopathic asylum ever established, its report will be looked for with interest; but as but three wards are yet completed the institution labors thus far under great disadvantages. Dr. Stiles says: “Our medical treatment has been purely according to the homœopathic law of ‘*Similia Similibus Curantur*,’ and entirely without resort to any

of the forms of anodyne, sedative, or palliative treatment so generally in use. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success." And upon the mooted question of restraint, he says, "Restraint has been used in comparatively few cases,—*only by direction of the medical officers*,—and it has been found practicable by means of tact and patience, to restrict its use, even in violent cases, almost to a minimum. In accomplishing this desirable result we have been largely aided by the intelligence, forbearance, and good temper of the attendants. In all cases where it was practicable, a degree of liberty has been allowed, and paroles have very rarely been abused."

Drs. Currier and Arthur reported interesting cases, and Dr. Worcester read a brief paper upon vaccination, which was followed by a discussion.

Dr. C. P. Holden, of Rochester, presented a paper giving the history of Homœopathy in Addison County.

This paper was very valuable as showing the progress made by Homœopathy in Addison County since Dr. Oliver J. Eells, of Cornwall, investigated the new system of medicine in 1854. To-day Addison County stands at the head in the number of its practitioners of Homœopathy, and is second to none in their standing; while Middlebury and Vergennes, as well as the neighboring towns, show what a few earnest men can do in a single decade in spreading the truth, that it is the mild power that is the most mighty.

The Society than adjourned to meet on November 2d, at 10.30 A. M.

SAMUEL WORCESTER, *Sec'y.*

THE BIRMINGHAM MEDICAL INSTITUTE.

(*Monthly Homœopathic Review*, July 1, 1875.)

WE referred in our last number to a hint which had fallen from Mr. Gamgee, that, the by-laws of this institute not having been decided, it might be found that measures would be adopted which would prevent the election of homœopathists as members in the future. The attempt was made, and met with a more signal defeat than did the original effort to upset the action of the committee in electing Dr. Gibbs Blake, Dr. Wynne Thomas, Dr. Craig, and Dr. Madden among the original members. On the tenth ult. the adjourned, annual, and extraordinary general meetings were held, Dr. Bell Fletcher being in the chair.

At the extraordinary meeting the chairman read the report of the committee, who acknowledged the assistance they had received from Mr. W. Evans, and presented a draft of by-laws with reference to holding general meetings, the appointment of a committee and officers, and the conducting of the business. The only by-law upon which there was any discussion was one which provided that an application

for membership should be considered and decided upon at a general meeting, that the name of the candidate should be put up in a conspicuous place in the office or library of the institution, twelve days prior to the general meeting, and that the election should be made by ballot, and one blackball in five should exclude.

Mr. T. H. Bartlett proposed that the by-law should be altered so as to omit the words, "The election shall be made by ballot, and one blackball in five shall exclude," and insert instead, "The election shall be made by the meeting, either by a show of hands or otherwise, as they shall determine." He said that the modification which he proposed was of importance to the members of the Medical Institute individually, as well as collectively. He considered that at the present time it was singularly inexpedient to allow the by-law to stand in its original form, and there were reasons which rendered that unsuitable and inconvenient as a by-law.

He then pointed out that however suitable it might be to conduct an election by ballot, and to exclude by a small number of blackballs, under certain circumstances, neither the constitution or objects of the Medical Institute rendered it suitable for the adoption of this method. He then showed that it would enable the minority to override the majority. For instance, it would be possible for the General Hospital staff to prevent any one connected with the Queen's Hospital coming into the Institute, and it would be possible for the Queen's Hospital staff to do that likewise with the General Hospital. They had heard a great deal about a little heresy or schism that had been admitted into the Institute, and by this by-law they would be in the hands of that schism. It would be quite possible for homœopathic members of the Institute to interfere with allopathic practitioners joining them. He maintained that the munificent donations which had been given to the institution were for the benefit of them all, and that they ought to open their portals as widely as they could, and allow every legally appointed man to come in. And he went further, and said that he thought they had no right to delegate the responsibility and trust to the limited number to which they would delegate it if this by-law respecting blackballing was passed.

Mr. Manby seconded the amendment. He contended, in regard to the schism that had been referred to, that persecution could only breed a martyr, and they had no right to meet a man in general society, and refuse admission to him when he came to the library. That would be injustice. Respecting the voting, he urged that in an institution of that kind the voting ought to be conducted openly. That Institute ought to be a platform for free inquiry, and he should protest against narrowness and sectarianism. He did not think that it would be right to exclude men who were of the same profession as they were, and only differed as regarded method and opinion. They ought to delegate this matter to the decision of the majority, and not the minority, which might be so small as to become a clique. They must not permit the great interests of the Institute to be in the hands of a few members, and, therefore, he was in favor of the majority carrying the question, and that there should be no blackballing at all.

After some remarks from Mr. Gangee, who supported the amendment, Mr. Furneaux Jordan spoke in its support. Having expressed his sympathy with the fullest toleration of opinion in medical subjects, and made a friendly reference to Mr. Pemberton, he went on to say that there might have been some precipitancy in the early steps taken with regard to the admission of what might be called the separatists, but, if there was a fault, it was the splendid fault of a too generous interpretation of professional feeling. ("Hear, hear," and "No, no.") There had been much resentment and great indignation with regard to what was done, but, the majorities having been so large, what would have been the case had there been no resentment and no indignation? If he had found himself in the minority at any one of those critical meetings, — and he knew there were several prepared to take his view of the matter, — if he had found against him a clear and spontaneous, dispassionate and unbiassed, majority, perfectly conscious of its responsibility, and well provided with finance and knowledge for the conduct of the Institute, he should have yielded and bowed to that majority. If, however, he had found any law or principle that was too husky a morsel for his moral dentition, he should have speedily retired, and would not have attempted to defeat the law by a by-law. ("Hear, hear.") What concerned them that day was to find out the difference between wrong and right, and to try to do what was right; to find out the difference between injustice and justice, and to try to do what was just; to find out what was harshness and narrowness on the one hand, and what was magnanimity on the other, and to try to do what was magnanimous. They were not legislating for "to-day," but for a long list of "to-morrows." History showed that the orthodoxy of one period was the heresy of another, that what was the true faith of one was the schism of another, and that the truth of to-day was the exploded fable of to-morrow. History, too, taught another important lesson, that, if they would preserve their own and their children's right to believe what they chose, they must admit the right of others now to believe what they chose. By their kindness he (Mr. Jordan) had occupied many positions in the medical profession, and although some of the things he had done were unpopular at the time, yet, if he was not mistaken, they were now becoming more popular; and no action had he ever performed, and no vote had he ever given, with greater gratification than the vote he should give that day in favor of emancipation from journalistic, metropolitan, and traditional dictation. He was in favor of entire and unconditional liberty of opinion. (Applause.)

Mr. Pemberton, after some remarks on personal matters which had arisen in the course of the discussion, said, that, with regard to the question of blackballing, it seemed to have been connected with him, but when those gentlemen (the homœopaths) were admitted it was an accomplished fact, and he should make no futile effort to disturb the result. He was not going to disturb the harmony of a great professional institute. He was urged by many of his friends who thought with him to propose a direct resolution that homœopathic practitioners should not in future be admitted as members; but he declined to

do so, because he took it that their admission was an accomplished fact, though he thought then, as now, that the original committee committed an error of judgment, and in reference thereto he wanted it to be on record that a certain number of members protested. If it was thought that by the by-law he, or any one who thought with him on the previous occasion, desired still to agitate this question, it was an entire mistake. One of his strong feelings now, however, was that the element of conciliation was not before them in this matter. He heard Dr. Heslop say the other day that no one had a greater respect for minorities than himself. He (Mr. Pemberton) thought that had not been shown; for, if Dr. Heslop had a respect for minorities, let there be some attempt to obtain conciliation. He concluded by saying, that, so far as the resolution before the meeting is concerned, he entertained no other feeling than that a society like this — it was more than a library — should have some means by which they could, from time to time, say to men that they did not want their company.

Dr. Heslop, after alluding to Mr. Pemberton's remarks, then explained that he was in a peculiar position with regard to the by-law under discussion. He was at the meeting of the committee at which it was passed, and there were only five gentlemen present entitled to vote; Dr. Fletcher and himself being opposed to it. He, however, assented to its passing, because observations were made by an excellent friend and honorable opponent which led him to think that this matter would never come up again. He subsequently wrote to his friend on the subject, stating that he should be free to vote against the blackballing clause; and he thought they would admit that, like them, he was perfectly free to consider these by-laws, and change them, as they had already changed one or two. If this blackballing clause was passed, not a single individual might be admitted into the Institute, as a homœopath might be blackballed by an allopath, and *vice versa*; consequently this by-law meant a dead-lock. He was not a little surprised, indeed he was ashamed, that this did not occur to him until a friend of his pointed out to him the real bearings of the clause, which really meant the stopping of the Institute. That was not all. Was it fair that on a question of difference of opinion twenty out of a hundred should have the power of preventing the other eighty from carrying into effect their view? He felt therefore that the by-law must be amended in the manner proposed, and that they must still adhere to those principles of toleration and justice that they had confirmed by such great majorities on several occasions. In what spirit did he ask them to vote? If they turned to the pages of Bishop Burnett's *Eulogium* they would see that he said of Matthew Hale, "He was even just to those who differed from him most." (Mr. Gamgee: "Even to his own brethren.") That was the impression he wanted to make on their minds, and he asked them with the greatest confidence to vote for the amendment. (Applause.)

The Chairman said that he was one of the By-laws Committee, and he was not in favor of the ballot. He must say that he detested it. He did not think that they would confirm their position by excluding gentlemen by the ballot, and hoped that they would vote for the majority to decide the election of members.

The amendment was then put and carried, 95 voting for and 20 against it.

The by-laws as a whole were then agreed to, and the meeting concluded with a vote of thanks to the Chairman.

CORRESPONDENCE.

TO THE EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE:

Sir: — My attention has been called to a letter in the May number of your Journal, from Dr. Berridge, of Highbury. This gentleman is, I am sure, correct in thinking that the editors of the *Homœopathic Monthly Review* would not have permitted its appearance in that periodical, and he ought not to have asked you, necessarily unacquainted with many of the circumstances, to have given it insertion in the *New England Medical Gazette*. His attack on some English Homœopaths would not, I believe, have prevented its appearance in the *Review*, but he has made use of a private letter of my own, giving him some information that he asked, but which he certainly should not have published without my permission, as a communication from me. This would not have been allowed to pass here. Then, again, Dr. Berridge has thought proper to make an attack upon two members of our profession, who being dead cannot defend themselves, which would be another reason for the non-publication of his letter.

I am not going to defend the prescriptions which he has collected, and which would be condemned by many here as well as by Dr. Berridge; nor am I prepared to question their accuracy, though the strange one of the high dilutionist man might be rather difficult for the chemist who had to prepare it. I do, however, wish to say a word about my friends who cannot defend themselves, and first as regards the late Dr. Mackern. I differed entirely with him in his conception of Homœopathy, but never charged him with "fraud," because I knew him to be a thoroughly upright man, prescribing to the best of his ability for his patients, who had unbounded confidence in him, and by whom he was beloved and respected in no ordinary degree. With reference to my other friend, Dr. Phillips, Dr. Berridge maintains, to his disadvantage, that he had heard of his expressing a desire to be bled during his illness. Whether he did so or not, I cannot say, but the morning he was taken ill (not in the "ice cold bath," which is purely imaginary; for this, however, Dr. Berridge is not answerable, though a little less readiness to pick up all the rumors flying about would have been better), as consciousness was returning, he asked for aconite; this medicine was not called for, and I directed Mrs. Phillips not to let him have it, as he was not in a condition to form a clear judgment of what he required. If he did at any time ask to be bled, I should have regarded such an expression simply as the consequence of an intellect clouded with serious disease, and would

consider it very unfair to judge him by these ramblings of illness. Dr. Phillips was mainly instrumental in firmly establishing Homœopathy in Manchester, and in London enjoyed a large share of public confidence. His doses were larger than I might like, but they were honestly prescribed, and we have yet to learn that the use of the right of private judgment is to be taken away as soon as a man becomes a homœopath, or if used, must be done so subject to an accusation of "fraud," if there is any difference with Dr. Berridge. As regards Dr. Kidd, I can neither defend his Homœopathy or his Allopathy; but though my difference with him led me to withdraw from the case, as an understanding previously existed between him and Dr. Phillips that if ill he should attend him, still I have no doubt Dr. Kidd acted conscientiously, to the best of his ability, but I do not consider that what I regard as his failure in judgment entitles Dr. Berridge to charge him with fraud. Dr. Kidd has for some time withdrawn from the British Homœopathic Society. Experience has taught me, as I hope it may teach Dr. Berridge, that men may entirely differ and yet be perfectly honest in the maintenance of their opinions.

I am sorry to have to trouble you with this long letter, but as Dr. Berridge's letter is likely to prove very hurtful to the feelings of others, I feel called on to protest against the use he has made of my letter.

I am, sir, yours faithfully,

WILLIAM V. DRURY,

7 Harley Street, Cavendish Square, London.

JULY 8, 1875.

PARIS, June 28, 1875.

DEAR GAZETTE:—According to promise, you shall have a few words from this side of the water, though I cannot expect to give much that is new to physicians who have studied here. Our last moments in Boston were a delightful surprise, and we carry with us a welcome and useful testimonial of the kind wishes and fraternal regards of our associates and friends. We sailed on June 5th from New York, in the *City of Chester*, of the Inman Line, which I must specially commend to your readers for the stanch and thorough character of the ships, the courteous, friendly, and attentive bearing of the officers, and especially for the regard for the comfort and health of the passengers in every way. The staterooms are large and airy, and the ventilation is everything that could be expected. Then, too, the electric bells and fixed bowls and water faucets can only be appreciated by one who, sick enough to jump overboard, has been obliged to stand at his stateroom door and shout "steward," when in his position every minute seemed an age; or who, in lifting the pitcher of water for morning ablution, is sharply "keeled over" by the sudden roll of the ship, and he finds himself taking a bath on the floor of his stateroom.

Just before starting, my friend, Dr. Henry D Paine, gave me a bottle of *Tabacum*, which he had found serviceable in seasickness.

Many of its symptoms do indeed correspond very well with this trouble, and in one or two cases in which I gave it there seemed to be decided benefit; but fortunately or unfortunately for clinical observation, the greater part of the voyage was quite smooth and very little seasickness prevailed on board, so that I cannot say if *Tubacum* possesses any advantages over the classical *Nux* and *Cocculus*. I fear, however, that we have no specific for this affection. The constant, unrelenting motion requires time for the system to become accustomed to it, and until then the functions are disturbed and the brain and nervous system deranged. Everything about is in motion; even the "Bessamer boat" cannot prevent motion in an unusual and disagreeable manner, and it has consequently proved a failure.

As fellow-passengers we had the American Team, who have come over for an international trial of skill in rifle shooting at long range — 1,000 yards, or more than a half mile. Shooting is not their only accomplishment, and instead of a set of "fast" young men they proved to be a company of quiet, steady, cultivated gentlemen, no one of whom indulges in either smoking or drinking. Success to them!

At Liverpool I called on Dr. Moore, whose genial manner and honest, pleasant face many of your readers will remember at the St. Louis meeting of the Institute, but he was away for his health; he is suffering from rheumatic gout. I did see Drysdale, so well known by his writings, and found him the same earnest, intense, hard-working man as of yore. He says that Homœopathy is making great progress in the profession outside of our school. Many so-called allopathic physicians give homœopathic medicine either wittingly or unwittingly; but the great want of our own school in England is a suitable place of instruction, where the students can learn Homœopathy and all the collaterals of medical science. But to establish such a college is an almost hopeless task in England. Dr. Drysdale spoke of the letters from England in the May number of the *Gazette*, as calculated to convey an injurious as well as erroneous impression of the state of Homœopathy in England; and since he is not inclined to rose-colored exaggeration, and has had a long experience in a way that would give him the means of judging, I accepted his statement, which my subsequent experience in London more than confirmed. The annual meeting of the British Homœopathic Medical Association was held on June 23d and 24th, at the Homœopathic Hospital in Great Ormond St. Unlike our meetings it is held in the evenings; the society assembled for private business at six; then a simple collation, tea, coffee, and bread and butter followed; and at eight the scientific session begun. A paper was read by Mr. Cooper, on Sulphur as a Remedy in Intermittents. He gave his reasons, from the provings of sulphur, for selecting this remedy, and cited several cases of quotidian fevers cured thereby. The discussion of the paper then commenced, and each one in turn was expected to say something in relation to it; and among those present who spoke, and generally in a most solid and sensible manner, were Drs. Dudgeon, for thirty years one of the principal editors of the *British Journal of Homœopathy*, the best journal of our school ever published; Leudam, so well known by his treatise on

diseases of women ; Hughes, a man of great cultivation and profound thought, whose work, let us hope, yet to be long continued, has already made a wide and deep impression ; Bayes, also a writer and practitioner of note, and Wyld, Blackley, Hewson, Roth, Mackechnie, Carfrae, and others. This occupied the entire evening ; and I may note a method which gives a correct and often complete report of the meeting. While each person is speaking the secretary prepares an abstract of the leading points, on forms prepared expressly, and when he closes hands it to him, with the request that he will revise or correct and return it before a certain date, otherwise his remarks will be entirely omitted, as this is the only copy of notes in the secretary's hand.

On Thursday evening the society assembled in larger numbers — about forty ; and after the business and the refreshments an address was delivered by the vice-president, Dr. A. C. Pope. It was excellent throughout, and contained many statistics of the condition of the society and of Homœopathy in Great Britain. Forty-five years ago, when the now venerable president of the society, Dr. Quin, came to London, although he was physician to the King of Belgium, and a man of excellent social position, yet, incited by the Royal College of Surgeons, the members of a scientific club to which he was proposed as a member, treated him with the largest number of black balls ever given by any club in England, simply and wholly because he was a homœopathist. But he has lived to see the day when every member regretted such narrow and disgraceful action, and he was as unanimously called to the same club. In London, out of one hundred and ten practitioners, forty-two are members of the society, and there are seventy-two members outside of the metropolis. Aside from the large and increasing number of practitioners who avow their belief in Homœopathy, there are many more who, led by such men as Sidney Ringer, are picking up homœopathic crumbs outside of the Hahnemannian fold, and with whom we ought not to quarrel, since they wish to get as near right as their prejudices and associations will allow.

The Homœopathic Hospital on Great Ormond Street, which has struggled hard for several years, is now in better condition than ever before. It includes three fine old dwelling-houses united in one building, providing some forty beds and capable of adding twenty more. Financially it is in good condition, and if the steady, earnest work required is as faithfully performed as now, there can be no question as to the ultimate result.

Since my last visit to London, seventeen years ago, the increase in the number of homœopathic dispensaries, both public and private, is very noteworthy, while the pharmacies, of which there were at that time only three, are more than tripled, which is the best indication of an increased demand for homœopathic medicine from the people. With all these facts so patent it seems singular that a London physician could have written such a letter as appeared in the May number of the *Gazette*. Of some forty or fifty physicians whom I met, some of whom practised Homœopathy before this doctor was born, there was not one who had seen the article but considered it too distorted and

too ridiculous to command even a refutation. What confidence can be given to the observations on doubtful subjects or on scientific matters of a man with such obliquity of vision, if nothing worse?

Without doubt Homœopathy is not making as great progress in Great Britain as one might wish, but when we consider the immense force opposed to it in all the colleges, hospitals, and scientific institutions, and that it is making great headway in spite of all this, we may well bide the future. The greatest need is what we so long felt in Boston, — a school where our students could be well inducted in the most advanced principles of medicine and therapeia. That want which to us has been so fortunately supplied in a measure, by our medical school, the physicians of London appreciate, and during the past winter a course of lectures has been instituted at the Great Ormond Street Hospital, on Homœopathy and especially the homœopathic *Materia Medica*, — the greater number of these have been given by Dr. Hughes. I did not have the pleasure of hearing him, but, in his absence, by good fortune Dr. Dudgeon lectured, and we had a treat in his review of and observations on *Hepar*, *Hydrastis*, and *Hyoseyamus*. His former lectures on Homœopathy are among the best writings of our school, and makes us long for more. The whole course has been so successful that it was unanimously voted by the society to continue the lectures next winter. We can only wish that all our medical brethren could listen to them. They were at first advertised in the *Lancet*, but after two insertions the *Lancet* awoke to the danger which was thus put before the profession, and withheld its further publication. It is possible that this is the beginning of a complete medical school.

I must not omit the closing scene of the meeting, which was around the social board at the house of Dr. Bayes. Between forty and fifty physicians were present; and though our host called it a “house warming” for his new house, yet all felt that his own warm, noble heart imparted warmth and joy to each guest. After a bountiful supper, toasts followed “The Queen” and “Hahnemann” were followed by “the President of the United States, and our American Brethren.” You will be pleased to know that our country was ably represented on this occasion by Professor Ludlam, who is spending the summer in Europe, and who came over from Paris for the express purpose of attending this meeting. I intended to say something in this letter of the allopathic hospitals, colleges, and museums, but it is already too long, and I must close by expressing my firm conviction, that nowhere has Homœopathy more strong, sturdy, able advocates than in England, and that nowhere has our system a more solid foundation.

In my next letter, I will give you some of my experiences and impressions in France.

Very sincerely,

I. T. TALBOT.

REVIEWS AND NOTICES OF BOOKS.

* * Books sent to THE GAZETTE for notice will, after suitable examination and criticism, be presented to the College Library, where they will be accessible to the profession under the rules of the library.

A COURSE OF LECTURES ON PHYSIOLOGY: as delivered by Professor Küss, at the Medical School of the University of Strassbourg. Edited by Mathias Duval, M.D. Translated from second and revised edition, by Robert Amory, M.D., formerly Professor of Physiology at the Medical School of Maine. Boston: James Campbell. 1875.

WE welcome with much satisfaction this latest effort to introduce among American medical students the modern views of Continental physiologists, by rendering directly into English so able and clear a compend as that of Prof. Küss, instead of filtering its substance feebly through native mind, as has been quite too much the fashion of late among our ambitious authors. It is a matter of no trifling importance that we should endeavor to emancipate ourselves gradually from the too powerful influence which British scientific literature must necessarily exercise in our professional training, and which, beneficial as it certainly is, in the purely practical branches, must be recognized as retarding in the deductive sciences, and this emancipation can only be effected either by encouraging to the utmost original research, or by studying French and German authors in their own language or in faithful translations. For the purpose which the manual before us is intended to serve, a better selection could hardly have been made than the work of the Alsatian professor, whose nationality places him between the French and the German schools, and who thereby combines the virtues of both, possessing the German universality with the French vigor and correctness of utterance, from which results a treatise giving in sufficient detail whatever is positively known of its subject, besides all that is backed by so much probability as to warrant its being embodied in a didactic work, and giving it in a form which cannot fail of being attractive to the student as well as to the physician.

The general arrangement of the work admits of no criticism. Whether a treatise on special physiology begins with innervation, as in the one before us, or with muscular action, as that of Fick, or with the blood, as Hermann, or digestion, as Bennett, Dalton, and others, is as yet a matter of no consequence; a fact which may be taken as evidence either of the rudimentary state in which the science still must be when its ablest expounders are unable to agree upon the relative position and importance of the various functions of which it treats, or of its completeness, which makes it immaterial at which point its consideration is begun. What is of infinitely more importance is the leading

theory which underlies the whole, bringing it into consensus with other sciences, and uniting its various parts harmoniously with each other. This office in the present case is performed by the cell theory, which as yet withstands unshaken all efforts to dislodge it, and, growing with the growth of microscopical science, still promises to revolutionize practical medicine more profoundly than any other scientific discovery of the age. Unhappily the bare promise alone exists to-day, notwithstanding the undoubted influence already exerted upon many of the current views of morbid processes by Virchow's cellular pathology, and to hasten its fruition no other way exists than to familiarize without loss of time the present generation with the facts and potentialities of the cell doctrine in its most modern form. This is most plainly set forth by Küss, who has added not a little to its elaboration, but it is to be regretted that, like so many others, he should have found himself unable to resist the temptation of tacking on to it a rag of another color, by giving prominence to the idea of the "globule" as the original structural element, which has found much favor in France, and appears intended to denote a theory standing somewhere between the molecular theory, as advocated by Bennett, of Edinburgh, and the cell theory of Virchow.

It introduces a source of weakness and confusion by giving undue weight to the primordial form of protoplasm, its least definite and least important property, thereby tending to obscure the chiefest of its attributes "the promise and potency of every form and quality of life." The old term "cell" may be open to objections, but it is no more so than the term "globule," and having become general, and its original signification having been lost sight of under the new and more appropriate conceptions which have clustered around it, it is quite as undesirable for the present to drop this expression as it is to drop many others in physiology and medical science generally, which, although their original significations belong to other times and views, convey to-day the most precise meaning that modern science can give them. It must be said, however, for Prof. Küss and his editor that the properties and functions of the cell and its intimate relations to all the processes of the organism are treated of in so lucid a manner and so fully in accordance with the principles of the cell theory as commonly received, that the fact of its original form being made to assume a prominent position, proves to be less misleading than it would otherwise be.

Another feature of no little moment, in a text-book which is to play an important part in forming the minds of the rising generation in the profession, is the spirit in which it is written. If the author lacks breadth and equal interest in all the departments of his subject, like Dalton, or has a hobby or personal spleen to gratify, like Bennett, his work, however meritorious otherwise, will be a most undesirable one to recommend to students. We are glad to be able to say that in the work before us, the subject is treated without that old-time dogmatism which makes the text-books on physiology hitherto in use among us both dull and incapable of ready adaptation to the progressive changes of the science. It is conceived in a truly scientific

and cosmopolitan spirit, which counteracts most beneficially the positive manner in which not unfrequently views are put forth as relating to matters of fact which, outside of France, are by no-means recognized as absolutely true and final, *e. g.* the experiments of Lallemand and Perrin upon alcohol; the actual existence of an epithelial lining of the pulmonary alveoli in the adult, the effects of cauterization on the prostatic portion of the urethra, etc. As it is growing more and more impossible from year to year to write a book in any department of medical science, of which many of the statements must not expect to be doubted or overthrown within a very short time, the existence of assertions such as those alluded to are not to be considered in any sense as an objection to the new manual.

Of the translation, we may say that no two opinions can exist as to its merits. None can know the difficulties which beset the translator's path but he who has faithfully and intelligently tried to render a scientific work from one language into another. In this instance these difficulties have been overcome in the most creditable manner. The English as a general thing is clear and graphic; here and there awkward sentences occur, when the translator has adhered a little too closely to French idioms, but these are rare and of no great importance. Why he should have chosen to substitute English nominatives plural such as "ganglions," "epitheliums," etc., for the customary and much more euphonious Latin ones, while he adopts the unusual Latin in the plural of *sinus*, *incarcifus*, etc., does not readily appear. In future editions, of which we hope to see many, these asperities will be easily smoothed away.

The book most certainly fills a void long and seriously felt; and, unless we greatly mistake the spirit of scientific study among us, its merits will recommend it speedily to both teachers and students of physiology throughout the land.

ENCYCLOPEDIA OF PURE MATERIA MEDICA. T. F. Allen. Boericke & Tafel.

The second volume of this greatest of homœopathic publications is already at hand, embracing all the known effects of those of our drugs which stand alphabetically between aurum and cardus marinus. Critiques there have already been many of this stupendous work, but none have been anything but favorable and encouraging. Among practitioners generally we find a variety of opinions concerning the desirability of such a work, — many formed hastily and superficially on mere hearsay, — but no one who has looked into its details, and has made himself acquainted with its scope and purpose, can doubt its importance for the advancement of scientific therapeutics. We once more urge every practitioner to possess himself of the volumes already out and thereby to obtain the means of purifying his own materia medica.

ENCYCLOPÆDIA OF PURE MATERIA MEDICA. — A list of errata to Vols. I and II will be published at the end of Vol. III. It is regretted that a single error should be found, but even repeated revision fails to

make a work of this scope and magnitude absolutely perfect. The editor now calls upon any one to point out an error or omission, or to criticise a translation, or suggest any item, however small, that would render this work more accurate. Let such notes be communicated to the editor, or published in the journals, in order that we may possess a perfectly reliable foundation for our therapeutics. T. F. Allen, M. D., 3 East 33d Street, New York.

AN interesting lecture by Dr. Brown-Sequard, on some new views concerning the localization of the functions of the brain, will appear in an early number of the *Boston Medical and Surgical Journal*. Other important articles are announced, including one on the treatment of typhoid fever by cold water, by Prof. R. T. Edes, and one on the non-restraint method adopted for the treatment of the insane at Dr. Fraser's asylum in England. Prof. Henry J. Bigelow will shortly publish an interesting paper on exstrophy of the bladder; and Prof. R. H. Fitz will contribute some original investigations on the pathology of nymphoangioma.

BACHELDER'S POPULAR RESORTS AND HOW TO REACH THEM. Illustrated. 3d edition, revised. Boston: J. B. Bachelder.

An excellent work containing information for which every physician will be grateful to the author. It not only gives careful details of every place of any note, but also of a great many which hitherto have been inaccessible in consequence of their obscurity and retirement. There are also most useful hints to travellers, the value of which cannot be overestimated.

MEDICAL ETHICS ILLUSTRATED. Report of the arraignment, trial, and acquittal of a member of the Homœopathic Medical Society, of Middle Tennessee for acting in (*sic*) a board of examiners for pensions with allopathic associates. What appears to be a feeble joke on the part of the above named society.

IRIDOTOMY, AND ITS APPLICABILITY TO CERTAIN DEFECTS OF THE EYE. By A. W. Calhoun, M.D., Atlanta, Georgia.

THE EXTENSION WINDLASS, presented to the American Medical Association. By Charles Denison, Denver, Colorado.

THE INFLUENCES OF THE CLIMATE OF COLORADO ON THE NERVOUS SYSTEM. By Charles Denison, Denver, Colorado.

A REPORT ON THE HYGIENE OF THE UNITED STATES ARMY, WITH DESCRIPTION OF MILITARY POSTS.

SMITH'S HOMŒOPATHIC VETERINARY CHART.

SMITH'S HOMŒOPATHIC PHARMACY, New York.

ITEMS AND EXTRACTS.

“LET US BE PHYSICIANS INDEED.”—The formula, “*Similia similibus curantur*,” is the only one, which, by its vast range of application and by the multiplicity of its cures, has attained the height and dignity of law. Yet, while a great deal of allopathic practice is curative by the leaven of homœopathy which it contains, it is undoubtedly true that there are methods or processes by which nature is aided and cures are effected, which are not fairly explicable by our philosophy.

Thus, it is always proper, whenever we can, to remove the causes of disease when they are still acting upon the body. To extract a carious tooth for neuralgia, to give an emetic to rid the stomach of an indigestible burden, and to destroy and expel worms, are examples of cures of this class.

Again, it is sometimes necessary to use mechanical and chemical measures in the course of our treatment; and these are to be determined and used according to the laws of natural philosophy and chemistry.

It is sometimes requisite to give remedies, such as iron and lime, which are natural constituents of the human body and which may be deficient on account of disease.

It may sometimes become imperatively necessary to restore the physiological equilibrium of the system; and in such cases a diuretic, a tonic, or a purgative may be of decided value.

It sometimes is a mercy and a duty to relieve pain by anodynes, when it is excessive and uncontrollable.

There are many remedies unclassifiable either as “*similia*” or “*contraria*,” which are known by empirical experience as serviceable in certain cases.

Lastly, when we look at electricity and galvanism, at hydropathy, at kinesipathy, or the movement-cure, at animal and terrestrial magnetism, or at the great mineral springs of nature, we see how much there is for us to study and to use outside of pure homœopathy.

Homœopathy is the key-stone of the arch, the crowning glory of medical science; but homœopathy is not all. Let us be physicians indeed. Let us be healers of the sick. Let us learn of the greatest and the least. Let our eyes and ears be open to all sides. Let us be teachable in spirit. For, after all, however wise we become, we shall be, as Sir Isaac Newton said of himself, like little children playing with shells upon the shore, while the great ocean of truth lies undiscovered before us. — DR. HOLCOMBE, in *Cincinnati Medical Advance*.

EFFECT. — How many physicians are there who study effect? who look into the arena of professional success, and endeavor to ascertain how much can be accomplished by proper position, by light and shade, and outside appearance? who desire to gain *éclat* by those manoeuvres

vres and machinations that bring them before the people as great men and mighty physicians? . . .

There are some men who have become so accustomed to studying these effects — how this will seem, or how that will appear — that the habit has become second nature to them. They, like some society people, live for nothing else. . . .

It is not to be denied, however, that the reverse of this condition of things is also true, and that a physician may be so careless in his regard to circumstances and appearances, that the “effect” of the laxity is prejudicial to his patient.

The great desiderata for the physician, his “stock in trade,” as the merchant would have it, are his *mental acquirements* and his *practical tact*. If these two are sufficient, “the effect” will be good, because the *manner* will be natural, and being natural will be, as a rule, the same always. Learning and practical tact are the rounds on which a man may mount steadily to the top of the ladder, making for himself a lasting reputation of the solid sort; but if, instead thereof, outside effect and studied mannerism are employed, although they may answer the purpose for a while, yet they soon wear out, the foothold gives way, and the aspirant for the top finds himself constantly laid low. — *Editorial in Homœopathic Times.*

THE “General Medical Council of Education and Registration” includes representatives of all the medical colleges and licensing bodies, as well as of all the universities, of England, Ireland, and Scotland. The interests of the crown and of the public are also represented by six delegates of the government. The Council make a register of all legally-qualified practitioners, see that the examination tests are sufficient, and provide a list of drugs and medical preparations as a standard by which medical prescriptions are to be dispensed. No practitioner whose name is not on the register can enter any of the public services, nor can he recover debts at law for medical assistance. During the latter part of June, as we learn from the *Pall Mall Gazette*, the Council have been debating, by request of the government, the propriety of assenting to Mr. Cooper-Temple’s bill for registering foreign degrees of women from certain eminent universities which at present admit them to study and graduation, and, beside this, the whole question of the advisability of admitting women to the study and practice of medicine, and of enabling them to obtain “registerable degrees or licenses.” A report from a special committee of review was adopted by a majority of two thirds of the Council, which cautiously declared, that, notwithstanding there are in the opinion of the Council special hinderances to the practice of medicine by women which cannot safely be disregarded, the Council is not prepared to say that women ought to be excluded from the practice of medicine. At present there is no licensing body or university which admits women to examination; and the one English lady registered as a practitioner was admitted to examination by the Society of Apothecaries, who thereupon devised a means for barring the door against other medical aspirants of the other sex. Mrs. Anderson had passed by means

of instruction obtained by "authorized lecturers" in full courses of lectures specially delivered for her behoof. The society have now resolved that they will admit no one to examination who has not attended the lectures "in a recognized school." Dr. Parkes, one of the heads of the English medical profession, with Professors Humphry and Rolleston, were the most earnest advocates among the General Medical Council for the admission of women to the register. Dr. Wood, of Edinburgh, emphatically warned the Council against giving even a negative encouragement to women to enter on a career which required such qualities as strength, endurance, the power to witness scenes of suffering and of blood, and others which are equally foreign to the female character, while it tended to force them into situations destructive to female modesty and delicacy. Mr. McNamara, of Dublin, contended that there is nothing which a lady must witness or take part in as a doctor which she does not witness and take part in as an hospital matron, lady nurse, or Sister of Mercy; that experience had shown that such duties were no more injurious to the finer feelings of women than of men; that there were few operating theatres in which ladies now did not render calm and effectual aid, and those who did so were acknowledged "to be among the noblest specimens of womanhood." The result is that the Council intimate that if any of the nineteen licensing bodies in the United Kingdom choose to admit women to an examination, they, the Council, will be happy to register the license so granted. But if not, then the Council suggest that a special examination be instituted and placed by authority under their supervision, with power to register the certificates granted as licenses to practise medicine. The women, it seems, prefer the standards by which men are tried. The government, accordingly, have now to ascertain, before further legislative action, what are the intentions of the licensing bodies. — *The Nation*, Aug. 5th.

HEALTH OF THE COUNTRY VS. THE CITY. — In the thirty-first annual report of the births, marriages, and deaths of the several counties of the State, by Dr. George Derby, it is shown from an eight years' record that Suffolk County gives the most favorable report. In this county, embracing the city of Boston, there was one birth to every thirty-three persons, a marriage to every seventy-seven, and a death to every forty-four.

But what are the facts with regard to children's homes in the country and city?

The New Hampshire Home, situated in the country at Franklin, received in four years one hundred and twelve children, and lost seven by death, making one to every sixteen. This home takes no children under three years of age.

The Baldwin Place Home, in the city, received in the same time eight hundred and fifty-nine, of which number two hundred and four were under three years of age, and seventy-six were under two, and twenty-five were infants, and lost of the whole number fifteen, being one to every fifty-seven.

We call Brother Mack's attention to the above facts, and advise

him, in his glowing misrepresentations of the awful death-rate of the city compared with the country, to stop and look at facts, and then "*exhibit his elephant.*"

TEA AS AN ANTIDOTE TO OPIUM.—In the autumn of 1869, I received a letter from Professor Sewell, of Quebec, directing my attention to the influence of tea as an antidote to poisoning by opium. He refers to a case of his, published in the *Lancet* for July, 1865 or 1866, and says: "As I consider the case as most important, showing the wonderful power of green tea, not only in poisoning by opium, but also in that by alcohol in the coma of fever, and probably in puerperal convulsions, and in other cases of absorption of urea, I give you the case from memory.

"Mrs. H., aged 34 (or thereabouts), wife of a medical man, had suffered for years with, as I understood, something like angina, for which she had consulted almost all the physicians in Europe, yourself, I think, among the rest. The only relief she ever got was from chloroform inhalations. On one occasion, when suffering from one of her attacks, I assisted her husband in administering three pounds of this fluid, which was continued uninterruptedly until the whole three pounds were expended. On the occasion of the last attack, which she had in this city, she felt the paroxysm coming on about 4.30 P. M.; and between this hour and 11.30, the same night, she took two drachms of Battley's sedative solution of opium every half-hour, or fourteen drachms of the medicine in seven hours. Between half past eleven and twelve, she had a convulsion-fit. I saw her a few minutes afterwards, and found her in the following condition: coma perfect; pupil contracted to a pin's point; perfectly cold up to the hips and elbows; face drawn and cadaverous; pulse imperceptible; *respiration two in three minutes*. This state of things is verified by one of my colleagues, who considered the case hopeless, and allowed me to administer what I pleased, saying she had not ten minutes to live. In the mean time, I had prepared the strongest possible infusion of green tea, and shortly after twelve I administered, *per rectum*, half a pint, my friend and I watching the result. In twenty-five minutes the pulse at the wrist became perceptible; the face was less pale, and she *breathed six times in the minute*, instead of twice in three minutes. The same quantity of tea was then given, also by injection, and, to make a long story short, at 4 A. M., four hours after the commencement of the attack, she addressed me by name, saying "she could not see me, but that she recognized my voice"; at 8 A. M., she was out of danger. I have since had three cases of poisoning by alcohol in children, aged one year, five years, and six years. In the two latter, the coma was complete, but all were restored to consciousness in an hour or less. Will you, if you have the opportunity, give this remedy a trial in all cases of coma caused by an empoisoned state of the blood?"

It was in consequence of the above letter, that I directed so much pains to be taken in the investigation of this subject by the committee; and, although far from complete, it will, I trust, be regarded by

the profession as no unimportant contribution to the inquiry. I especially regret that ill-health, and the consequent resignation of my chair, should have prevented my prosecuting, as was my intention, this matter thoroughly in the clinical wards. — DR. JOHN HUGHES BENNETT, in the *British Medical Journal*, December 19, 1874.

A NEW TEST FOR OPIUM. — Another test for opium has been discovered. A color-test, at once so characteristic and intense, of such easy applicability and such extreme delicacy, that it needs only to be more generally known in order to be often employed.

Molybdic acid dissolved in pure sulphuric acid is the best fluid. A saturated, or at all events a strong, solution should be made. The reaction is produced by the morphia in opium, not by the meconic acid: the latter undergoes no change with the reagent; the former, in minutest quantities, at once furnishes characteristic reaction. The best mode of proceeding is to place a drop of the suspected fluid side by side with a drop of the test-fluid, by means of a glass rod, upon either a porcelain slab or slip of glass laid upon white paper.

At once, if morphia or any of its salts be present, a beautiful deep maroon color will be presented when the fluids are brought in contact. This color changes after a while, becoming first deep purple, and then gradually losing its red element, and becoming shortly dark, and later a bright blue. This blue coloration is maintained for several hours, but gradually fades out.

In evidence of the minuteness of this test, I may adduce the following facts: The reaction is distinctly obtained with a single drop of the pharmacopœial tinct. opii, as also with the compound tincture of camphor. The presence of a good deal of impurity and of alien organic matter does not interfere much with it.

Of this I feel confident, that the busy practitioner will hail this new discovery, which enables him to detect laudanum or morphia in the dregs of bottles brought to him to test, and in fluids vomited, and to swear to its presence with positive security. Further experimentation has convinced me that this test is most sensitive when freshly prepared; still, two months after it was made, I was enabled by its employment to detect the $\frac{1}{40}$ of a grain of morphia, as presented in the morphia lozenge of our pharmacopœia. — DR. REGINALD SOUTHEY, in *St. Bartholomew's Hospital Reports*, vol. x, 1874.

INDUCTION OF PREMATURE LABOR. The operation for inducing premature delivery or abortion in the earlier months is effected either by directly acting upon the womb and its contents, or indirectly by secondary reflex irritation through the medium of the breast, larger bowel, etc. The measure most frequently had recourse to in the present day is that originally taught and practised by Hamilton in the beginning of this century. This operation — namely, of detaching the membranes — used to be performed rather roughly in those days, by the forcible introduction of the digit through the cervix uteri, but modern obstetricians have improved upon Hamilton's method, by taking care to avoid puncturing the membranes by the

careful introduction of a flexible instrument between the uterine wall and the membranes, without tearing through the latter.

In a case, which not long ago came under my observation — that of an out-patient of the West London Hospital, who was a little less than eight months advanced in the gravid condition, in which case premature delivery was urgently demanded,— after getting the consent and preparing my patient, and placing her in the usual obstetric position, I employed a long, flexible, gum-elastic bougie, passing it in a spiral manner across the fundus, without puncturing the bag of waters. I left it *in situ*, and labor, as desired, was brought on within nine hours; both mother and infant did remarkably well, without any evil consequences to either. The operation is by no means a difficult one, is perfectly free from danger to maternal structures, and not unfrequently saves many a patient from the perils of forceps, version, etc., and many more infants from death in utero, or by the painful resort to embryotomy, by which the mother has to run the risks of post-partum hemorrhage, metritis, peritonitis, etc. Therefore the timely induction of labor before the full term, in properly selected cases, would tell materially upon the statistics of parturient mortality. — JOHN E. LUCAS, ESQ., in *Medical Times and Gazette*, Nov. 28, 1874.

MILK DIET IN THE DIARRHŒA OF TYPHOID FEVER. — One more hint I wish to give you with regard to the diarrhœa of typhoid fever, which is, that in all probability it is often increased by the patient's inability to digest the beef tea and eggs which are sometimes too abundantly given. When you have reason to suspect that this may be the case, I advise you for a few days to keep the patient entirely upon milk, which contains all the elements required for the nutrition of the tissues in a form most easy of digestion. I have had a large experience of the effects of an exclusively milk diet in various forms of disease. In many cases of Bright's disease it is very efficacious, but one of the inconveniences in some of these cases is its tendency to cause troublesome constipation. In many cases of chronic diarrhœa and dysentery, milk diet will effect a cure without the aid of medicines of any kind. There is now in Twining ward (*King's College Hospital*), a girl, aged fourteen, who for four months had been suffering from dysenteric diarrhœa, the stools containing much blood and mucus. She was put upon a diet of milk alone, without medicine; within a fortnight the diarrhœa entirely ceased, and she is now convalescent. For the reason, then, that milk has this antilaxative and even constipating effect in various morbid states, it is when given alone, one of the best antidotes for the diarrhœa of typhoid fever. — DR. GEORGE JOHNSON, F. R. S., in *the Practitioner for April*, 1875.

THE WET SHEET IN SCARLATINA. — As the present high rate of mortality from epidemic scarlatina may justify practical suggestions prompted by experience, I feel it my duty to endeavor to excite the profession to a reconciliation of the remedial powers of the wet sheet as an auxiliary in promoting cutaneous elimination.

Though all agree as to the importance of promoting and sustaining

cutaneous elimination in the prevention of cerebral, spinal, and other congestions, and, at a later stage, the disintegration of mucous membranes, dropsy, and glandular enlargements, yet this simple, powerful, and ready-at-hand auxiliary is unappreciated. Forty years' experience has assured me that this plain or medicated vapor-giving envelope affords the best *external* means for eliminating scarlatinal poisoning and preventing destructive sequelæ. It promptly suppresses pyrexial heat and itching; produces sleep, with a soft secretive skin, more or less continuously; and enables the digestive organs to accomplish that great desideratum in the treatment of scarlatina, viz. absorption of highly nutritious food. It may be repeated on the recurrence of the febrile paroxysm, two, three, or four times in twenty-four hours, the patient remaining enveloped from half an hour to an hour. Mothers and nurses who have witnessed its efficacy are most earnest in its repetition. My plan of procedure is to immerse a nightgown, slit up at the front, in hot water (half a pint to a pint), pure, or medicated with a drachm or two drachms of tincture of capsicum, or in the infusion of three or four pods; or in mustard water, the clear supernatant fluid, from a tablespoonful of mustard to a pint of water; extending the gown over the feet by means of a towel immersed in the same fluid, both to be well wrung out and suddenly applied, and the patient quickly packed in blankets, previously placed on the adjoining sofa or bed; another blanket, or two pillows, or an eider-down quilt covering all.

The medicated packing is preferable in the incipency, and at any other time to evoke the rash, and in cases of cerebral oppression, with pale skin, low pulse, and delirium. Last month I had a case of this type, in which the mustard packing was applied. It did not elicit the rash, but it cured the delirium, raised an alarmingly depressed pulse, and restored the excretion. This effect was solely dependent on the medicated packing, as the patient, a girl of thirteen, could not swallow medicine or food, and enemata had not then been administered. With the aid of a tonic she made the best recovery of three in the same family, and had no sequelæ.

The auxiliary mode of treatment here defined is by no means intended to exclude the ordinary plan which every practitioner's experience has led him to select and rely upon; but I am of opinion that if packing is judiciously incorporated with such reliable treatment, it will be the means of saving many lives that would otherwise be lost, and of diminishing the severity and duration of the sequelæ. — JOHN TAYLOR, ESQ., in the *Lancet*, Nov. 14, 1874.

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[VOL. X.

CLINICAL CASES.

BY E. W. BERRIDGE, M. D.

BEFORE reporting the following, I would say a few words in reply to Dr. C. Wesselhoeft's criticisms on some of my cases, given in his paper entitled "Faults and Fallacies of Clinical Reports" (*New England Gazette*, Vol. X, pp. 103-105). While fully agreeing with the learned doctor on the advisability of *completeness* in everything, yet there are occasions when it is true that "half a loaf is better than no bread"; and, moreover, Dr. W., in some of his statements, is in error. With regard to the case treated with Teplitz and Petroleum, his charges are, (1) that no diagnosis was given; (2) that the symptoms said to indicate these medicines belong to others also; and (3) that the report of cure partly rested on another's statement. To all this I reply, (1) that the *name* of the disease was of no consequence, and every physician, on reading my report, is just as able to give it a name as I was, so that he loses nothing by my supposed omission. The habit of treating diseases according to their names, instead of according to the individual symptoms of each case, is one which is creeping into our ranks; and I purposely avoid, in reporting cases, anything which would in the least degree countenance such practice. (2) The case was worked out from the Repertories at my command: if Dr. W. knows of any other medicines which have these symptoms, I should like to know them also, that I may add them to my books. (3) Dr. W. forgets that for the action of Teplitz I was *not* dependent upon the report of a friend, and it was chiefly to illustrate the

use of this little-known remedy that the case was published. However, I *saw* the patient several months afterwards, and ascertained that the Petroleum had cured him.

Dr. W. next quotes two "cases," which he says are "silly." I reply that these, and the rest of the series from which he quoted them, are not intended as "cases," but simply as clinical confirmations or therapeutic hints. Some are accidental cures on provers to whom I have given medicines, but who, instead of experiencing pathogenetic effects, experienced relief from some symptoms which they suffered from. Others are individual symptoms cured in chronic cases which would not be sufficiently interesting to publish in full. Considering that C. Hering has quoted a similarly reported cure in his *Analytical Therapeutics* as a "model cure," I do not think they "deserve to be called silly."

Dr. W.'s chief criticism, however, is directed against my third case, which *is* fully reported; and he concludes by saying that "the conclusion becomes inevitable that Sulphur could not have cured the case, because the principal symptoms of the case do not belong to the remedy, and that others are much more decidedly indicated." Dr. W. begins by saying that Sulphur is selected from a list of seventeen medicines, all said to produce the symptom "Objects seem white." He continues, "To exhibit the inaccuracy of this statement, an examination of the eye-symptoms of a number of these remedies will fail to show that a single one has a symptom that could, even by a stretch of the imagination, be construed to mean that "objects seem white," unless it is "mistiness of vision." Surely, Dr. W. must have been reading Artemus Ward, and intended this remark for a "goak." I doubt whether the most generalizing pseudo-homœopath (even the "physician practising homœopathy"* who k— I mean *did not cure* his friend Dr. Phillips with his leeches and blisters, and large doses of Bromide of Potassium) would ever make such a mistake as to confound these two dis-

* This individual is very fond of blisters, and is gradually losing favor with the public, who are beginning to find him out. A medical friend tells me that this doctor has lately taken to giving *purgatives* under the name of homœopathy. What next? Emetics, I suppose. What horrible quackery this is!

tinct symptoms. Again, Dr. W. is rather rash to assume that a medicine has not any symptom that I may quote, considering that I have in manuscript an immense amount of material copied from cases of poisoning in the allopathic journals, containing most valuable new symptoms, besides many provings on myself and others. I will, however, mention one important source of symptoms — the works of Bœnninghausen. If Dr. W. will refer to Bœnninghausen's *Pocket-Book*, p. 35 (Hempel's translation), he will find ten out of the seventeen given. I have not time now to look up the references to all the others, but will merely refer him to *Sarracenia*, Symptom 47 (Houatt's proving), *Coca*, Symptom 152 (Hering's *Materia Medica*), and *Plumbum* (p. 545 of Hempel's *Jahr*, fourth line from bottom). I have admitted no symptom into my *Repertory* (unless bracketed) of which I had any doubt, though, of course, in this work I can only give the reference and not the entire symptom, which must be looked for in the *Materia Medica*.

To Dr. W.'s charge that I have omitted some medicines under "inclination of head to fall forward," I reply that my *Head Repertory* is not yet finished, and doubtless there is much more to be added.

Dr. W.'s two remaining charges are that I state (1) that the offensive odor of the menses is peculiar only to *Sulphur*, whereas in reality *Sulphur* has not this symptom, according to Hahnemann and the Austrian provers, while many others have; and (2) that *Phosphoric Acid* produces clotted menses, the fact being that though many others do, this remedy does not. Here Dr. W. has not only misunderstood my statement, but he has fallen into an error. If the reader will refer to *H. M.*, Vol. X, pp. 77, 78, he will find that I gave a list of remedies under the rubrics "Objects seem white" and "Head feels inclined to fall forwards." Eliminating those medicines not common to both lists, the number is reduced to three, *Phosphoric Acid*, *Plumbum*, and *Sulphur*. When, therefore, I said that only *Sulphur* has the offensive odor, I meant it was the only one out of the previous list; the same remark applies to *Phosphoric Acid*. In fact, this case illustrates the method of selecting the remedy by eliminating one by one those medicines which do not correspond to

the totality of the symptoms. Dr. W.'s further remarks about these two medicines are unfounded. If he refers to Bœnninghausen's Pocket-Book, pp. 100, 101, he will find, under "Coagulated Menses," *Phosphoric Acid* and twenty-seven other drugs; and under "Menses of a bad smell," *Sulphur* and eighteen other medicines. Consequently we may conclude that the remedy was prescribed with much *real*, and not only *pretended* accuracy. The latter may seem so to careless or very inexperienced readers, but when we take the trouble to examine the merits of each statement, the conclusion becomes inevitable that *Sulphur* did cure the case, because the principal symptoms of the case do belong to the remedy, and no others are more decidedly indicated.

(1) *Ammonium Muriaticum*. — Mrs. —, March 14. Pain as if sprained in left abdomen. Has had it ever since birth of second child (ten months ago), and also at times before, during her pregnancy. Gave *Ammonium Muriaticum* 1200 (Jenichen), three times a day, March 17. Got better the same day; now gone. Has had no return. August 1.

(2) *Sulphur*. — A boy, aged 4. Passes blood with stool (for two years) since he had scarlatina; prolapsus of rectum for three weeks. The hemorrhage has been worse for the last month. Easily tired. Restless at night. Pain in back. Over-exertion will bring on the prolapsus and bleeding. Stools very dark, almost black. Has had allopathic treatment without result.

September 24, 1874. — *Sulphur* M. M. (Bœrichè) one dose.

October 23. — His mother reports all symptoms gone for more than a week. Has not returned.

This case shows the importance of allowing a remedy full time to act in chronic cases before changing it for another; also the efficacy, now well established, of the *millionth* centesimal potency. Dr. Farrington says that all Hahnemann's sulphur symptoms have been confirmed, *except three*. Which are these three?

(3) *Tilia Europæa*. — Miss —. Shooting pains in centre of abdomen through to back. Menses delayed; expected every day. *Tilia* 200 every three hours till relieved. The pain ceased the same day, *after which* the menses appeared.

(4) *Ænanthe Crocata*. — Miss —, aged 36. May 2. Has had cough for five days, worse at night, excited by tickling at top of throat. During cough, rattling in lower chest. Sputa thick, *heavy*, white and yellow, adheres to vessel, a little *frothy*, copious. Aching pain in left side of thorax, worse on deep inspiration, relieved by pressure. She is consumptive, and subject to asthma. *Ænanthe* 200 (Leipzig) at 9 A. M., and every four hours.

3d, 5.15 P. M. — Has had five doses; felt much better after third dose; much less cough last night and to-day. Sputa much less, and less heavy. Pain in side better. Under right clavicle is bronchial breathing, increased vocal resonance, and dulness on percussion. Continue medicine.

5th. — Slept better. Cough less. Sputa less. Pain in side gone. Stronger. Continue medicine.

24th. All symptoms (except the physical symptoms of chest) gone for 14 days.

SOME REMARKS ON DR. R. W. BERRIDGE'S REPLY.

BY C. WESSELHOEFT, M. D.

IN regard to "Teplitz and Petroleum," I would say that the name of disease cured is indeed of less consequence than the symptoms for which the remedies were prescribed; but having given no name, Dr. Berridge should at least have stated some symptoms less vague and indefinite than "shooting across forehead" and "tightness of nose," especially as we do not know what was alleged to have been cured. Dr. Berridge ventures to say that if there were any other medicines having those symptoms he would like to know them. Perhaps the same remedy that produces "itching of anus after stool" will also produce the others Dr. Berridge wants to know. It is really difficult to be serious in regard to the matter.

If the latter quotation was really the most interesting part of a case, the rest must indeed have been unattractive. Dr. Berridge has so many more interesting cases, then why not leave a few insignificant ones out altogether?

Dr. Berridge persists in saying that Sulphur produces the

symptoms "objects seem white." We are referred to Bœnninghausen's *Pocket-book*, and true enough there are the remedies which produce the symptom "objects seem white." But supposing they are in the *Pocket-book*, a repertory, no matter by whom it is written, can never take the place of the *Materia Medica*. Bœnninghausen has done a great deal of generalizing, which seriously diminishes the value of his compilation. For example, he gives a long list of remedies said to produce "aggravation from cold in general." Under the head of "alleviation from warmth in general," he copies the entire preceding list verbatim. Precisely the same generalization occurs with regard to remedies enumerated as having "aggravation in cold air"; the same list is accurately copied further on, under amelioration in warm air, etc.; and what is remarkable, the author, who evidently lays stress on typographical distinctions, copies accurately the grade of type indicating the value of remedies as if it were a fact founded in nature. Dr. Berridge has not gained much by his reference to the *Pocket-book* as long as the *Materia Medica* does not show those remedies to cause "objects to seem white." No repertorial generalizations will prove it, though readers will be glad to know at least some of the sources of Dr. Berridge's repertory, which this criticism has brought to light.

The position of Homœopathy nor that of any other science can possibly permit one author to copy another's generalizations, however ingenious. Nor should writers on Homœopathy perpetuate every trifling remark, flitting about here and there, as if it were an established fact. There is a fashion, rather common just now, in our literature, to look upon every printed word as a fact, — a habit much to be deplored. It dilutes and weakens our *Materia Medica* and destroys its usefulness.

Dr. Berridge claims to have an "immense amount" of unpublished manuscript to prove his assertion. It remains, then, still to be proved, and till then it will remain but an assertion of an individual, entirely subject to the belief or non-belief of others, while we should have facts, and knowledge how they became such facts.

The method of selecting remedies by elimination is good, if it does not lead to conclusions like the one that "the offensive

odor of menstrual blood is *only* peculiar to Sulphur," and that "the clots are peculiar *only* to Phosphoric Acid." It makes no difference whatever how much the list is reduced by elimination, while neither of these symptoms are now generally known or believed to be peculiar to either of the above medicines. But here we are again confronted with Bœnninghausen's *Pocket-book*. All we learn by that, is the book from which Dr. Berridge copied his symptoms. And as it is not known where Bœnninghausen obtained his material, whether from *provings* or clinic, to be consistent, I should say that no man's mere assertion can possibly stand in the place of proof, be his name Bœnninghausen or Berridge.

Dr. Berridge passes lightly over the charge that, because the patient had "inclination of the head to fall forward," Sulphur is again selected from what is alleged to be the entire list of remedies having that symptom, seventeen of which are named in his Eye Repertory. Dr. Berridge claims to have scanned 1,171 remedies for every symptom. If he searched so great a number for the above head-symptom, he omitted Kali, Paris, Pulsatilla, Ran. bulb.

His Eye Repertory is full of such errors of omission, and of many additions lacking authority, and every reference to source, for the reader to judge by.*

The Head Repertory threatens to be similarly faulty, though we at least have the author's assurance that it "is incomplete, and doubtless there is much to be added." I would gladly retract every one of my objections, but cannot discover evidence of having been in error.

CLINICAL CASE.

[For the *New England Medical Gazette*.]

MR. M., aged 60 years; in February, 1873, had an attack of acute bronchitis, with much dyspnoea and profuse muco-purulent expectoration. This condition finally became chronic, with

* See *British Journal*, October, 1873, page 750; also *New England Medical Gazette*, No. 4, Vol. IX, page 186; also H. GOULLON, JR. on the same, *Allgem. Homœop. Zeitung*, Vol. LXXXVIII, No. 22.

many symptoms pointing to tuberculosis. In fact, several very prominent physicians of the other schools, among whom was DeCosta, that great professor of diagnosis, pronounced the disease tuberculosis pulm., declared the left lung destroyed, and that the patient could not live longer than November, 1873. But the patient did live, and for the next two years was an invalid at home, in Maryland and Florida, suffering, weak, and emaciated, yet with a strength of lung astonishing, in view of that diagnosis. In August of this year I was called to attend him in what proved to be his last illness, as I had also in his first. He died with symptoms of acute peritonitis. After death the autopsy disclosed these facts:—

The lungs were large and apparently healthy, but on close examination we discovered on outside and lower border of left lung (apex perfectly healthy) five or six small masses of tubercle, from size of pea to that of a bean, which showed no signs of softening. No signs of any cavities in the lungs, or any other evidence of disease there, except the few small tubercles and a few adhesions on the lower border of left lung. And no signs of disease in the bronchi, except a slight congestion; no pus or anything abnormal in the thoracic cavity. Upon opening the abdominal cavity we found signs of peritonitis, with effusion of lymph on different parts of the peritoneum, and the smaller intestines were largely distended with gas. But in the *liver* we found the seat of disease. It was one mass of hardened tubercle, with but a mere shell of liver tissue on the outside. We took out four masses, globular or ovoid in shape, about three inches in diameter, which would weigh from three to four pounds. In consistence it was like cheese, and only one mass has begun to soften down. Kidneys and other organs healthy.

This seems to me an unique case, and one that shows how little the great lights in medicine really know.

Mr. M. complained much of his liver, and has said more than once that his disease was *there*; yet we doctors would never believe him. An old physician of thirty or forty years' practice, who was with me at the autopsy, told me that he never saw or read of a similar case: has any reader of the Gazette?

E. H. SPOONER, M. D.

LEDUM LATIFOLIUM.

BY R. L. DODGE.

IN July last, having heard of the cure of "Canker in the Mouth" (*Cancrum Oris*) with a syrup made of "Labrador Tea," I obtained some of the shrub and made a tincture from the leaves, flowers, and green bark, and almost immediately I had two cases wherein to give it a trial, — one uncomplicated; but as the other had a number of complications, and the remedy has never been proved, to my knowledge, I have thought it might be interesting to the readers of the *Gazette*.

Mrs. B——, about forty years old, for a number of years has suffered with white vesicles on the edges of the tongue; tongue unnaturally red, accompanied with a sensation of smarting and burning, extending sometimes down the œsophagus and into the stomach. Gave five drops of tincture in half a glass of water, a teaspoonful to be taken once in four hours. She reported an aggravation of all the symptoms the first day, second day much better, and the third entire relief.

Case 2. Mrs. W——, aged sixty-two, brown hair, blue eyes, leuco-phlegmatic temperament. Tongue around the edges and point denuded of cuticle; what remained has a dead appearance, smarts and burns, most on the left side; tongue some swollen; suffers so much that she wraps it up in a piece of cloth wet in ice-water; cannot sleep, the suffering is so severe; the slightest exertion makes her "puff"; cannot do the least work without feeling very tired; feet swell and burn, so she is obliged to uncover them when in bed; appetite poor, and a feeling of general debility. Gave her a powder saturated with three drops of Tincture *Ledum Latifolium*, to be dissolved in half a glass of water; teaspoonful once in four hours. Improvement commenced at once, and at the end of a week she reports tongue smooth; no smarting or burning unless she takes acids in her mouth; appetite good; feet do not burn; sleeps well; exertion does not put her out of breath; had done a large day's washing, and ironed until ten o'clock in the evening without feeling very tired. Saw her two weeks afterwards, and the

favorable result has continued. I think this remedy will prove to be valuable in such cases. Shall continue my investigations and will report anything of interest connected with it.

PORTLAND, ME., Sept. 20, 1875.

MEDICAL EDUCATION.

BY M. WESLEY BRUBAKER, DECATUR, ILLINOIS.

THE great hue and cry of the day is for "improved education," for "better-graded education." There is a frantic, feverish effort to revolutionize something, to expand, culture, polish, renovate the present system of medical education. The feeling, no doubt, grows out of the unpleasant though patent fact that for the past few years the standing of the medical profession has by no means kept pace, in point of thoroughness, liberality, and scholastic culture with its learned sister professions,—in fact, that its standing has been almost a standing still. The past ten years have witnessed an unparalleled advancement in the work of our public schools. Well-directed enthusiasm, earnestness, and zeal upon the part of State and county superintendents, friends of education, and teachers themselves, have resulted in better buildings for educational purposes, better methods of teaching, and, most important, better teachers. Better country schools, excellently graded, and efficient, systematic, practical Normal Schools, a higher and truer appreciation of the value of education by the masses, earnest, self-sacrificing teachers, have been the results of these efforts. Can as much be said for the cause of medical education? It is true that there have been some improvements. The facilities for teaching, for hospital practice, and clinical observation have been increased. The three years' graded course has been adopted, in part, by a number of colleges. But have the results justified our expectations and the demands of an enlightened public? Is the physician of to-day considered a valuable acquisition to the membership of our literary and scientific societies? It is true that it is not the business of a medical college to furnish the general literary education of the physician: but how many of our colleges require that he must

have that broad, thorough literary education as a positive condition of his admission within their walls, to be considered as a qualified medical student? Not that he must be a graduate of some college, with that article in hand whose value is rapidly decreasing, —a diploma; that he has made a hurried attempt to bolt a couple of defunct languages; has skimmed over the surface of some branches of Mathematics, of Logic, Political Economy, or acquired a smattering of a number of osophies and ologies; has cultivated the acquaintance of the brawny gods or bewitching goddesses of antiquity, or developed a sufficient amount of brain fibre by "pulling through the foaming wave." If he have a literary degree, so much the better; but let it at least be required that he has a thorough knowledge of the common branches and the more important sciences; that he has a thorough knowledge of primary mathematics, can compose an intelligent business letter, can converse at least five consecutive minutes without shocking our nervous systems by a continual, merciless murdering of the king's English. And if we would see the ranks of our profession filled with qualified, intelligent persons, we shall find that there is a work for each to do, a responsibility for each to share.

Let every physician throughout the land firmly resolve that he will not accept any person as a student whose literary qualifications are not sufficient to enable him to obtain a first-grade teacher's certificate under the requirements of the laws of the State.

If every physician would adopt this rule, and every college insist that that qualification be thoroughly tested, and admit none to its course whose attainments were not equal to at least such a standard, the standing of our college alumni would be far more advanced, and we as a profession would feel an increased pride in our noble calling.

THE SCIENTIFIC ASPECT OF HOMŒOPATHY.

(From *The Monthly Homœopathic Review.*)

IN all books, pamphlets, and essays written against homœopathy, we have been condemned *à priori*. We have been told, over and over again, that our system and our small doses are absurd, not from failure of cure when the treatment has been based upon the law of similars, but because, as has been asserted, homœopathy is so opposed both to common sense and to modern medical science, that it is not worth putting to the practical test of experiment. "It can't be true; therefore it isn't." Now while, as before, maintaining that the practical test of experience is the only really valuable proof of the truth of our position, yet we are quite ready to take up the gauntlet thrown down to us, and to show that, *à priori*, our system has not only common sense on its side, but that all modern physiological discovery is in perfect harmony with the law of similars as a guide to treatment, and that it points to homœopathy as the basis of the therapeutics of the future.

In our leader of last month, we took up the *à priori* argument of common sense, and endeavored to show that, without entering on a scientific discussion of the question, the system of homœopathy was so simple that it appealed to the common sense of every one, whether medical or lay. In our present article we shall investigate the question in a manner which will especially appeal to our medical opponents, and endeavour to show what a truly scientific basis we have to go upon.

Let us, in the first place, see what takes place in disease. Inflammation is usually taken as a type of disease in general, because an inflammatory state, or a state akin to inflammation, is at the bottom of most diseases. What, then, are the processes observable in a simple case of inflammation of a given part? These processes are well known to every medical man, and can be observed, following each other, in such transparent parts as the web of a frog's foot.

Very soon after the application of an irritant to the web, the vessels are seen (1) to *contract*. Sometimes this contraction is so momentary as hardly to be visible, and the second stage seems to come on at once, but the visual evidence of its existence depends very much upon the strength of the irritant. If the irritant be comparatively weak, the contraction of the vessels is clearly visible; if, on the other hand, it be powerful, the contraction is so momentary that it is hardly observable. Along with this state of contraction of the vessels, the part becomes pale, and the temperature is lowered. This first state of contraction, pallor, etc., soon gives way to (2) a state of *dilatation* of the vessels, in which the blood moves more slowly, and then stagnates in the part. The part then becomes redder than natural, and the temperature is abnormally increased. When this occurs we have inflammation. Let it be particularly observed that the 1st and 2d stages are precisely the reverse of one another. The contraction is

followed by dilatation, the pallor by excessive redness, and the lowered temperature by increased temperature. *And this double or reverse action is produced by the same irritant.* This state of action and reaction—the one the reserve of the other—can be constantly observed in every-day life. The vessels contract, and subsequently dilate, from very trivial causes, and very frequently without causing inflammation or any disease proper. In the morning cold bath, for example, when the water is first applied, there is something akin to a shiver, the vessels contract, and the skin becomes pale; but after one comes out of the bath, and has the skin rubbed dry, the opposite state results. A delicious sensation of warm glow comes over the body, the vessels dilate, and the skin reddens. This state of action and reaction is within the limits of health, and is what daily occurs in a person in full vigor. But this very process in a person of debilitated health, or when the stimulus of the cold water has been too prolonged, results in disease. The first stage of coldness and contraction of vessels becomes an actual shiver, and is followed, not by a healthy glow, but by a *hot* skin, high temperature, and quick pulse; in fact, a state of fever. The stimulus has been too powerful for the body to react *healthily* against, hence we have abnormal reaction and disease. In one case this abnormal reaction may take the form of simple fever; in another, nasal catarrh; in another, bronchitis, sore throat, pneumonia, pleurisy, diarrhœa, congestion of kidney, etc. In all these, then, the *one exciting cause* acts (1) as an over-stimulus, and (2) produces abnormal reaction, in the shape of disease.

Now, what does this contraction and subsequent dilatation of vessels depend upon? As every one now knows, it depends on the condition of the vaso-motor nerves, nerves which regulate the calibre of the capillary vessels. Those distinguished physiologists, Bernard and Brown-Séquard, proved to demonstration — as every tyro in medicine now knows — that when a stimulus, as of galvanism, is applied to the vaso-motor or sympathetic nerves, *contraction* of vessels is produced, with pallor of the part and diminution of temperature; while, if the nerve is cut and thus paralyzed, the reverse obtains, and *dilatation* of vessels is the result, accompanied by increased heat of the part and redness, with stasis of blood. We thus have the phenomena of inflammation produced artificially; the primary or contracted-vessel condition, corresponding with the effect of the medicinal stimulus — galvanism, while the secondary or dilated-vessel condition corresponds with a paralyzed state of nerve, and with the condition which we know as *disease*.

Having got thus far, we ask ourselves what medicine is *à priori* most likely to cure a case of disease, or — to keep to our original type of disease — inflammation? One naturally answers that, if a medicine could be found which would go to the affected part, and stimulate back again to normal contraction the dilated vessels, and so remove the concomitant symptoms of heat, redness, pain, etc., that would be the *beau idéal* of therapeutical treatment. And such has been the answer to this question, which has been given by many writers on the subject, from Fletcher down to the present day. But

having given this answer, they leave the matter there, deeming it too Utopian to expect to find such a simple, and, at the same time, scientific means of combating disease. Shall we, then, give the subject up as too Utopian?

Let us see whether we cannot throw further light upon it, and bring the principle of treatment we have spoken of to some practical issue.

Having ascertained the great fact already alluded to, that a stimulus — in the experiment, galvanism — when applied to the sympathetic nerve in moderate strength produced contraction of vessels, pallor, etc., those great physiologists, Bernard and Brown-Séquard, went a step further, and in another experiment, after causing, as in the former one, contraction of vessels by a moderate galvanic stimulus, increased the dose of the galvanism, and what was the result? Precisely *the reverse* of the effects of the moderate stimulus. The vessels dilated, the temperature rose, and the part became abnormally red — in fact, paralysis of the nerve was produced.

The same double effect of an irritant upon the vaso-motor nerves is quite recently corroborated by Dr. Moritz Nüssbaum, of Bonn, who, in a series of experiments to determine whether the chief vaso-motor centre does or does not extend down the spinal cord, divided by a galvano-caustic wire the spinal cord opposite the atlas. Of this “the first effect is great constriction of the vessels throughout the body, caused by irritation of the vaso-motor nerves, giving place, in the course of about five minutes, to great dilatation, consequent on the paralysis, which persists for the space of about two hours.”— (Editorial Article in *Lancet*, June 12, 1875.)

Here is a remarkable phenomenon, — in fact, the key to the whole question, — a phenomenon whose full meaning we must endeavor to comprehend. The important points to be observed in it are — 1. *That the same medicinal stimulus produces two distinct effects, each precisely the reverse of the other;* 2. That these two reverse actions are produced by a small and a large dose respectively; and, 3. That it is the large or over-dose which produces the effects of dilatation, which, we have seen, correspond to the state we know and see as *disease*. We have, by means of these experiments, ascertained one *fact* — that *one* medicinal stimulus at least, viz. galvanism, produces two directly opposite states in a small and large dose respectively, and that the effect of the small dose is to produce that state of contraction of vessels which we saw before was theoretically so desiderated in treatment, but which is considered by so many to be Utopian.

Two important questions next arise in the mind: 1. Is this double action of galvanism in small and large doses a phenomenon peculiar or proper to galvanism only, or is it a sample of what occurs in the case of all or most medicinal substances? and (2), if it should be found that it is *not* peculiar to galvanism only, but that all medicinal substances have this double action, does not the fact of their producing in a large dose a real state of disease provide the method of discovering what medicine is *the one* likely to be of use in a given case of disease, remembering that the small dose has the reverse effect of the large dose.

These two important questions, then, we shall endeavor to throw some light upon. And, first, in reference to the question, "Is this double action of galvanism in small and large doses a phenomenon peculiar and proper to galvanism only, or is it a sample of what occurs in the case of all or most medicinal substances?" we may, without hesitation, say that if there were no other facts bearing on the point than simply the one demonstrated fact regarding the effects of galvanism, this of itself is sufficient to produce in the mind of any unprejudiced philosophical observer this thought: "Well, this is quite *possible*, and it is worth inquiring into, and putting to the test of practice, seeing what great results may be obtained if it turns out true."

We are not going to rest our argument, however, on this one fact, but proceed to adduce other corroborative evidence on this question.

1. *Belladonna*.—The double action of this drug has been amply *proved to demonstration* by most careful experiments conducted by Dr. John Harley. (See his *Old Vegetable Newotics*, article *Belladonna*.) His experiments clearly show that in small doses the vessels are contracted, while in large ones they are dilated, producing the flushing and redness of the skin of the face and other parts, and of the conjunctiva. These facts are also proved by Brown-Séquard. Harley further shows that small doses soothe and quiet, while large doses cause excitability, sensitiveness to impressions, and delirium; that small doses produce sleep, while large ones cause sleeplessness; that small doses increase the force of the heart, while large ones diminish it. He says: "Pulsations which, before a dose of *atropia*, are only faintly felt through the chest-wall, afterwards become each one very strong, distinct, and still regular, and no artificial contrivance is needed to demonstrate *increased pressure* of the arterial current. Nor, after excessive doses, is the hæmometer required to prove loss of power in the cardiac contractions and diminished arterial pressure." (*Op. cit.* p. 221.) Brown-Séquard also says (*Functional Nervous Disorders*, Part I, p. 66) ". . . the fact that a remedy, in different doses, can produce two opposite effects. *Belladonna*, for instance, by its influence on the blood-vessels of the spinal cord, will diminish sensibility, the reflex faculty, the tendency to convulsions, etc.; but when the dose is toxic, sensibility and the reflex faculty become morbidly increased, and convulsions occur."

2. *Opium*.—Quotations from authors are unnecessary here, as the stimulant effect of a small dose in producing mental excitement and sleeplessness is well known, while the reverse effects of a large dose in producing dulling of the mental power and heavy sleep, even to coma, are equally well known.

3. *Alcohol*.—We shall simply quote, in evidence of the double action of alcohol, a conclusive passage from an article on *Alcoholism*, by the late Dr. Anstie, in Russell Reynolds's *System of Medicine*, Vol.

I, p. 65: "If the dose be moderate, and the administration well-timed, the effect upon the nervous system is simply that of a restorative stimulant. Sensations of fatigue are dispelled, the mind works more freely, a healthy sense of warmth is diffused through the body,

and the arterial system acquires an increased tonicity, if it was hitherto deficient in that quality. The latter fact, which is due to the influence of the remedy upon the sympathetic nerves, is capable of being demonstrated in a very interesting and convincing manner. The sphygmograph of M. Marey has the power of accurately representing, by its registration of the pulse-waves, the degree of arterial tonicity present; and by this unfailing test it appears that the small vessels, when *relaxed in a condition of fatigue*, are brought, by a *moderate* dose of alcohol, to a *proper tension*, from which they suffer no recoil. If, on the contrary, the dose has been *immoderate*, or administered at a time when it was not required, the pulse-waves give a *precisely opposite* indication — that, namely, which proves that arterial *relaxation* has occurred, and simultaneously with this the pulse becomes abnormally quick. At the same time, other symptoms of a paralytic nature are observed, confined in the first instance to the spinal nerves, and to the fifth cranial nerve. The former show their weakness by the occurrence of slight feelings of numbness and an impairment of muscular sense in the extremities; the latter indicates its affection by the occurrence of slight numbness of the lips. The vaso-motor fibres of the fifth nerve discover their partially palsied condition by flushing of the face, congestion of the conjunctivæ, and lachrymation," etc. etc. (The italics are ours.)

4. *Theine and Caffeine* (the active principles of tea and coffee, respectively). — The evidence of the double action, as shown in these substances, is taken from the most recent experiments in physiological therapeutics. A committee of the British Medical Association was appointed some months ago, with Dr. Hughes Bennett as chairman, and other names which are a guarantee for accurate observation, to investigate the action of medicines. Among other drugs, the action of theine and caffeine are fully investigated. And these experiments, repeated on a large scale, show most conclusively this same double or reverse action in small and large doses.

What strikes one remarkably on reading over these results is the uniform and intense prostration produced from excessive doses, contrasting so strongly with the well-known stimulant effect of a small dose, when taken in the form of a cup of tea or coffee. But going more minutely, we find from these elaborate experiments that theine and caffeine show their double action on the *brain*, by producing — 1. Marked cerebral *excitement*; 2. Equally marked cerebral *depression*: on the *vaso-motor nerves*, by producing — 1. An anæmic or pale state of ears (showing *contraction* of the vessels, and consequently *stimulation* of the vaso-motor nerves), with diminished temperature of the part; and 2. A hyperæmic or flushed state of the same parts (showing *dilatation* of vessels, and consequently *paralysis* of the nerves), with increased temperature. And not only in the ears was this flushed or hyperæmic condition produced by the over-dose, but the membranes of the brain were found congested, as were also the tongue, mouth, skin, and internal viscera, with stasis of blood in the vessels; on the *heart and breathing*, by producing — 1. Increase of the heart's action; and 2. Diminution of the same; and 1. Quickened respiration; and 2. Impeded respiration.

Here then we have the double or reverse action of small and large doses *proved to demonstration* in the case of six medicinal agents: galvanism, belladonna, opium, alcohol, theine, and caffeine. After relating the double effects of galvanism, we remarked that this one fact was sufficient to an unprejudiced and honest mind to suggest the *possibility* that other medicinal agents would be found to have similar double action; but with our additional facts, we can now go a step further, and say that, on the argument from analogy, there is a strong *probability* that such will be the case. Of many drugs, it is difficult to *prove to demonstration* this double action, in a previously healthy subject. The reason of this is plain — namely, that when a healthy person takes a small dose of a drug, he may find no results whatever, because he is in health; and it is only when he oversteps a certain point, and takes a larger dose, that he finds disease symptoms produced; but then these are the secondary, reactive, or large-dose symptoms. The only method then of *proving* in such medicines the primary, stimulant, or small-dose action is, having ascertained the effects of the large dose, to observe in disease whether the small dose has or has not the reverse or stimulant action. This the homœopathic practitioner does every day, and is satisfied of the fact; but as in the present article we are arguing with an allopath, we wish to take nothing for granted, and as it has been the fashion to pool-pool our observations and discredit our cures, we refrain altogether from bringing forward at present *our* results. Fortunately, we have no need to bring forward *our* observations to prove our point, as we have ample testimony in the standard old-school books, of which the following is a sample: —

1. *Belladonna*. — It will be remembered that a full dose of belladonna produced dilatation of vessels, stasis of blood, redness of the part, and increased temperature — in fact, a state of congestion. Dr. John Harley, whom we have already quoted, says (op. cit., p. 246): “We may as readily satisfy ourselves of the influence of the drug in removing congestion and stasis. Thus, if $\frac{1}{200}$ of a grain of sulphate of atropia (the active principle of belladonna) be injected under the skin of a frog in which some cardiac paralyzer has previously produced a condition of stasis in the web, we shall soon see the oscillating current begin to take a forward course, and in a short time the flow will be re-established, the dilated vessels will recover their original dimensions, the circulation will proceed with unwonted tone and vigor, and for many hours a slight contraction of the blood vessels may be observed.” On page 225, the same author says: “While dryness of the tongue is the invariable result of the use of belladonna in health, it is remarkable that the *reverse* effect occasionally follows its use in disease. A quarter of an hour after the injection of a medicinal dose of atropia beneath the skin of a patient suffering from fever, I have several times observed the tongue, which for days before had been parched, contracted, and hard, swell out again, and become moist for a time.” Belladonna in large doses produces *convulsions* (see Trousseau and Pidoux, *Traité de Therapeutique et de Matière Medicale*, Vol. II, p. 55; Taylor, *On Poisons*, art. Bell., etc.),

and yet these first named authors, whose names are a guarantee for truthfulness and accuracy, say, Vol. II, p. 66: "We have very often to praise bell. in the treatment of convulsive diseases, but above all in that of eclampsia of infants and of puerperal women. . . . Bell. in small doses sometimes produces unhopd for results."

Bell. produces mania, with hallucinations (see all works on Toxicology). Trousseau says (*ibid.*, p. 69): "Analogy, that guide so sure in therapeutics, ought to lead us to use bell. in the treatment of mania, inasmuch as bell., taken in large doses, produces a temporary mania, for *experience has proved that a multitude of disease are cured by therapeutic agents which seem to act in the same manner as the cause of the disease to which we oppose the remedy.*"

Bell. produces, as we have already seen, redness of the skin; and Mr. Liston (*Lancet*, April 16, 1836) recommends its use in erysipelas, in which bell. is the principal homœopathic remedy.

2. *Arsenic* causes gastric irritation, pain, vomiting, and diarrhœa (see all works on Toxicology and Mat. Med.). Recommended in similar states by Trousseau and Pidoux, Vol. I, p. 377; by Dr. Begbie, of Edinburgh (*Contributions to Practical Medicine*, pp. 274, 275); by Dr. Leared (*Brit. Med. Journal*, 1867); by Mr. Hunt (quoted by Handfield Jones in *Functional Nervous Disorders*, p. 535); by Dr. Black, of Chesterfield (*Lancet*, Oct., Nov., and Dec., 1857); and by Trousseau (*Clin. Lectures*, art. Diarrhœa).

Arsenic causes various skin eruptions (see works on Toxicology; Begbie, op. cit., and Hunt on skin diseases). Is well known to be the most generally useful of all medicines in skin diseases (see all works on the subject).

Arsenic causes inflammation of the conjunctiva of the eye. Cures it (Handfield Jones, op. cit., p. 297; Mackenzie, in Waring's *Practical Therapeutics*; Begbie, op. cit., p. 298).

Arsenic produces irritation of the air passages, cough, shortness of breathing, tightness in the chest, etc. (Christison, *On Poisons*, p. 302; Pereira, *Mat. Med.*, pp. 655, 658, 660, 663, etc. etc.) Is curative in similar states (Greek, Roman, and Arab physicians testify to this; Begbie, p. 297; H. Jones, p. 401; Trouss. and Pid., Vol. I, p. 375, etc.).

3. *Bismuth* produces gastro-enteritis, with vomiting, pain, and diarrhœa (see Christison and Pereira). Well known to relieve pain in the stomach, and vomiting. Trouss. and Pid. recommend it, besides, in diarrhœa, as does also Dr. Theophilus Thompson (Pereira).

4. *Quinine* produces a fever closely resembling ague (Trouss. and Pid., Vol. II, pp. 351 and 364). Is well known to be the chief remedy in ague. It likewise causes in full doses marked dyspepsia (Trouss. and Pid., *ibid.*, pp. 350, 356). Its curative action in certain forms of dyspepsia is well known. Produces headache, giddiness, noises in the ears, etc., conditions which it is well known to cure.

5. *Chlorine*, when inhaled undiluted, produces spasm of the glottis, violent spasmodic cough, tightness of the chest, difficulty of breathing, and inflammation of the air-tubes and lungs (see Pereira, Wood, Trousseau and Pid., Christison). Trouss. and Pid. say, in speaking

of its valuable effects in bronchitis, in the form of inhalation: "It cannot be denied that chronic catarrhs have been most successfully modified by that method of treatment, which has most frequently produced acute bronchitis." (Vol. I, p. 471.) (See Wood also, Vol. II, p. 354.) This action is so well recognized now, that a "vapor of chlorine" is officinal in the British Pharmacopœia.

6. *Chlorate of Potash* produces stomatitis (*Med. Times and Gaz.*, May 22, 1858.) Is acknowledged by all to be a specific in this complaint, Produces also salivation (Trouss. and Pid., Vol. II, p. 594). The same authors speak (p. 595) in the highest terms of the success attending its use in excessive salivation.

7. *Chloride of Sodium* — common salt — produces in large doses vomiting and inflammation of the intestinal canal; and is well known to promote digestion, as an article of diet.

8. *Copaiba* produces irritation of the urinary passages, with great pain, etc. (Wood's *Mat. Med.*, Vol. II, p. 614). Well known as a remedy in similar cases, also in inflammation of bladder (see *Cyclop. of Pract. Med.*, Vol. I, p. 505; also Liston's *Elements of Surgery*, p. 580).

9. *Copper*. — One of its most marked actions is to produce diarrhœa, with inflammation and ulceration of the bowels found after death. Well known as a remedy in chronic diarrhœa; in chronic enteritis (see Wood, Vol. I, p. 408).

10. *Cubeb*s produces irritation of the urinary passages (Wood, etc.). Its use in similar states is well known.

11. *Digitalis* produces feeble, irregular pulse, and fainting, in large doses. Is now in small doses the recognized remedy in such cases.

12. *Gold* causes vomiting, gastric irritation, diarrhœa, etc (Trouss. and Pid., Vol. I, p. 391). For its use in diarrhœa, vomiting, and dyspepsia, see same authors, p. 394.

13. *Hydrocyanic Acid* produces nausea and vomiting, with feeling of heat in the stomach; also dyspnœa, difficult and hurried breathing, palpitation, pain in région of heart, feeling of suffocation, etc. (see Christison, Taylor, Wood, Pereira, and Trouss. and Pid.). For its use in all these affections, see Pereira, Waring, Wood, Trouss. and Pid.

14. *Iodine and Iodide of Potassium*. — The vapor inhaled produces coryza, cough, inflammation of air passages, and difficulty and quickness of breathing (see Trouss. and Pid., Wood, Christison, and Pereira). Its use as an inhalation in coryza and catarrh of the air passages is now so well known that a "vapor of iodine" is officinal in the *British Pharmacopœia*. (See also Trouss. and Pid., Vol. I, p. 320; Waring, etc.)

In small doses it increases the appetite, while large ones destroy it (see Wood, Pereira, Christison, Trousseau, and Pid.). Produces salivation and soreness of mouth (see Pereira, Trouss. and Pid., Christison). For its use in mercurial salivation, and the salivation of pregnancy (see Trouss. and Pid., Vol. I, pp. 322, 323).

Produces various skin symptoms (Trouss. and Pid., Wood, etc.).

For its use in similar diseases of the skin, see same authors, Pereira, and general experience. Inflames the liver (Christison, Pereira, Waring). For its use in inflammation and enlargement of liver, see Pereira and Waring.

15. *Ipecacuanha* produces sickness and vomiting, as is well known. For its use in the sickness of pregnancy, see Braun of Vienna, *Edin. Med. Journal*, Feb. 1864. For its use in ordinary sickness and vomiting, see Ringer, *Manual of Therapeutics*, etc. This action is now well known.

Produces diarrhœa (Trouss. and Pid., etc.). For its use in diarrhœa, see Trouss. and Pid., Wood, Pereira.

Produces irritation of the bronchial tubes, cough, difficult breathing, and asthma. Its medicinal use in these affections is well known, but we cannot resist quoting on this point from Sir John Forbes, who was a great opponent of homœopathy. He says (*Cyclop. of Pract. Med.*, Vol. I, p. 200): "Ipecacuan is certainly a remedy of considerable power in the asthmatic paroxysm; but this seems altogether independent of its emetic properties. Practitioners of experience, without subscribing to the doctrines of homœopathy, will certainly think more favorably of it on account of its peculiar tendency to induce fits of asthma in the predisposed. Long before the time of Hahnemann, the main principle of his doctrine was recognized by practical men, in the adage 'nil prodest nisi læditur idem.'"

16. *Kreosote* produces vomiting (Pereira, etc.). Recommended by the same author as a remedy in the same.

17. *Mercury*, as is well known, causes diarrhœa; the bichloride of mercury, or corrosive sublimate, produces the dysenteric form of diarrhœa. For its use in these cases, see Trouss. and Pid., Waring, Wood, Ringer, etc.

It produces disease and enlargement of the liver (Graves and others). In speaking of its curative effect in liver diseases, Graves says, p. 344: "In this instance, we are compelled to allow that our practice may furnish weapons to be used against us by the disciples of homœopathy."

It produces symptoms so resembling syphilis, as to lead Trouss. and Pid., Vol. I, pp. 242, 243, to give an elaborate comparison and differentiation between the two. It is well known to be *the* remedy, *par excellence*, in syphilis. We must again quote Graves on this point (*Clin. Lect.*, p. 784): "Here you perceive, we have a remarkable analogy between the diseases produced by mercury and syphilis. . . . It is well known that some active remedies have a tendency to produce diseases somewhat analogous to those they are known to cure. This is frequently observed with respect to mercury, belladonna, strychnine, quinine, hydriodate of potash, and some other powerful medicinal agents,—in fact, it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues, unless it has some specific effect on such tissues; and in this point of view we have an example of the 'similia similibus curantur' of the homœopaths."

Perhaps our readers are already tired of this long list of corrobo-

rative evidence from standard allopathic works. We therefore refrain from enlarging it, and simply state that we have quotations ready, testifying to the same double and reverse action in small and large doses, in the following additional drugs: The mineral acids; alum; ammonia; antimony; nux vomica; opium; rhubarb; rhus toxicodendron; ruta; sabina; nitrate of silver; stramonium; sulphur; turpentine; valerian; camphor; cantharides; ergot; hyoseyamus; podophyllum; veratrum album.

So called "astringent" lotions which are used as eye-washes, gargles, injections, and lotions for ulcerated parts, act as they do in virtue of their homœopathic action. They consist of sulphate of zinc, sulphate of copper, alum, bichloride of mercury, nitrate of silver, etc. These are all drugs which, when applied to a healthy mucous membrane in *strong* solution, produce inflammation in it; but when used in *weak* solution, they stimulate the dilated vessels to contract, and so help to remove the inflammation.

With such a mass of evidence to prove the existence of this double and reverse action in small and large doses taken from the writings of those who profess to ridicule our system, we think we may now go a step farther still in our argument, and say that, judging by analogy, it is *next to certain* that almost every drug will be found to have this reverse action in small and large doses. And in order to make it *certain*, it only remains for each one or any one to test for himself. If he will not take the evidence of others, whether it be not so. We, homœopaths, have done so, and are satisfied with the result. And if our opponents would only open their eyes and see that we are as qualified as they are, have been taught as they were, and are in all respects like as they are, except that we have thought for ourselves, have not been afraid to inquire into what is termed medical heresy, and having found the heresy to be the very truth, tried by both theory and practice, have openly avowed our opinions and acted thereon, and that therefore our observations are as reliable as theirs are, they would find a mass of therapeutical information ready to their hands which would throw a new light upon their practice.

And when it is found that not one homœopath or two bear testimony to certain facts as having occurred over and over again, but that *thousands* of highly educated medical men all corroborate the same facts, and base a successful practice upon them, then this evidence, by all rules of logic, is irresistible. But our opponents will perhaps now say, "Suppose we grant you that most medicines have this double or reverse action, is it not as scientific to make use of the large-dose action as it is to employ the small-dose action in the treatment of disease? For example, if we wish to produce contraction in a relaxed uterus, and we know that the effect of a *full* dose of ergot is to produce the very effect we wish, is it not perfectly scientific to prescribe a full dose?" We reply, Yes. It is perfectly scientific. This is *pure* allopathy; but the bits of *pure*, scientific allopathic treatment are so few that one can count them on one's fingers. There is ergot to produce uterine contractions, purgatives to produce an immediate evacuation of the bowels, morphia to relieve pain chloral and mor-

phia to procure sleep. These are pure pieces of allopathy, and when they are called for, it is quite scientific and theoretically correct to employ them, but these are about the only pieces of *pure* allopathy which can be produced; and it is evident that they are applicable in only a limited class of cases, while if the homœopathic, or small-dose action is employed, we find among the hosts of drugs which are allopathically of no use a medicine which corresponds to nearly every known curable complaint.

We now come to ask our second question which was suggested by the galvanic experiments. "If it is found that most medicines do have this reverse action in small and large doses (which we may now take as certain), does not the fact of their producing in a large dose a real state of disease provide the method of discovering what medicine is *the one* likely to be of use in a given cause of disease, remembering that the small dose has the reverse effect of the large?" To reply that it does provide us with the means of discovering what medicine is likely to be suitable in a given case follows as a matter of course, and is the logical deduction from the facts. As is remarked in our leader of last month, medicines do not act helter-skelter on the body, but each one picks out one or more organs on which it *invariably* shows its action. One medicine produces in large doses inflammation of the kidneys and the whole urinary tract; *that*, therefore, in small doses, will be the remedy which will be of most use in similar cases of disease. Another drug produces in full doses congestion of the brain, delirium, and convulsions; it therefore will be the remedy in similar cases of disease. Another produces in large doses inflammation of the lungs, another pleurisy, another sore throat, another watery diarrhœa, another dysenteric diarrhœa, another vomiting, another colic, another constipation; these drugs, then, each in its own sphere and in small doses, will be remedies in the corresponding cases of disease. And moreover, as we find that of certain classes of drugs, for example those which cause diarrhœa in large doses, one hardly ever produces *exactly* the same kind of diarrhœa, or with the same concomitant symptoms, as another, it follows that the closer the picture of the medicinal disease corresponds with the actual case in hand, so much more certainly will this drug cure rather than another which does not so closely picture the disease.

The great therapeutical rule comes, then, to be this: To treat a given cause of disease, *give in a small dose the drug which, administered to a healthy person in a large dose, will produce a similar state of disease.* This is Homœopathy; and the axiomatical form of stating the rule is, "*Similia similibus curantur*"—"Likes are cured by likes." We have deduced it by clear logical argument, in which we challenge any one to show a fallacy, or to controvert our statement that Homœopathy, instead of being opposed to medical science, is in most complete harmony with the most recent discoveries, and is the only system of therapeutics which avails itself of the mass of known facts regarding the action of medicines.

Having arrived at the homœopathic rule of "*Similia similibus curantur*" as a guide to treatment, the question of the small dose is sim-

ply, as we stated in our last month's article, a corollary from it. If a drug produces in the healthy body two precisely reverse actions in a small and large dose, and we have discovered by experiment what amount of dose is required to produce the secondary or disease symptoms, it stands to reason that the dose required to produce the reverse, primary, or curative action must be considerably less. In each drug there must be a point in the dose beyond which diseased symptoms begin to manifest themselves; and as those symptoms in the supposed case are similar to those produced by the large dose of the drug, it is clear that we must keep considerably within this point, otherwise we are sure to aggravate instead of curing. And this is the whole dose-question in a nutshell. How small the dose should be will depend partly on the medicine, and partly on the constitution and temperament of the patient, in both of which points experience comes to our assistance. It need not be infinitesimal. The best dose is found to vary in different cases from "high" dilutions, or so called infinitesimal quantities, down to one or more drops of mother tinctures. Our inquirer may begin his experiments with tangible doses until he gains confidence; but he will soon find that, in certain cases at least, so called infinitesimal doses not only cure as well, but often far better than larger ones.

To form our *Materia Medica*, then, what we have to do is to investigate the effects of drugs given in different doses to the *healthy* body. This is admitted by all our opponents. Sir Thomas Watson first, and after him most of the thinking men of the old-school, when commenting on the backward and unsatisfactory state of old-school therapeutics, have said that the first step towards a revival in therapeutics is that we should thoroughly know the effects of our drugs, not when given to sick people, but when administered to the *healthy* subject. So said Hahnemann, and the valuable *Materia Medica* of the homœopaths is composed of such investigations made by him and his followers. It may be imperfect, and it is in many points imperfect, and we should be only too glad of the co-operation of our opponents in sifting it, re-proving the drugs, and adding new ones; but its perfection is astonishing when we consider the short time in which it was made, and the comparatively small number of its compilers. While preaching the desirability and *necessity* of such investigations, it is utter folly in our opponents to ignore our *Materia Medica*. But such investigations will be gone about with very little heart so long as our opponents shut their eyes to the homœopathic action of medicines. And the reason is evident. They will find that, viewed from an allopathic standpoint, the large mass of facts brought out by them will be of no use whatever. They may discover a new purgative, or sedative, or tonic; but of what use is it to an allopath to know that *arsenic* produces conjunctivitis, gastritis, vomiting, cramps, and diarrhœa; or to know that *cantharides* produces inflammation of the kidneys and bladder; or that *chloral* produces urticaria, or that *bryonia* produces pleurisy and bronchial catarrh, etc. etc.? — while, to a homœopath, all these facts are of the first importance in indicating the use of these drugs in corresponding cases of disease. The feeling of disappoint-

ment at the practical result of such experiments was openly expressed in a lecture published in the *Lancet*, May 25, 1872, by Dr. Sturges, of Westminster Hospital. And this we consider is an *á priori* argument of great importance in the question of homœopathy *versus* allopathy, viz. That the large mass of facts brought out by the very method of investigation they themselves advocate, are to the allopaths so many interesting observations to be shelved in the museum of the mind, but are of no practical value, while the homœopath not only turns every such fact to practical use, but his is the only known system of therapeutics which *can* utilize all the facts. The *method* of investigating the action of drugs all of both schools are agreed upon; the *facts* brought out cannot be at fault, and they must be surely of some use. The fault lies in the mode of interpreting the facts. And is it not in the highest degree probable that the school which can utilize all the facts is in the right, while the other is on the wrong tack?

We entreat our opponents again, in the interests of science and humanity, to open their eyes and see how perfectly scientific is our much-abused system of homœopathy, how common-sense it is, and how it, and no other system, supplies the missing link between disease and the physiological action of drugs. Then should we see investigations into the wide field of drug-action carried on with a vigor and an earnestness hitherto unfelt by them, and a new and intense interest would be imparted to the routine of daily practice.

The New England Medical Gazette.

BOSTON, SEPTEMBER, 1875.

THE communication in our May number, by Dr. Berridge, on "Homœopathy in England," has called out quite a bevy of answers, of which we have published some, while we have withheld others as being wholly beside the question, from the fact that they aspired no higher than to repay with interest the personalities of Dr. Berridge's letter. That a paper containing expressions and criticisms like the one in question should have produced some irritation is not a matter of surprise, but that only two or three of all the answers should have proved superior in tone and substance to the original attack, or have attempted to define the degree of allegiance homœopathists owe to their guiding rule, may certainly be considered strange, when we take into account the fact that British homœopathists are straining every nerve to arrive at some sort of conclusion concerning "Our false position in the medical profession," and "What steps shall be taken to bring about a decorous and friendly intercourse with our opponents." In publishing Dr. Berridge's paper, we had no other object than to call attention to the continued existence of the "irrepressible conflict" between Homœopathy and indiscriminate drugging, and nothing could have been further from our minds than the desire to wound anybody's feelings, thinking, as we did, that the great majority of our colleagues could bear with equanimity that peculiar tendency to scold which, from the beginning, has been characteristic of high-potency warfare.

While there are among homœopathists themselves such unsettled and irreconcilable notions, and while the allopaths are chuckling delightedly at having placed us in what they consider a hopeless dilemma, by declaring us fools if we adhere to our law and knaves if we depart from it, it is useless to attempt to fight shy of the question of so-called pure Homœopathy, or to content ourselves supinely with the definition of a Homœopathist as one who avails himself of every means to benefit his patients, inclusive of Homœopathy. The inalienable right to practise according to the best of his convictions must be conceded to every man, but if he is led either by tradition or newly formed conviction or whatever reason to adopt a particular rule or method of treatment, occupying a position before the world and the

profession like that of Homœopathy, he is bound as a member of a scientific calling to define his position, to adhere with a reasonable degree of strictness to his principles, and, by perfecting himself in the use of the means these afford him for successful practice, to emancipate himself more and more from the erroneous procedures of which he claims to see the imperfections, and to supersede them by something better. We must beware of nothing more than the confounding of the ethical question concerning our rights and privileges as physicians with the scientific one concerning the nature and applicability of our guiding law, as the two are wholly distinct, and widely different both in regard to the ease with which they may be answered and the nature of the arguments leading to their solution. While the one is a mere quibble, of which any plain man may see the aim and object, the other is still in a position to require years and generations of laborious toil, of accurate observation, and guarded experiment to make good its claims, and to establish, or rather to extend the limits of its usefulness; and this laborious toil and conscientious scientific experimentation at the bedside, in the laboratory, with the microscope, the scalpel, and every available test and aid, both science and suffering humanity demand of us, who declare ourselves in possession of a law. Unless we are prepared to set aside courageously, at this critical period, the traditional allopathic and crude empirical measures in the treatment of what are recognized as curable cases, and to resist the cries of patients and their friends for the mixtures and messes to which endless generations have resorted in vain, and which still form the armamentarium of the "regular" practitioner against disease in all its countless forms, let us renounce at once our allegiance to the extensive organizations established for the advancement of Homœopathy, and cease our clamor for public support and professional recognition.

While it is sufficiently clear to every reasonable mind that cold baths and warm, that electricity, counter-irritants, and a not inconsiderable number of other empirical, mechanical, and chemical agents and procedures are capable of producing obvious and most satisfactory results in the treatment of both acute and chronic diseases, and of doing this in a manner either readily explained or not admitting of explanation by the homœopathic or any other theory, it is the most unwarrantable absurdity to insist upon calling the homœopathic law the only available means of cure, or to style it an infallible law; but in view of the helplessness with which the profession confessedly stands before the danger and suffering caused by disease in spite of those

remedial agencies, we as homœopathists, who have grasped the unquestionable and daily recurring phenomenon of the curative action of drugs in contradistinction to their so-called physiological action upon which the allopaths rely almost exclusively, and have learned to subordinate it to a law, and thus to apply and control it, are forbidden by all that is just and reasonable to wait with folded hands for the accidental discovery of further empirical remedies, or for the advancement of pathology and physiology to suggest additional means of cure, and are denied the easy and comfortable course of resorting, in obedience to popular prejudice, vaguely and thoughtlessly to the crude and hurtful measures which, in spite of their disavowal and their vaunted progress in science, still form the stock in trade of the allopaths who console themselves with vaporings about "individual experience or choice." As according to Dr. Johnson patriotism is the last resort of the politician, so in medicine, "experience" is invariably the last resort of the practitioner who can not or will not take the rough and thorny path that leads to the fulfilment of therapeutical law, but prefers the broad, smooth way of authoritatively sanctioned routine or irresponsible empiricism on which he fancies he escapes the responsibilities his profession lays upon him. For the member of an allopathic society this latter road is full of delights, as he may do what he likes and escape being called to account while his school spurns with "immitigable contempt" the very suggestion of reducing therapeutics to law and order, but he who in any manner proclaims himself a homœopathist by that act declares himself ready to forego the convenience of confronting every criticism on his practice with "experience," and willing to subject himself to more rigorous tests. The allopath may and does in reality meet every issue by declaring that one man's experience is as good as another's, or a great deal better, when the question is between himself and one of another school, and thereby defy all reason and argument and justify every folly of tradition, authority, or individual whim; but the homœopathist, who claims that a sufficient number of well established and recognized facts point to an appreciable law and a widely applicable rule of practice, occupies a different position. He becomes responsible by becoming enlightened. As all scientific knowledge consists in the establishment and definition of facts and the elucidation of the laws which govern them, and as all enlightenment and progress come from the organization of knowledge, or, in other words, from proceeding out of the vague and chaotic to the definite and precise, it is clear that in order to gain anything like a commanding position from which to judge and rectify

our experience, we must classify the well authenticated facts which, throughout the ages, chance, and both methodical and unmethodical experiment have brought to light under such laws as their harmony and correspondence may discover, and, having recognized these, to fortify them by careful experimentation and to follow them rationally and loyally where neither the shorter cut of an obvious inference nor of a clearly established and readily available empirical fact is unmistakably indicated in the treatment of disease. Such a law is ours; and until it shall have been resolved into other more special laws, it is the safest guide in practice yet found, and has already proved itself so widely applicable that those who have given in their adherence to it will be and must be judged, however they may recalcitrate, by the degree of intelligence and good faith with which they hold to it. It is not, and in the nature of things it cannot be, a final, absolute, and exclusive law; but whether we call it theory, rule, law, or dogma it involves a principle which will not be belittled, or winked out of sight, or treated lightly; and whoever, with the history of therapeutics staring him in the face, forsakes it feebly in a temporizing spirit and bleeds, blisters, purges, and mixes two or more drugs in a prescription in his daily practice, and in cases which the most ample experience has proved to be amenable to the single remedy and the curative dose, stultifies himself as egregiously as he who assumes this law under which we classify the great majority of curative drug effects to be as much within our reach and as controllable as the ultimate and fixed laws governing physical phenomena, and who, throwing aside all reasonable inferences from pathology, physiology, chemistry, etc., and all well sifted empirical knowledge, adheres inflexibly to his "infallible law," and attributes every recovery he witnesses to its operation and his own astuteness.

Between the extremes of wavering and prejudiced laxness and fierce dogmatic bigotry there lies a broad and scientific mean of practice and research for him who will truly seek it, and our growing power and influence; the unacknowledged and destructive absorption on the part of our enemies of the principles and practice for which we have been suffering a martyrdom, beside which burning at the stake or being drawn and quartered are mere flea-bites; the progress of accurate scientific knowledge; but above all, the responsibility we have assumed in this country of creating rapidly a large body of men and women calling themselves homœopathic physicians, demand more and more loudly that we should strictly define our position, make good our professions, and determine more and more accurately the limits of

the method upon which we uphold an extensive organization so powerful for good or evil. To fight for the privilege of using Homœopathy among other remedial measures is good, but not enough. Unless we can resolve to draw a cordon more and more tightly and impenetrably about the ancient routine of drugging and generalizing which has been condemned again and again by the ablest of the allopaths before and since the days of Hahnemann, which no experience can justify, and which remains in fashion and retains its hold upon the profession by no other force than that of popular tradition, and unless we can do this by adhering more and more faithfully to our law, and by seeking in our own *Materia Medica* and according to our own principles, for the remedies actually existing there for the great majority of cases we are daily called upon to treat, we may be sure that the climax of honorable homœopathic prosperity will be reached with centennial demonstration in Philadelphia next year.

To cast aside old practices and traditions, to adhere conscientiously to any principle, requires not only trained strength and patient labor, but moral courage, to no inconsiderable degree, especially in medicine, where facts and theories are countless, but principles few and dimly perceptible. But this is certain, that, having a principle, the more we fortify and substantiate it the less occasion will we have to demand our rights and privileges, as we shall thereby hasten the end of this "stage of execration" through which we are passing, and having been true to our cause, see its claims recognized as a matter of course; while the more we relapse into the allopathic method of indiscriminate drugging and wretched generalization the longer our rights and privileges will be withheld. We are quite aware that this subject has been exhaustively discussed on more than one occasion, and that it is considered very bad taste in many quarters to rake it up again; but the rising generation of homœopaths whom we are teaching in nearly a dozen colleges must not be inducted into a house so glaringly divided against itself. In order to warrant us in teaching Homœopathy in separate schools, in practising it in separate hospitals, in advocating it in numberless journals, and to ensure for it a continued rational and honest existence, it is becoming daily more imperative that it should slough off remorselessly both those who claim too little and those who claim too much for it. When it shall have got fairly rid, on the one hand, of that very large and oppressive class of so-called homœopathic doctors who amuse their patients with half a dozen phials of pellets in trifling ailments, and fly to such prescriptions and practices as Dr Berridge quotes, on the slightest approach of danger; and on

the other, of that less numerous but more fanatical class recruited chiefly from lay-practitioners and "eclectics," from the great tribe of natural reformers, from those whose medical convictions are founded upon some religious vagary, and finally from those who, although diploma-ed doctors, persistently shut out all light from modern science, reject the most apparent empirical facts, and condemn in round terms that tentative use of uncertain measures to which every physician is driven from time to time, while they lose themselves more and more in the fog and mist of dynamization, "potentization," key-notes, clinical symptoms, etc.; we say when all these shall have ceased to weigh upon Homœopathy like a nightmare, there will still be men enough left who can draw the line of duty without the aid of either sophistry or bigotry, and pursue it without wasting their time or sacrificing their virility in attempting to conciliate the allopaths as such, or demand political power and influence for the homœopaths as such.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE third lecture term of this school will begin on Wednesday, October 6, 1875. The opening address will be given by Professor J. Heber Smith, in the college building, East Concord St., at 12 o'clock, M. The prospect is good for a large class the ensuing term; over two hundred applicants have presented for admission.

SOCIETIES AND INSTITUTIONS.

*** Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

BRITISH HOMŒOPATHIC SOCIETY.

AT the annual assembly of this society, held on the twenty-fourth June, Professor Talbot, of Boston, Professor Ludlam, of Chicago, and Dr. W. E. Payne, of Albany, were elected corresponding members. The two former gentlemen were present both on the 23d and 24th, and took part in the discussion which followed the reading of a paper on Ague on the 23d, when both, we understand, patriotically protested against the idea that ague was met with in Boston or Chicago.

RECORD OF THE COMMITTEE OF ARRANGEMENTS OF THE WORLD'S HOMŒOPATHIC CONVENTION.

AT Niagara Falls, June 10th and 11th, 1874, the Committee of Arrangements met at the call of the Chairman, and adopted the following as its Annual Report to the Institute:—

REPORT.

. . . The Committee have adopted and they recommend to the Institute to sanction and adopt the following plan for conducting the World's Homœopathic Convention:—

“1. That the American Institute of Homœopathy meet in 1876 in Philadelphia as ‘The World's Homœopathic Convention under the auspices and control of the American Institute of Homœopathy’; and that the date of the meeting be determined at the Annual Meeting of the Institute in 1875.

“2. That the Bureaus and Committees of the Institute which shall be appointed in 1875, shall present their usual reports at the regular meeting of the Institute in 1877; and that, in 1876, in place of the reports and discussions of the Bureaus and Committees of the Institute, the World's Convention receive the reports and discussions of essayists and debaters of our own and foreign countries, to be appointed by the Committee of Arrangements.

“3. That the transactions of the World's Convention be published in a handsome bound volume, to be distributed among the members of the Institute and their foreign guests; and that the expenses be paid by the Institute.” . . .

The Institute, by a unanimous vote, passed the following resolution:—

“Resolved, That the Institute accept and adopt the Report of the Committee of Arrangements of the World's Homœopathic Convention, and that it authorize the Committee of Arrangements to proceed to execute the plans adopted by them”

The following were elected to fill vacancies in the Committee of Arrangements:—

Alabama, Dr. F. F. DE DERKER, Mobile.

Mississippi, Dr. D. B. CHASE, Natchez.

Texas, Dr. WM. M. MERCER, Galveston.

Illinois, Dr. A. E. SMALL, Chicago.

New Hampshire, Dr. J. T. WHITTLE, Nashua.

Vermont, Dr. C. B. CURRIER, Middlebury.

Rhode Island, Dr. WM. VON GOTTSCHALK, Providence.

Louisiana, Dr. WALTER BAILEY, New Orleans.

On motion it was resolved that the chairman be empowered to fill all other vacancies, and that the Executive Committee have power to fill vacancies in their committee, and the Chairman of the Committee of Arrangements was made *ex-officio* a member of the Executive Com-

mittee. On motion the chairman was directed to print the proceedings and reports of the Committee of Arrangements and distribute copies among the members of the same, that they may know what has been done and is proposed to be done by the committee and what is expected of them.

At the meeting of June 11, 1874, the Committee of Arrangements unanimously adopted the following report of a sub-committee appointed to present a final plan of operations:—

“1. That, wherever State or National Homœopathic Societies exist, they be appealed to to furnish historical and statistical reports concerning Homœopathy in their respective States or nations; where there are no such societies, that prominent resident physicians be requested to do this work; and they recommend that the business of applying to these societies or individuals, in the United States, be placed in the hands of the Chairman of the Committee of Arrangements and of the members who represent the respective States; and that, if the members representing States refuse or neglect this duty, the chairman of the committee shall have power to assign the work to other physicians. The object of associating the chairman with the State members is that he may have cognizance of what is doing and may be able to supply deficiencies. Also, the chairman shall be allowed to assign the business of soliciting and receiving reports of various *sections* of our country to such members of the committee as may be peculiarly qualified to assist him.

“2. As regards foreign countries, that the Committee of Arrangements authorize their chairman to appoint a sub-committee of two members to act with the chairman as an ‘Advisory Committee,’ and which, with the chairman, shall conduct the foreign correspondence of the Committee of Arrangements and appoint essayists and debaters. They shall proceed, without delay, to the work of securing historical and statistical reports and of appointing and securing essayists, to the end that ample time may be allowed for the production of works worthy of the occasion, and shall make every effort to have all papers and reports in the hands of the chairman as early as January 1, 1876.

“3. It being, at this time, uncertain what number of foreigners may contribute to our transactions, the apportionment of appointments as essayists, etc., among our own and foreign physicians, shall be left to the discretion of the chairman and Advisory Committee; but an American physician should be appointed to prepare a historical summary of what has been done and is doing in each of the departments of medicine which it is proposed to discuss in convention. This will complete the historical portion of the transactions, giving us the history and statistics of Homœopathic Institutions, representation and thought.

“The chairman and Advisory Committee shall also secure, if possible, in addition to essays from foreign individual physicians, official scientific communications from foreign National Homœopathic Associations.

“In recommending the lodgment of so much power and responsi-

bility in the hands of the chairman and a small committee, the sub-committee are influenced by a consideration of the impossibility of conducting so complicated a business, to be done altogether by correspondence, if it be left in the hands of a large committee scattered over the Union. But they regard it as well understood, that, whenever this may be possible, the chairman shall consult with the entire Committee of Arrangements and shall seek and procure their approbation and consent to such measures as he and the Advisory Committee may propose."

This report having been unanimously adopted, the Committee of Arrangements, on motion, adjourned subject to the call of the chairman.

CARROLL DUNHAM, M.D., *Chairman.*

ROBT. J. McCLATCHY, M.D., *Secretary, p. t.*

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner 3d Avenue and 23d Street, report for the month ending August 31st, 1875:—

Number of prescriptions, 2,427; number of new patients, 286; number of patients resident in the hospital, 27; average daily attendance, 93; largest daily attendance, 126.—ALFRED WANSTALL, M. D., *Resident Surgeon.*

CORRESPONDENCE.

SAN FRANCISCO, July 30, 1875.

MR. EDITOR:—In the June number of the *American Journal of Homœopathy Materia Medica* upon page 409, there appears an article over the signature of "H. N. M.," entitled "Answer to an Anonymous Pamphlet, etc.," in which the writer refers to a previous pamphlet which he regarded as the outbreak of a jealous feeling on the part of a few physicians because one man was popular with the people. He regrets "such squabbles." So would any one, if they were from such cause as he has represented. Now, inasmuch as the apparently one-sided opinion of "H. N. M." has been given to the profession, it would seem no more than justice to all that the subscribers should make it known that they consider Dr. Fraser's pamphlet a damage to the good name of Homœopathy, and that it contains statements *utterly devoid of truth.* The pamphlet referred to by Dr. Fraser bears the names of three fifths of the committee who investigated the charges against him, and therefore is *not* anonymous.

There are in this city twenty-three physicians practising Homœopathy who were here during the investigation, and who are cognizant of the facts in the case, and of that number the undersigned would distinctly say that it is on account of unprofessional conduct on the part of Dr. Fraser that they make this statement, and that all the

jealousy that exists is for the cause of Homœopathy, and the honor of the medical profession.

A sufficient number of facts can be furnished to substantiate the position here taken, if necessary.

(Signed) J. A. ALBERTSON.
 J. S. BEAKLEY.
 JOHN J. CUSHING.
 G. E. DAVIS.
 J. P. DINSMORE,
 J. W. ECKEL.
 J. ESTEN.
 J. F. GEARY.

C. O. HANDT.
 H. H. INGERSON.
 H. KNAPP.
 G. M. PEASE.
 E. D. SMITH.
 F. H. THOMAS.
 MAX J. WERDER.
 M. T. WILSON.

HOMŒOPATHY IN ENGLAND.

To the Editor of the New England Medical Gazette:

Sir, — In concluding some very excellent remarks upon Dr. Berridge's diatribe in a recent number of your journal, Dr. Murray Moore, in the July number, received this evening, writes: "Dr. Pope may have some personal feeling preventing him from inserting Dr. Berridge's contributions in the *Monthly Homœopathic Review*; but it is much more probable, nay, it is a fact, that the three editors of that *Review* do not consider Dr. Berridge's clinical cases worth printing." Upon this I desire to remark that I never have allowed and trust that I never shall allow personal feeling to influence the appearance of any article in the *Review* while it is under my direction. If Dr. Berridge or any other man will write for the *Review* what is worth reading, calculated to be useful, or fit for publication, I shall be happy to insert it. Such or so much of Dr. Berridge's contributions as have ranked under one or other of these requirements have appeared in the *Review*. Some of those that did not do so have, I believe, been exported. In the last number there is a paper by Dr. Berridge, and I have by me a considerable amount of manuscript by him on the same subject, which will appear as opportunity offers. The estimate Dr. Moore has formed of his character is perfectly correct. I am, sir,
 Your ob't serv't,

ALFRED C. POPE.

LONDON, August 5, 1875.

RECAPITULATION OF THE CHIEF OBSERVATIONS ON DROSER ROTUNDIFOLIA.

[We venture to give the following long extract from Darwin's latest work, entitled *Insectivorous Plants*, as the results of his experiments, conducted with such admirable patience and described in such plain and forcible language, merit the attention of physicians of whatever views or practice. The unmistakable effect of infinitesimal doses is of itself a point of the highest importance, and although we are

not allowed, of course, to draw a direct inference from these experiments to the effects of our remedies, nevertheless they are evidence in favor of our practice, which must be received and which in due time will carry more weight than it does at present with the majority of materialists. One effect the knowledge here given will certainly have, namely, to familiarize men's minds with the effect of medicinal substances in a state of extreme attenuation.

Another point to which we would draw attention, is the remarkable sensitiveness or irritability of vegetable tissues, possessing, of course, no nerve structure of any kind, and yet capable of reacting promptly and powerfully under the stimulus of touch, and contact with organic or other foreign matter. This will shed a flood of light upon the *modus agendi* of medicinal substances on the animal organism, and assist materially in settling the question of the dependence of drug effects upon nerve tissue.

Finally, the accuracy and wisdom displayed in the conduct of the experiments must strike every scientific mind in the most pleasing manner when they are compared with the sterile and unreasonable character of the research prevalent among physiologists, and the mass of uninteresting or useless rubbish it brings forth. — Eds. GAZETTE.]

As summaries have been given to most of the chapters, it will be sufficient here to recapitulate, as briefly as I can, the chief points. In the first chapter a preliminary sketch was given of the structure of the leaves, and of the manner in which they capture insects. This is effected by drops of extremely viscid fluid surrounding the glands and by the inward movement of the tentacles. As the plants gain most of their nutriment by this means, their roots are very poorly developed; and they often grow in places where hardly any other plant except mosses can exist. The glands have the power of absorption, besides that of secretion. They are extremely sensitive to various stimulants, namely repeated touches, the pressure of minute particles, the absorption of animal matter and of various fluids, heat, and galvanic action. A tentacle with a bit of raw meat on the gland has been seen to begin bending in 10 s., to be strongly incurved in 5 m., and to reach the centre of the leaf in half an hour. The blade of the leaf often becomes so much inflected that it forms a cup, enclosing any object placed on it.

A gland, when excited, not only sends some influence down its own tentacle, causing it to bend, but likewise to the surrounding tentacles, which become incurved; so that the bending place can be acted on by an impulse received from opposite directions, namely from the gland on the summit of the same tentacle, and from one or more glands of the neighboring tentacles. Tentacles, when inflected, re-expand after a time, and during this process the glands secrete less copiously, or become dry. As soon as they begin to secrete again, the tentacles are ready to react; and this may be repeated at least three, probably many more times.

It was shown in the second chapter that animal substances placed on the discs cause much more prompt and energetic inflection than do inorganic bodies of the same size, or mere mechanical irritation; but there is a still more marked difference in the greater length of time during which the tentacles remain inflected over bodies yielding soluble and nutritious matter, than over those which do not yield such matter. Extremely minute particles of glass, cinders, hair, thread, precipitated chalk, etc., when placed on the glands of the outer tentacles, cause them to bend. A particle, unless it sinks through the secretion and actually touches the surfaces of the gland with some one point, does not produce any effect. A little bit of thin human hair $\frac{8}{1000}$ of an inch ($\cdot 203$ mm.) in length, and weighing only $\frac{1}{78740}$ of a grain ($\cdot 000822$ mg.), though largely supported by the dense secretion, suffices to induce movement. It is not probable that the pressure in this case could have amounted to that from the millionth of a grain. Even smaller particles cause a slight movement, as could be seen through a lens. Larger particles than those of which the measurements have been given cause no sensation when placed on the tongue, one of the most sensitive parts of the human body.

Movement ensues if a gland is momentarily touched three or four times; but if touched only once or twice, though with considerable force and with a hard object, the tentacle does not bend. The plant is thus saved from much useless movement, as during a high wind the glands can hardly escape being occasionally brushed by the leaves of surrounding plants. Though insensible to a single touch, they are exquisitely sensitive, as just stated, to the slightest pressure if prolonged for a few seconds; and this capacity is manifestly of service to the plant in capturing small insects. Even gnats, if they rest on the glands with their delicate feet, are quickly and securely embraced. The glands are insensible to the weight and repeated blows of drops of heavy rain, and the plants are thus likewise saved from much useless movement.

The description of the movements of the tentacles was interrupted in the third chapter for the sake of describing the process of aggregation. This process always commences in the cells of the glands, the contents of which first become cloudy; and this has been observed within 10 s. after a gland has been excited. Granules just resolvable under a very high power soon appear, sometimes within a minute, in the cells beneath the glands; and these then aggregate into minute spheres. The process afterwards travels down the tentacles, being arrested for a short time at each transverse partition. The small spheres coalesce into larger spheres, or into oval, club-headed, thread or necklace-like, or otherwise shaped masses of protoplasm, which, suspended in almost colorless fluid, exhibit incessant spontaneous changes of form. These frequently coalesce and again separate. If a gland has been powerfully excited, all the cells down to the base of the tentacle are effected. In cells, especially if filled with dark red fluid, the first step in the process often is the formation of a dark red, bag-like mass of protoplasm, which afterwards divides and undergoes the usual repeated changes of form. Before any aggregation has been excited, a sheet of colorless protoplasm, including granules (the primordial utricle of Mohl), flows round the walls of the cells; and this becomes more distinct after the contents have been partially

aggregated into spheres or bag-like masses. But after a time the granules are drawn towards the central masses and unite with them; and then the circulating sheet can no longer be distinguished, but there is still a current of transparent fluid within the cells.

Aggregation is excited by almost all the stimulants which induce movement; such as the glands being touched two or three times, the pressure of minute inorganic particles, the absorption of various fluids, even long immersion in distilled water, exosmose, and heat. Of the many stimulants tried, carbonate of ammonia is the most energetic and acts the quickest; a dose of $\frac{1}{134400}$ of a grain (00048 mg.) given to a single gland suffices to cause in one hour well-marked aggregation in the upper cells of the tentacle. The process goes on only as long as the protoplasm is in a living, vigorous, and oxygenated condition.

The result is in all respects exactly the same, whether a gland has been excited directly, or has received an influence from other and distant glands. But there is one important difference; when the central glands are irritated, they transmit centrifugally an influence up the pedicels of the exterior tentacles to their glands; but the actual process of aggregation travels centripetally from the glands of the exterior tentacles down their pedicels. The exciting influence, therefore, which is transmitted from one part of the leaf to another must be different from that which actually induces aggregation. The process does not depend on the glands secreting more copiously than they did before; and is independent of the inflection of the tentacles. It continues as long as the tentacles remain inflected, and as soon as these are fully re-expanded, the little masses of protoplasm are all re-dissolved; the cells becoming filled with homogeneous purple fluid, as they were before the leaf was excited.

As the process of aggregation can be excited by a few touches, or by the pressure of insoluble particles, it is evidently independent of the absorption of any matter, and must be of a molecular nature. Even when caused by the absorption of the carbonate or other salt of ammonia, or an infusion of meat, the process seems to be of exactly the same nature. The protoplasmic fluid must, therefore, be in a singularly unstable condition, to be acted on by such slight and varied causes. Physiologists believe that when a nerve is touched, and it transmits an influence to other parts of the nervous system, a molecular change is induced in it, though not visible to us. Therefore it is a very interesting spectacle to watch the effects on the cells of a gland of the pressure of a bit of hair, weighing only $\frac{1}{78700}$ of a grain and largely supported by the dense secretion, for this excessively slight pressure soon causes a visible change in the protoplasm, which change is transmitted down the whole length of the tentacle, giving it at last a mottled appearance, distinguishable even by the naked eye.

In the fourth chapter it was shown that leaves placed for a short time in water at a temperature of 110° Fahr. (43°·3 Cent.) become somewhat inflected; they are thus also rendered more sensitive to the action of meat than they were before. If exposed to a temperature of between 115° and 125° (46°·1 — 51°·6 Cent.), they are quickly inflected, and their protoplasm undergoes aggregation; when afterwards placed in cold water they re-expand. Exposed to 130° (54°·4 Cent.), no inflection immediately occurs, but the leaves are only temporarily

paralyzed, for, on being left in cold water, they often become inflected and afterwards re-expand. In one leaf thus treated, I distinctly saw the protoplasm in movement. In other leaves, treated in the same manner, and then immersed in a solution of carbonate of ammonia, strong aggregation ensued. Leaves placed in cold water, after an exposure to so high a temperature as 145° ($62^{\circ} 7$ Cent.), sometimes become slightly, though slowly inflected; and afterwards have the contents of their cells strongly aggregated by carbonate of ammonia. But the duration of the immersion is an important element, for if left in water at 145° ($62^{\circ} 7$ Cent.), or only at 140° (60° Cent.), until it becomes cool, they are killed, and the contents of the glands are rendered white and opaque. This latter result seems to be due to the coagulation of the albumen, and was almost always caused by even a short exposure to 150° ($65^{\circ} 5$ Cent.); but different leaves, and even the separate cells in the same tentacle, differ considerably in their power of resisting heat. Unless the heat has been sufficient to coagulate the albumen, carbonate of ammonia subsequently induces aggregation.

In the fifth chapter, the results of placing drops of various nitrogenous and non-nitrogenous organic fluids on the discs of leaves were given, and it was shown that they detect with almost unerring certainty the presence of nitrogen. A decoction of green peas or of fresh cabbage leaves acts almost as powerfully as an infusion of raw meat; whereas an infusion of cabbage-leaves made by keeping them for a long time in merely warm water is far less efficient. A decoction of grass leaves is less powerful than one of green peas or cabbage leaves.

These results led me to inquire whether *Drosera* possessed the power of dissolving solid animal matter. The experiments proving that the leaves are capable of true digestion, and that the glands absorb the digested matter, are given in detail in the sixth chapter. These are, perhaps, the most interesting of all my observations on *Drosera*, as no such power was before distinctly known to exist in the vegetable kingdom. It is likewise an interesting fact that the glands of the disc, when irritated, should transmit some influence to the glands of the exterior tentacles, causing them to secrete more copiously and the secretion to become acid, as if they had been directly excited by an object placed on them. The gastric juice of animals contains, as is well known, an acid and a ferment, both of which are indispensable for digestion, and so it is with the secretion of *Drosera*. When the stomach of an animal is mechanically irritated, it secretes an acid, and when particles of glass or other such objects were placed on the glands of *Drosera*, the secretion, and that of the surrounding and untouched glands, was increased in quantity and became acid. But, according to Schiff, the stomach of an animal does not secrete its proper ferment, pepsin, until certain substances, which he calls peptogenes, are absorbed; and it appears from my experiments that some matter must be absorbed by the glands of *Drosera* before they secrete their proper ferment. That the secretion does contain a ferment which acts only in the presence of an acid on solid animal matter, was clearly proved by adding minute doses of an alkali, which entirely arrested the process of digestion, this immediately recommencing as soon as the alkali was neutralized by a little weak hydrochloric

acid. From trials made with a large number of substances, it was found that those which the secretion of *Drosera* dissolves completely, or partially, or not at all, are acted on in exactly the same manner by gastric juice. We may, therefore, conclude that the ferment of *Drosera* is closely analogous to, or identical with, the pepsin of animals.

The substances which are digested by *Drosera* act on the leaves very differently. Some cause much more energetic and rapid inflection of the tentacles, and keep them inflected for a much longer time, than do others. We are thus led to believe that the former are more nutritious than the latter, as is known to be the case with some of these same substances when given to animals; for instance, meat in comparison with gelatine. As cartilage is so tough a substance and is so little acted on by water, its prompt dissolution by the secretion of *Drosera*, and subsequent absorption, is, perhaps, one of the most striking cases. But it is not really more remarkable than the digestion of meat, which is dissolved by this secretion in the same manner and by the same stages as by gastric juice. The secretion dissolves bone, and even the enamel of teeth, but this is simply due to the large quantity of acid secreted, owing, apparently, to the desire of the plant for phosphorus. In the case of bone, the ferment does not come into play until all the phosphate of lime has been decomposed and free acid is present, and then the fibrous basis is quickly dissolved. Lastly, the secretion attacks and dissolves matter out of living seeds, which it sometimes kills, or injures, as shown by the diseased state of the seedlings. It also absorbs matter from pollen, and from fragments of leaves.

The seventh chapter was devoted to the action of the salts of ammonia. These all cause the tentacles, and often the blade of the leaf, to be inflected, and the protoplasm to be aggregated. They act with very different power; the citrate being the least powerful, and the phosphate, owing, no doubt, to the presence of phosphorus and nitrogen, by far the most powerful. But the relative efficiency of only three salts of ammonia was carefully determined, namely the carbonate, nitrate, and phosphate. The experiments were made by placing half-minims ($\cdot 0296$ ml.) of solutions of different strengths on the discs of the leaves, — by applying a minute drop (about the $\frac{1}{20}$ of a minim, or $\cdot 00296$ ml.) for a few seconds to three or four glands, — and by the immersion of whole leaves in a measured quantity. In relation to these experiments it was necessary first to ascertain the effects of distilled water, and it was found, as described in detail, that the more sensitive leaves are affected by it, but only in a slight degree.

A solution of the carbonate is absorbed by the roots and induces aggregation in their cells, but does not affect the leaves. The vapor is absorbed by the glands, and causes inflection as well as aggregation. A drop of a solution containing $\frac{1}{800}$ of a grain ($\cdot 0675$ mg.) is the least quantity which, when placed on the glands of the disc, excites the exterior tentacles to bend inwards. But a minute drop, containing $\frac{1}{14400}$ of a grain ($\cdot 00445$ mg.), if applied for a few seconds to the secretion surrounding a gland, causes the inflection of the same tentacle. When a highly sensitive leaf is immersed in a solution, and there is ample time for absorption, the $\frac{1}{28800}$ of a grain ($\cdot 00024$ mg.) is sufficient to excite a single tentacle into movement.

The nitrate of ammonia induces aggregation of the protoplasm

much less quickly than the carbonate, but is more potent in causing inflection. A drop containing $\frac{1}{2400}$ of a grain ($\cdot 027$ mg.) placed on the disc acts powerfully on all the exterior tentacles, which have not themselves received any of the solution; whereas a drop with $\frac{1}{2800}$ of a grain caused only a few of these tentacles to bend, but affected rather more plainly the blade. A minute drop applied as before, and containing $\frac{1}{2800}$ of a grain ($\cdot 0025$ mg.), caused the tentacle bearing this gland to bend. By the immersion of whole leaves, it was proved that the absorption by a single gland of $\frac{1}{691200}$ of a grain ($\cdot 0000937$ mg.) was sufficient to set the same tentacle into movement.

The phosphate of ammonia is much more powerful than the nitrate. A drop containing $\frac{1}{3840}$ of a grain ($\cdot 0169$ mg.) placed on the disc of a sensitive leaf causes most of the exterior tentacles to be inflected, as well as the blade of the leaf. A minute drop containing $\frac{1}{153600}$ of a grain ($\cdot 000423$ mg.), applied for a few seconds to a gland, acts, as shown by the movement of the tentacles. When a leaf is immersed in thirty minims ($1\cdot 7748$ ml.) of a solution of one part by weight of the salt to 21,875,000 of water, the absorption by a gland of only the $\frac{1}{19760000}$ of a grain ($\cdot 00000328$ mg.), that is, about the one twenty-millionth of a grain, is sufficient to cause the tentacle bearing this gland to bend to the centre of the leaf. In this experiment, owing to the presence of the water of crystallization, less than the one thirty-millionth of a grain of the efficient elements could have been absorbed. There is nothing remarkable in such minute quantities being absorbed by the glands, for all physiologists admit that the salts of ammonia, which must be brought in still smaller quantity by a single shower of rain to the roots, are absorbed by them. Nor is it surprising that *Drosera* should be enabled to profit by the absorption of these salts, for yeast and other low fungoid forms flourish in solutions of ammonia, if the other necessary elements are present. But it is an astonishing fact, on which I will not here again enlarge, that so inconceivably minute a quantity as the one twenty-millionth of a grain of phosphate of ammonia should induce some change in a gland of *Drosera*, sufficient to cause a motor impulse to be sent down the whole length of the tentacle; this impulse exciting movement often through an angle of above 180° . I know not whether to be most astonished at this fact, or that the pressure of a minute bit of hair, supported by the dense secretion, should quickly cause conspicuous movement. Moreover, this extreme sensitiveness, exceeding that of the most delicate part of the human body, as well as the power of transmitting various impulses from one part of the leaf to another, have been acquired without the intervention of any nervous system.

As few plants are at present known to possess glands specially adapted for absorption, it seemed worth while to try the effects on *Drosera* of various other salts, besides those of ammonia, and of various acids. Their action, as described in the eighth chapter, does not correspond at all strictly with their chemical affinities, as inferred from the classification commonly followed. The nature of the base is far more influential than that of the acid; and this is known to hold good with animals. For instance, nine salts of sodium all caused well-marked inflection, and none of them were poisonous in small doses; whereas seven of the nine corresponding salts of potassium produced no effect, two causing slight inflection. Small doses, more-

over, of some of the latter salts were poisonous. The salts of sodium and potassium, when injected into the veins of animals, likewise differ widely in their action. The so-called earthy salts produce hardly any effect on *Drosera*. On the other hand, most of the metallic salts cause rapid and strong inflection, and are highly poisonous; but there are some odd exceptions to this rule; thus chloride of lead and zinc, as well as two salts of barium, did not cause inflection, and were not poisonous.

Most of the acids which were tried, though much diluted (one part to 437 of water), and given in small doses, acted powerfully on *Drosera*; nineteen, out of the twenty-four, causing the tentacles to be more or less inflected. Most of them, even the organic acids, are poisonous, often highly so; and this is remarkable, as the juices of so many plants contain acids. Benzoic acid, which is innocuous to animals, seems to be as poisonous to *Drosera* as hydrocyanic. On the other hand, hydrochloric acid is not poisonous either to animals or to *Drosera*, and induces only a moderate amount of inflection. Many acids excite the glands to secrete an extraordinary quantity of mucus; and the protoplasm within their cells seems to be often killed, as may be inferred from the surrounding fluid soon becoming pink. It is strange that allied acids act very differently; formic acid induces very slight inflection, and is not poisonous; whereas acetic acid of the same strength acts most powerfully and is poisonous. Lactic acid is also poisonous, but causes inflection only after a considerable lapse of time. Malic acid acts slightly, whereas citric and tartaric acids produce no effect.

In the ninth chapter the effects of the absorption of various alkalis and certain other substances were described. Although some of these are poisonous, yet as several, which act powerfully on the nervous system of animals, produce no effect on *Drosera*, we may infer that the extreme sensibility of the glands, and their power of transmitting an influence to other parts of the leaf, causing movement, or modified secretion, or aggregation, does not depend on the presence of a diffused element, allied to nerve-tissue. One of the most remarkable facts is that long immersion in the poison of the cobra-snake does not in the least check, but rather stimulates the spontaneous movements of the protoplasm in the cells of the tentacles. Solutions of various salts and acids behave very differently in delaying or in quite arresting the subsequent action of a solution of phosphate of ammonia. Camphor dissolved in water acts as a stimulant, as do small doses of certain essential oils, for they cause rapid and strong inflection. Alcohol is not a stimulant. The vapors of camphor, alcohol, chloroform, sulphuric and nitric ether, are poisonous in moderately large doses, but in small doses serve as narcotics or anæsthetics, greatly delaying the subsequent action of meat. But some of these vapors also act as stimulants, exciting rapid, almost spasmodic movements in the tentacles. Carbonic acid is likewise a narcotic, and retards the aggregation of the protoplasm when carbonate of ammonia is subsequently given. The first access of air to plants which have been immersed in this gas sometimes acts as a stimulant and induces movement. But, as before remarked, a special pharmacopœia would be necessary to describe the diversified effects of various substances on the leaves of *Drosera*.

In the tenth chapter it was shown that the sensitiveness of the leaves appears to be wholly confined to the glands and to the immediately underlying cells. It was further shown that the motor impulse and other forces or influences, proceeding from the glands when excited, pass through the cellular tissue, and not along the fibro-vascular bundles. A gland sends its motor impulse with great rapidity down the pedicel of the same tentacle to the basal part which alone bends. The impulse, then passing onwards, spreads on all sides to the surrounding tentacles, first affecting those which stand nearest and then those farther off. But by being thus spread out, and from the cells of the disc not being so much elongated as those of the tentacles, it loses force, and here travels much more slowly than down the pedicels. Owing also to the direction and form of the cells, it passes with greater ease and celerity in a longitudinal than in a transverse line across the disc. The impulse proceeding from the glands of the extreme marginal tentacles does not seem to have force enough to affect the adjoining tentacles; and this may be in part due to their length. The impulse from the glands of the next few inner rows spreads chiefly to the tentacles on each side and towards the centre of the leaf; but that proceeding from the glands of the shorter tentacles on the disc radiates almost equally on all sides.

When a gland is strongly excited by the quantity or quality of the substance placed on it, the motor impulse travels farther than from one slightly excited; and if several glands are simultaneously excited, the impulses from all unite and spread still farther. As soon as a gland is excited, it discharges an impulse which extends to a considerable distance; but afterwards, whilst the gland is secreting and absorbing, the impulse suffices only to keep the same tentacle inflected; though the inflection may last for many days.

If the bending place of a tentacle receives an impulse from its own gland, the movement is always towards the centre of the leaf; and so it is with all the tentacles, when their glands are excited by immersion in a proper fluid. The short ones in the middle part of the disc must be excepted, as these do not bend at all when thus excited. On the other hand, when the motor impulse comes from one side of the disc, the surrounding tentacles, including the short ones in the middle of the disc, all bend with precision towards the point of excitement, wherever this may be seated. This is in every way a remarkable phenomenon; for the leaf falsely appears as if endowed with the senses of an animal. It is all the more remarkable, as when the motor impulse strikes the base of a tentacle obliquely with respect to its flattened surface, the contraction of the cells must be confined to one, two, or a very few rows at one end. And different sides of the surrounding tentacles must be acted on, in order that all should bend with precision to the point of excitement.

The motor impulse, as it spreads from one or more glands across the disc, enters the bases of the surrounding tentacles, and immediately acts on the bending place. It does not in the first place proceed up the tentacles to the glands, exciting them to reflect back an impulse to their bases. Nevertheless, some influence is sent up to the glands, as their secretion is soon increased and rendered acid; and then the glands being thus excited, send back some other influence (not dependent on increased secretion, nor on the inflection of the

tentacles), causing the protoplasm to aggregate in cell beneath cell. This may be called a reflex action, though probably very different from that proceeding from the nerve-ganglion of an animal; and it is the only known case of reflex action in the vegetable kingdom.

About the mechanism of the movements and the nature of the motor impulse we know very little. During the act of inflection fluid certainly travels from one part to another of the tentacles. But the hypothesis which agrees best with the observed facts is that the motor impulse is allied in nature to the aggregating process; and that this causes the molecules of the cell-walls to approach each other, in the same manner as do the molecules of the protoplasm within the cells; so that the cell-walls contract. But some strong objections may be urged against this view. The re-expansion of the tentacles is largely due to the elasticity of their outer cells, which comes into play as soon as those on the inner side cease contracting with prepotent force; but we have reason to suspect that fluid is continually and slowly attracted into the outer cells during the act of re-expansion, thus increasing their tension.

I have now given a brief recapitulation of the chief points observed by me, with respect to the structure, movements, constitution, and habits of *Drosera rotundifolia*; and we see how little has been made out in comparison with what remains unexplained and unknown.

OBITUARY.

DR. JAHR.

WE commend to the younger members of the profession, the earnest perusal of the following biographical sketch sent us by Messieurs Catellan of Paris. It is a fervid, but by no means exaggerated tribute to a man whose love of learning, whose patient and unselfish devotion to science, whose exalted sense of professional honor, and simple rectitude stand in marked relief from the sordid, grasping spirit, and the wretched indifference to the true interests of our cause, which govern the lives and characterizes the labors of by far too large a proportion of homœopaths throughout our section of the country. — [EDITORS GAZETTE.]

On the 9th of July last, a letter dated at Brussels, informed us that Jahr was seriously ill. Two days later a telegram announced his death. This news has produced in Paris a profound emotion, which re-echoes mournfully from every quarter of the globe, as there is no country where the doctrines of Hahnemann do not count numerous followers, and whither the writings of our friend have not penetrated and rendered service. After the name of Hahnemann, that of Jahr is indisputably the most widely known, the most popular, and the

most intimately associated with the development and diffusion of Homœopathy.

Dr Jahr was a scholar in the widest acceptation of the term, as there is scarcely a branch of knowledge with which he was not familiar. He found relaxation from his medical researches in notable labors in physics, chemistry, mathematical sciences, philosophy, astronomy, etc. ; his erudition was truly immense, and if he was not appreciated at his full value, — if in some quarters the free acknowledgment of his superiority has been partially withheld, — the reason must be looked for in his simplicity of manner, and his modesty, qualities as precious as they are rare, but which become faults when carried to extremes, as they obscure the merit, and render unavailing the example of wisdom and virtue. Under an exterior full of kindness and ease he concealed the rarest qualities ; and those who have not met him in private, and on an intimate footing, will doubt to what degree this uncommon character was possessed of profound knowledge, intellect, rectitude, and self-denial. It is right, indeed it is essential, that all, especially the adherents of Homœopathy, should be made fully acquainted with the merits of this courageous pioneer, this gifted man and distinguished scholar ; and we deem ourselves fortunate to have been chosen to perform this duty, in the name of the *Société Médical Homœopathique de France*, and we herewith express our thanks to the president for having imposed on us a task, which the consciousness of our insufficiency at first prompted us to decline, and for having considered that to narrate the history of this life of labor and of honor the heart might take the place of the head.

Dr. Jahr was born in Neu-Dietendorf (Saxe-Gotha), in January, 1800. He completed his classical education in the institutions of the Moravian Brethren, especially at Nisky, in Silesia, and his success was so brilliant that he passed without a period of transition from the benches of the students to the chair of the professor. Having suffered from a serious illness during the years of his professorship, he had recourse to Dr. Aegidi, the distinguished homœopathist of Düsseldorf, who restored him with unlooked for promptness, and this caused him to share the enthusiasm for the doctrines of Hahnemann. At Dr. Aegidi's instance he renounced the profession of teacher ; and entered the University of Bonn for the purpose of studying medicine. Having graduated with honors, he presented himself, under the auspices of Dr. Aegidi, to Hahnemann, whom he assisted in compiling the work on "Chronic Diseases." After having been for several years private physician to the Princess Frederic of Prussia, he travelled to the south of France with the family of a British nobleman, and lived successively at Pau, Marseilles, and Lyons. But for some time Paris had held within its walls the great reformer himself. Hahnemann had come to demand from the great city, a refuge from persecution, and, perhaps, the recognition of his genius. It was in Paris, therefore, by the side of him whose most faithful and beloved disciple he was, that Jahr cast his lot, and here he set himself to work with all his courage and perseverance, consecrating his best efforts to the labor of teaching and propagating the new doctrines upon which his faith was fixed.

His works were numerous and, like those of Hahnemann, appeared

quite out of proportion to human strength. In order to complete them he had need of a grand moral energy, profound convictions and talents, which must be considered altogether exceptional. We are bound in duty to demand for them the attention and respect of all. He published in the French language:—

1834.—*Manuel de Médecine Homœopathique*, 4 volumes. This manual passed through eight editions, from 1834 to '71.

1839.—*Notions Élémentaires de Homœopathie*. Three further editions followed in 1844, 1855, and 1861.

1841.—*Nouvelle Pharmacopée Homœopathique*, 1 volume. Followed by two further editions in 1855 and '62, in the preparation of which we rendered assistance. A fourth edition has been in preparation for some time.

1842-45.—*Annales de la Médecine Homœopathique. Recueil Mensuel avec la Collaboration du Docteur Léon Simon, Père, et du Dr. Crosserio*.

1848.—*Du Traitement Homœopathique du Choléra*. Pamphlet.

1850.—*Du Traitement Homœopathique des Maladies de la Peau*. 600 pp.

1854.—*Du Traitement Homœopathique des Affections Nerveuses et Mentales*. 660 pp.

1856.—*Du Traitement Homœopathique des Maladies des Femmes*. 496 pp.

1857.—*Principes et règles qui doivent guider dans la Pratique de l'Homœopathie*. 528 pp.

1858.—*Agenda Médical Homœopathique*. With our assistance.

1859.—*Du Traitement Homœopathique des Maladies des Organes de Digestion*. 520 pp.

1861-65.—*Bulletin de l'Art de guérir, Journal Mensuel*.

1871.—Eighth edition of the *Manuel de Médecine Homœopathique*. Printed at Brussels.

1875.—*Guide Pratique à l'Usage des Commencants en Homœopathie, Résumé de mes Quarante Années de Pratique, d'Observation, et d'Etude*. (Not finished.)

Several of these works, especially the manual, were translated into German, English, and Spanish. Among the works he published in German we mention:—

1837.—*Der Geist und die Ratio der Homœopathischen Heilmethode*.

1843.—*Symptomen Codex*, 3 large volumes, of which the French manual in four octavo volumes was merely an abridgment.

1851-53.—*Arleitung in der Wahl der Homœopathischen Heilmittel*. This work passed through a large number of editions.

1854.—*Klinische Anweisungen zur Homœopathischen Behandlung der Krankheiten*.

1855.—*Homœopathische Behandlung der Geistes Krankheiten*.

1857.—*Graudsätze der hom. Heilmethode*.

1867.—*Die Venerischen Krankheiten*. Translated into English, French, Spanish, and Italian. (Ed. Gazette.)

1869.—*Practische Anweisung für Anfänger in der Homœopathie Summarischer Überblick Wiener Vierzig-jährigen Praxis, Beobachtung und Studien*.

1870. — *Rationelle Grundsätze der Hygiene.*

Such is a brief review, with many gaps, of the homœopathic publications* of this indefatigable pioneer. Every one of these works have rendered, and are still rendering daily the most precious service; but the most important of them all is, unquestionably, the manual in four volumes, — a vast compendium, which has now become classical, and which is indispensable to the practitioner since the *Materia Medica Pura* of Hahnemann is out of print. The eight editions of this manual — each one being unusually heavy — give unmistakable evidence of its value and utility.

Jahr inspired all about him with unfeigned admiration by the superiority of his intelligence and by the remarkable productions of his genius; but this admiration was not without alloy, as he too persistently deserted the domestic circle, of which he was the venerated chief, for his solitary study. His worship of books conflicted seriously with the privileges of the fireside. "How many times," writes the distinguished lady who was his wife, "on learning that a work had been finished and sent to the printer, have I pronounced the words 'at last' with a sigh of relief? At last, a little repose, I have said, — a little life in common with family and friends — some readings, a little relaxation. But, alas! I always found myself indulging an illusion, a vain hope; the next day a new work — a new memoir — took its place upon his writing-table, and absorbed all his time."

Work was for our friend an imperious necessity, — a real passion which nothing could overcome. His mind, endowed with an incomparable activity, knew no repose, and a prodigious memory assisted to a marvellous degree his ardent desire for knowledge. Every day he added to his store, in order to sow the seeds for the advantage of the great medical truth proclaimed by Hahnemann. Rest was for Jahr nothing more than change of occupation; and one might truly say of him what Pliny said of the great Grecian painter: "*Nulla dies sine linea.*" Yet Jahr commanded esteem and sympathy mainly by the affability of his disposition, the originality of his mind, and the simple rectitude of his heart. He held the broadest views and the most elevated thoughts. He never knew the weakness of vanity or the baseness of envy. Doomed to a retired and humble life, notwithstanding the most arduous labors and extensive knowledge, he never allowed a harsh word to escape him towards those who pursued the same path with himself and whom fortune treated with greater favor. He held in pity those narrow and presumptuous spirits who admit no merit but their own, who consider themselves deserving of all success, and who, when they find themselves disappointed in their desires, revenge themselves for the success of others, however legitimate this may be, by unjust attacks and unwarrantable manœuvres. His ambition was limited by his necessities, and he knew, moreover, how to find entire satisfaction in the testimony of his conscience and in his

* Besides his homœopathic works, Jahr published in German a large number of works and memoirs, which attest the wide range of his erudition. We recall only the following: "Abstract of German Grammar and Literature," 1828; "Poems Sacred and Profane," 1850; "Translations from the Hebrew, in German Verse, of the Psalms of David and the Book of Job," 1865; "Force and Matter," 1870, etc. etc.

consciousness of the services he was endeavoring to render to the good cause.

He entertained the highest respect for professional dignity, and anything approaching to boastfulness or claptrap filled him with indignant resentment. Like the late Dr. Dours, whose death we lately recorded, he insisted that all those who touch the new doctrine are called upon to keep the strictest watch over their actions and to beware of justifying, in any way, the accusations of quackery, which, in default of argument, are so readily launched against Homœopathy and homœopaths.

For thirty years he lived in a quiet, retired manner in Paris, until the breaking out of the Franco-German war, when, although not a Prussian, his friends advised his quitting Paris. A Frenchman at heart, he tore himself reluctantly from his adopted country and accepted at the hands of the Count de Pitteurs, the most cordial hospitality at the castle of Zepperen, which must have recalled to him a similar kindness extended to the founder of Homœopathy by the Duke of Anhalt-Kœthen, fifty years before. He remained there some months surrounded by the warmest regard and affection, but the war being prolonged beyond all reasonable expectation, he felt it necessary to take a decided course, and determined upon Brussels as his future residence.

During forty-five years he had tilled the soil of Homœopathy with the most disinterested labor; for forty-five years he had scattered the seeds into the furrows without demanding for himself any share in the harvest. His inclinations tended exclusively towards science and the particular doctrine of which he was one of the most ardent expounders. As his means had always been limited, he was forced to resort once more to the practice of his profession, after having installed himself in his new home. He could confirm the proverb that forgetfulness of self is but one remove from improvidence. Nevertheless it would be unjust to accuse science of ingratitude or inability to support her most fervent votary, and we must hasten to declare that our friend was the sole author of those mediocre circumstances he appeared to prefer. His charity outstripped his means, and among his private papers have been found the indications of excessive generosity towards his co-religionists and compatriots. Death has discovered the noblest and most touching of his virtues.

He passed five years in Brussels, dividing his time between his books, his practice, and the lectures he delivered at the *Dispensaire Hahnemann*, for the instruction of physicians and students who came to investigate Homœopathy. But it was brought to the knowledge of the authorities that he did not possess the Belgian diploma required by law, and he was prohibited from practising, a harsh measure which barred the way of his zeal and, what was worse for a man so far advanced in years, it broke up the habit which had become an indispensable necessity. This proved a fatal stroke for our friend. His health, already much depressed by the sufferings of France, became more and more uncertain; his strength diminished rapidly, and soon after his reverse he ceased to walk out. Two large, malignant carbuncles broke out at once, the sufferings from which he bore with stoical energy. Two days before his death, in the plenitude of his

intellectual faculties, he was seen to attempt with trembling hands further work upon the writings he has left unfinished and which will remain to us as the last witnesses of his almost superhuman activity, and as the supreme efforts of his powerful mind.

We would not be interpreting faithfully the sentiments of his widow if we neglected to tell with what assiduity his Belgian confrères, Hammelrath, Jules Gaudy, Martiny, and several others hastened to him at the first signal; with what touching devotion Dr. Hammelrath gave him his untiring care by day and night; a devotion all the more meritorious as it was not without danger. But the efforts of science and the solicitude of friendship were to be unavailing. The disease was without a remedy, the decree of death irrevocable, and, on the 11th of July, Jahr ended his long and useful life, after having edified those who wept about his bed by his firmness and resignation.

Jahr was doctor in medicine, philosophy, and divinity; for many years he was a member of the *Société Médicale Homœopathique de France*; his name figured among the honorary presidents of the medical committee of the *Hôpital Hahnemann*; the homœopathic societies of all countries have inscribed his name upon the lists of their corresponding members or foreign associates, and, finally, the Government of Spain has bestowed upon him the distinction of Knight of the Order of Charles III.

Homœopathy will long continue to feel the blow it has now met, as the void left by a man of his calibre is not easily filled. Like the old Roman poet, Jahr could justly say, in casting his last glances upon his works, "*non omnis moriar.*" Let us determine that the noble example which has been left us by the honest man, by the scholar, by the apostle, shall not be lost for the great cause to which he had consecrated his life.

For us who were his assistants in a small portion of his work, and whom he honored, during thirty-nine years, with his confidence and constant friendship, we shall deem ourselves fortunate if these few pages written in profound sorrow may be considered not unworthy of him, and if they can in any way contribute to inspire reverence for his name, and to perpetuate his memory.

CATELLAN FRÈRES,

*Pharmaciens Homœopathes à Paris,
Membres de la Société Homœopathique de France.*

PERSONAL.

FRANK B. KIMBALL, M.D., has opened an office at No. 7 Boylston Place, Boston. Electro Medicine, Surgery, and diseases of the nervous system. Office hours from 2 to 5 P. M.

MARRIED. — In Chester, Vt., Sept. 20th, at the residence of S. H. Leonard, Esq., J. M. Coburn, M.D., of So. Framingham, to Miss Katie E. Locke, of Chester, Vt.

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BOSTON, OCTOBER, 1875.

[VOL. X.

INTRODUCTORY ADDRESS TO THE STUDENTS OF
BOSTON UNIVERSITY SCHOOL OF MEDICINE, TERM
OF 1875-6.

BY PROF. J. HEBER SMITH.

Ladies and Gentlemen,— In behalf of my colleagues, I extend to you all a cordial greeting. We welcome the return of familiar faces, suggestive of many pleasant associations; we accept your presence to-day as a renewed expression of your confidence and appreciation. The many new faces we welcome with equal cordiality. You have flocked hither, from near and far places, and even from across the ocean and out of foreign lands. You are not aliens to us, nor strangers. Your past struggles were ours; your hopes are our hopes, your success our care. The gentle art you have come here to learn is founded on unselfish devotion to brother man, and its followers will one day, I trust, be united by a mystic tie of friendship that shall know no race, nationality, sex, or school.

Could I have chosen, my lips would this day have been silent, and I should be listening with you to catch some word of inspiration from men whose years and experience better fit them for this important trust. But it may be that one so recently as myself from the benches may occupy a few moments of your precious time to some advantage. I know that I feel your wants as well as they; yes, thrill with your thoughts and burn with your hopes. This is my only warrant for presuming to claim your candid hearing for the short time in which I shall address you.

I know not why, but this hour, that sees our efforts crowned with such large fruition, seems to me sacred, and this little spot hallowed ground. Our sacrifices have not sanctified it, nor your devotion. It is holier than we. It is the foothold of liberty, — the liberty of medical belief, — an angel that for centuries has circled the earth on broken wing, to find her shrine here and at this time. We are all her sworn votaries. The thought of this transforms you for the moment, and I see only men in armor before me, awaiting the ennobling touch of her sword.

This school has risen in a night. It greeted the blurred vision of conservative medicine as if a mirage born of the morning's vapor, and coming off from the salt sea to rest over the new-made land of the city, — an unsubstantial shape of threatening portent. But the equinox failed to disperse it, the frosts of winter did not lay it, the fervent heat of summer could not consume it. To their disgust and astonishment, they see it still, — larger and more threatening. Three years have passed, and this phantom of therapeutics is beginning to be recognized in her proper character.

It is as if Athena had returned, goddess of wisdom and skill, patroness of the liberal sciences. As of old, she is the teacher of just and scientific warfare and the friend of womanly accomplishments; a helmet covers her, of devoted hearts; she bears again the ægis on her arm, and the head of the Gorgon is in its centre.

For the first time I could wish that I were not officially connected with this school, that I might tell you, as a citizen of Boston, what great thoughts underlie your enterprise; what reforms muster here; how you have stemmed the strong currents of prejudice, that have been gathering head for half a century; how you have builded higher and broader and on deeper foundations than you thought. The university, of which we form a part, is becoming, as its sagacious and far-reaching plan unfolds, the wonder and admiration of many thoughtful minds. It equips, mobilizes, advances, seizes new territory, defeats adverse movements, holds and garrisons, with the quickness and unerring skill of military genius. It knows no line of retreat, and, as a school of this great university, we are going to keep

up in the march ; we even purpose being the vanguard. Not a faint heart is wanted here ; we shall wait for no stragglers. When the time comes, as it should from the nature of its conception, in which Boston University shall lead the colleges of this land, its medical school must be at the head of American medical education. This is the work before us, — I may say, before us all ; for you, who sit as students to-day, are just entering on that patient, unceasing, laborious preparation that shall enable you to hold, with honor and renown, these positions that we but occupy as pickets awaiting relief. The permanence of our enterprise is secured. The school cannot die ; its very funds, if nothing else, would keep it living. Endowments perpetuate even monstrous evils and embower the porches of error with the mosses of hoary age. But when affluence joins hands with truth, and the clear vision and warm heart of testamentary wisdom strengthen and enlarge, even bloody revolutions respect its work.

Four years ago, when the question of having a school of homœopathy in Boston was seriously considered, there were those who, like myself, urged the enterprise headlong, yet under the gravest misgivings. But now we know better the quality of New England medical students, and have tested their forbearance and magnanimity. Indeed, I may say that you, students, have created this school, and not the faculty ; for had it not been for the moral aid of your charity, hopefulness, and devotion, we might have abandoned the platform, chagrined, perhaps disgraced. How different the conditions that attend the beginning of this term from those of two years ago ! Now everything betokens the quiet confidence and readiness of veterans ; then we came before you, one after another, not knowing who might fail, or who had failed, if any, in the ordeal. The very rooms partook of our confusion and hasty preparation, the sound of the saw and hammer seeming a friendly din to fill the awkward pauses in our discourse.

A truce, however, to reminiscence. The most difficult part of the task allotted me remains unaccomplished. I suppose it is expected that you should receive to-day exhortation, entreaty, and perhaps a little seasoning of wholesome reproof.

But I know that you will follow where you cannot be driven, and I believe the shepherd's crook a more effective monitor than the goad.

I hope, though I by no means assume, that all of you have come to this school, rather than elsewhere, because you believe in the principles taught here; I mean, in the peculiar and distinguishing principles of Homœopathy as opposed to all other forms of medical faith and practice. But let me go a step beyond, and dare to express, in this presence, the hope that you have chosen this school because you believe in the rational, progressive, critical Homœopathy of radical Boston. This city, which once threw into the dock the tea of King George, is represented still by those who stand ready to throw overboard *everything* that does not bear the stamp of reason and justice. This school, I believe, is conducted and fostered by physicians who do not suffer a name to debar them from an originality of investigation, and from a scope of belief so free and boundless that every ancient landmark which is not a finger-post to progress, is losing its sacredness, and the old watchwords, that do not ring with truth, are coming to sound like the forgotten nomenclature of alchemy.

Speculations in therapeutics must give place to a more critical consideration of the evidences of the senses. We see crowds of theorists giving themselves to the pursuit of that chimera called, sometimes, "proximate cause," sometimes, "essence," again, "principle of morbid phenomena," yet baffled everywhere by phenomena which are all, by turns, both effects and causes, and nowhere exhibiting the first link. They find, too late, that nature is a circle, of which the eye of man can discover neither the beginning nor the end. The great problems which they pursue can never be resolved by speculative considerations, and, in physics at least, the human intelligence can never surpass the limited horizon of the senses. However boldly modern thought may venture, the men of this generation look over the abysses of speculation as did the fathers, thousands of years ago; and Tyndall, addressing the world from the Chair of the British Association, — that throne of modern science, — but repeats the thoughts of Democritus and Epicurus as the last guesses of

the modern scientific mind. Where human life is at stake, far wiser they who, guided by simple good sense and grounded in experience, limit themselves to describe the apparent symptoms, with the evident causes of each morbid affection, and, establishing on these sensible characteristics the distinction of species and nosologic genera, prescribe single agents of cure, first proved on the well, in doses innoxious but sufficient, and at intervals governed by the type of the disease.

Have you not felt in the presence of some very sick patient, and even in your despair, a mysterious confidence in some power greater than ours to save? It is the spirit of our mother Nature, who breathes upon us; it is her voice that whispers, as the crisis of disease approaches and our patient walks into deeper and deeper waters, that threaten to overwhelm, it is her voice that whispers, "It is I that must save. Stand still, and see me bear the spark of life unquenched between the limitless billows of eternity and time." Woe to him who grieves this spirit! Woe to you if you do not, one and all, conform your practice and your lives to the teachings of this All-Mother, whose loving arms — powerful to aid but dreadful to oppose — encircle your patients and you! It is her sweet influence that orders the noiseless currents of life, as well as the tides of the seas; the touch of her rod is a wise chastisement for broken laws, her most dreaded and fatal stroke a transformation.

It is because I find the great law of the similars in conformity with nature that I obey it with a willing and confident heart. No other law has been discovered in therapeutics so general, so trustworthy, so grand as this. On this rock are laid the foundations of rational medicine and a pure *materia medica*. If we are building on these a faulty superstructure, it must come down; if its proportions are inharmonious with truth, Time will raze it to the ground, from entablature to plinth, — but this rock shall not be removed; it has withstood the storms of half a century, and proved the salvation of "them that were ready to perish." Already much has been done by the homœopathic school of practice towards the erection of the future Temple of Healing. It has cleared

away a great deal of the rubbish that obstructed the builders : it has reared two pillars that cannot be thrown down, — *the proving of drugs on the well, and the single remedy*. These are seen to be true work, in harmony with the foundation-rock, arising from it, partaking of it, as you have seen pines draw their life from some unassailable cliff, whose rugged strength they grace with perennial beauty.

The attenuation of the dose is a side-issue that has been given, in the literature of Homœopathy, a fictitious and air-drawn prominence alike injurious to our cause and disastrous to our peace. It is seldom that Nature brings forth more than one prodigy from a single matrix. The brain of Hahnemann produced with honest throes the matchless law of the similars. Other like fruit was not among the probabilities of mental fecundity ; but the usual secundines of such a parturition have been preserved, as though essential to the growth and well-being of the heir-apparent, while unessential theories, forced issues, mental vapors, intellectual flatulencies and after-pains, have been mistaken as the sign and promise of another birth. Limitless attenuation is one of these. I care not how much it may please others to attenuate their medicine, if they know when and how to use them ; but for the sake of our struggling cause, I would mildly suggest the propriety of giving less prominence to results of such questionable inference as to provoke scepticism and inflame controversy. Our beautiful law of cure should not be compelled to drag after it a questionable shape, paraded as its monstrous twin-birth whose severance would be fatal to existence. For one, I am weary of the opprobrium of the infinitesimal dose. It has kept in the background the beauty of our law of cure, while the prominence given it, even by ourselves, has afforded our enemies a cloak with which to cover their own shame and parry our most fatal thrusts.

It seems to me too patent even for question that Nature has in store the juices of a thousand curative plants, the potency of which is given them in an alembic whose fires are the sun's rays and whose distillation is interrupted only by the changing seasons. A medicinal leaf revives the disease-stricken beast, though only grazed from the rim of some forest spring ; in-

stinctively it seeks the efficacy of mineral aid, though unvexed with pestle and mortar. Who does not know that some of the most wonderful cures in the history of medicine have been made with some simple infusion? Let us not fear to copy nature, nor dread the brand of having departed from purity of practice because we choose to experiment for ourselves.

Let me warn you never to allow the laity to draw you into a discussion of the question of the dose. Shun the example of some, who fill their patrons' mouths with clamor about "high potencies" and "low potencies," dividing our ranks, inviting invidious comparisons, and submitting their successors to the prattling dictation of one part of the community and the sneers of all the rest.

The question of the dose is an open one, as yet undecided by our most acute observers. Every practitioner, sooner or later, drops to a level, rises to an altitude, or fluctuates between extremes, as the necessities of his surroundings, education, and temperament compel. If I may be allowed, I would say in this connection that when a student I was of the strictest sect of the Pharisees in the Sanhedrim of high dilutionists, held the garments of those who stoned recusants, and was ready to bring those at a distance bound to the medical Jerusalem. But there came a time when, like Paul, "the very commandment which was for life I found to be for death," and when I could say with him, struggling as I was for absolute purity, "What I perform that I know not: for not what I desire that do I; but what I hate that I do." "But now we have been loosed from the law" (of exclusively high dilutions), "having died unto that wherein we were held; so that we serve in the newness of the spirit and not in the oldness of the letter." This gospel of freedom is the glad tidings we bring you to-day, — "absolute liberty in science," the watchword of the Homœopathic Medical Society of Massachusetts. In substance this has also become a part of the Constitution of the American Institute of Homœopathy, through the efforts of a few liberal minds ably championed by one of our illustrious colleagues.

Success will attend your efforts if, having learned to select the remedy, you graduate the dose to the requirements of your

patient. And do not forget that there are not a few patients who will receive the greatest aid from drugs so attenuated that they have quite vanished from the ken of Chemistry into those upper regions that are traversed only by the flight of the Higher Mathematics.

Beware of putting a blind and headlong trust in medicine. There is danger in dosing, and in attributing every recovery to your meddlesome interference with nature. Time has been called by poets the great destroyer, and artists have pictured him armed with the implement of destruction. But remember that he is also the builder and the restorer; that as the sands in his glass run their unceasing course, so silently and surely his myriad forces are mustering to save. Diseases have their periods, and many that come and go like comets, sweeping a train of horror, can be predicted and prepared for by the wise physician, but never quite baffled in their malign influences. Boast not, then, of your specifics against death. "Let not him that putteth on the harness boast, but him that taketh it off."

I feel that I am talking to the physicians of the future and to the immediate representatives of this school. For this reason my mind's eye looks beyond term-time and the duties of the morrow, to the not distant day when you shall be the invested custodians of priceless truths and the architects of reformed medicine. Be studious, observant, ready to learn from any source, thoughtful, modest, not given to controversy. Deeds, not words, make the converts you desire. Be gleaners of facts, distrustful of theories, critical of statements and men, slow to decide, patient of opposition, yet strong as oak. Shun garrulity in the sick-room, where you must maintain the discipline of a martial camp. Above all, shun confidential friends, the dry-rot of professional success. If you are not already enamoured of this noblest of vocations, turn back before it is too late. If you have entered it merely for gain, turn back: your presence is not wanted in the homes of the people. This picture of what you must do to deserve success, I hold before you at this time that you may confirm yourself in correct habits while students. Do not forget that your course this term must influence your whole lives. Character is of slow growth, and

formed by rigid self denial and discipline. Do not dream that you can go out into the world as gentlemanly physicians if you are not already gentlemanly students. Such a metempsychosis is improbable; the lion's skin, hastily donned, reveals the coarser lineaments of an inferior actor.

And at this point I would not be unmindful of the duty I owe the other sex so well represented here to-day. You are here because our complex society calls for women physicians. I want to tell you that the call is for ladylike women, gentle as the wives and daughters who are to be your future patients, as womanly as they in all the brightest qualities that adorn your sex. It is written that women should "adorn themselves in orderly apparel, with shamefastness and sobermindedness; not with braided hair and gold, or pearls, or costly apparel, but by good works." This advice might have been applicable to the deaconesses of the church in Ephesus, but suffer me to give you different advice: Affect no uniform of caste; do not study to be singular in dress beyond the necessities of your arduous calling. Your foes are they of your own sex. It is they who are watching you with averted glances. Give them no salient points for adverse criticism. We believe your success is assured when you shall have added to your own peculiar gifts, that especially fit you for medicine, the benefits of a severe special training and liberal culture. There is no need that you should try to be masculine. You can do what we cannot: you can soothe the sick, as only woman can, with a touch like an absent mother's, with the gentle voice of a sister, with the inspiration of a wife's devotion and the radiance of an angel. This has been shown so often in the dark days of our civil war that I trust I am not misunderstood, nor need I dwell longer on the promise of your sex in the profession of medicine. We wish you God-speed, and may your hearts be sustained and soothed by the spirit of Him who was sent to proclaim deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised!

And now, ladies and gentlemen, my task is finished, while yours is about to be begun. I might further address myself to you, my honored colleagues, and bespeak your charitable tol-

eration of any words of mine that may not have met your full approbation. I know that I have left many things unsaid that your wisdom and experience might have prompted, and let slip some things that have not been the staple ideas of the Salutatory. So far as I have not expressed views on which we are united and in full harmony, I am willing to hold myself alone responsible. I feel that I cannot better close than by reading you the following cheering words from the pen of the veteran editor and poet, William Cullen Bryant: —

“I was an early convert to Homœopathy, which I at first, like many others, scoffed at, and then became convinced of its efficacy by experiences which could not be explained away. Thirty-four years have only confirmed my confidence in that method of cure. I am glad to see so many evidences of its progress in the good opinion of the community. Its history is one of successful combats with prejudices, — honest prejudices, no doubt, but foolish when maintained against the evidence of actual experiment, — a history of hostile predictions contradicted and disappointed by the rapid growth of the system, by its spread from town to town and from village to village, by the establishment of homœopathic hospitals and colleges, and by its introduction into the universities and other seats of learning.”

HOMŒOPATHY IN EUROPE.

BY I. T. TALBOT, M. D.

[*Read before the Massachusetts Homœopathic Medical Society, Oct. 13, 1875.*]

THREE or four months' absence from home is a short time to catch even a passing glimpse of the institutions of the Old World; yet in these days of "rapid transit" it is astonishing how much one who is tolerably active may accomplish in that time. I would advise all my professional friends, who, by the close confinement of practice for a series of years, have fallen into "ruts," to break away for a few weeks and see what a new life will be revealed. It was just three months from the day I reached Liverpool till I left it for the return voyage, and yet I was able to visit many places in England, France, Switzerland, Germany,

and Austria ; to call upon many physicians of our school ; to see the hospitals, dispensaries, and pharmacies, and also to examine many of the medical museums and colleges.

I shall be able at this time to give only a brief *resumé* of what I have seen of the condition of homœopathy, leaving the details and minor matters to be filled in at some future time, or haply by some abler hand.

HOSPITALS.

In Europe, as in America, hospitals are usually of slow growth. Now and then a man dies who leaves a fortune to found a hospital, but generally it is designed to prove a monument to the donor. Few ardent devotees of homœopathy have erected such monuments either in Europe or America.

The Homœopathic Hospital in London is situated in Great Ormond Street, and has been the steady, gradual growth of a quarter of a century. It is a large building, and includes what was formerly three private residences, and is capable of accommodating about eighty patients. It required much persistent effort, and constant begging with hospital dinners, bazaars, etc. ; but it has made so many friends and has so many persons dependent upon it in sickness that it has at last become one of the established institutions of London. There have been associated with it the honored names of Quin, Dudgeon, Bayes, Hughes, and many others well known here.

In England there are also several small hospitals or infirmaries under homœopathic management.

In Paris the public hospitals are all under one general administration, and the attending physicians and surgeons are moved about from one hospital to another, so that no one hospital could become permanently homœopathic in its treatment. Professional prejudices, too, are such that it would be useless for a homœopathic physician to expect an appointment in any of these. The learned Tessier had secured a prominent position in the Faculty of Medicine before adopting his homœopathic views ; but though he was earnest in his opinions, faithful in his practice, and successful therein, yet he found himself ostracized

from his former professional associates, and walked the hospitals almost alone. Since his time none of the Faculty have dared to avow themselves homœopathists. There are, however, two private hospitals in Paris, each having upwards of forty beds. One of these is supported by the friends of high attenuations, and the other by those of the low. Both claim success, and both are struggling on, supported by earnest and unselfish friends.

In Lyons a new and beautiful hospital has been erected the past year, at a cost of about 800,000 francs, including a considerable tract of land. Such a hospital in this country would cost at least \$300,000; and yet this has been built, in a great measure, by the earnest, persistent effort of a single physician. A part already completed will accommodate about eighty patients, but it is designed to add wings, that the hospital, when finished, may contain about four hundred beds.

At Geneva there is also a homœopathic hospital, which for twenty years has quietly and unostentatiously filled its mission. It has some forty-four beds, which are nearly always full, and has provided for about 12,000 patients. It has been, during this whole time, under the medical care of Dr. Dufresne; and Sisters of Charity have acted as nurses and attendants. The religious warfare now going on in Geneva seriously interferes with this hospital, since it belongs to the order of Sisters, and they have been forbidden to live in Geneva.

In Berlin there is a private surgical hospital of about twenty beds, under the management of Dr. Maylander.

In Linz there is also a large homœopathic hospital, and at Vienna there are three, — the Sechs Haus (containing some 600 beds), the Gumpendorf, and the Leopoldstadt Hospitals. The latter two have been in existence as homœopathic hospitals nearly thirty years, and so great was the demand for homœopathic treatment that the government has devoted the larger hospital to this practice. There are many other hospitals wholly or partly devoted to homœopathic treatment, and the success attending them has been highly gratifying.

DISPENSARIES.

These require a much smaller outlay in establishing and sustaining, and one of the finest is in Liverpool. It was established more than twenty years ago, outgrew its first quarters, and its friends contributed money enough to erect a fine building. This proved insufficient for the wants of Liverpool, and a branch dispensary was established. So great have been the demands upon it that in a single morning, when I happened to be present, 317 persons visited the dispensary to avail themselves of its advantages.

Nearly every town of considerable size in England has a homœopathic dispensary for the benefit of the poor. In addition there is a large number of dispensaries where the poor pay a trifling sum, sufficient for the current expenses, and the physician devotes his time to their care gratuitously. There are probably at least a dozen of these in London alone.

In Paris, by the liberality of the Messrs. Catellan, a free dispensary is connected with each of their pharmacies (five in number), they contributing all the medicines needed. There are also dispensaries connected with each of the hospitals, and the numbers flocking to these are, in the aggregate, very great.

In Switzerland there are several homœopathic dispensaries, and likewise in nearly all important towns of Germany.

The Central Dispensary at Leipsic, established in 1832, has been for many years a polyclinic, at which Haubold and Meyer have presided, and where the learned Müller is now in daily attendance. Thousands flock annually thither, not only from Leipsic but from the country around.

PHARMACIES.

Paris is fortunate in having such a family as the Catellan frères, who have established five dispensaries in different quarters of that city, each one of which is kept with scrupulous care and exactness, and they may well be models to pharmacies the world over.

Throughout Saxony every pharmacy is by law compelled to

have a homœopathic department separate, but connected with it, and in all the important places good homœopathic pharmacies are to be found. The most extensive, perhaps, in Europe is that of Dr. William Schwabe, of Leipsic, who sends his preparations to all parts of the civilized world. An earnest, warm-hearted man, he is himself, as well as his pharmacy, worthy of a visit.

Nothing more markedly indicates the growth of homœopathy in London than the increase of its pharmacies. Where twenty years ago there were but one or two, now there are at least a dozen, and all have an air of prosperity and success.

In Liverpool there are three, under the care of and belonging to Messrs. Thompson & Capper. All are admirably arranged, and command the entire respect of the profession.

SOCIETIES.

In England there are two general and several local societies. The British Homœopathic Society allows membership from any part of the United Kingdom. The meetings are held monthly in London, and the annual meeting took place this year on the evenings of June 23 and 24. Papers were read and carefully and intelligently discussed, with an earnestness, courtesy, and knowledge which might be copied by all our societies with advantage. Out of some three hundred practitioners this Society numbers one hundred and seventeen members. Of these about forty were present at the annual meeting. The venerable Dr. Quin, the first to introduce homœopathy into England, is the president of the Society, but Dr. Pope, acting president, delivered the address. During the past year, under the auspices of this society, ten carefully prepared essays have been read by members, and discussed; a course of lectures by Drs. Dudgeon, Hale, and Hughes has been given at the hospital in Great Ormond Street, and the general interests of homœopathy in Great Britain have been protected. During the past twenty years, there have been held from time to time, latterly every year, a British Congress, to which all homœopathic practitioners are invited. This year it was held at Manchester, on September 9,

and some fifty physicians from various parts of the country were present. Four papers were read and discussed, and the whole tone of the Congress was indicative of educated scientific men. At these meetings the social element is not lacking, and the last session is always around the dinner-table.

There are local societies in Liverpool and some of the larger towns which serve an excellent purpose by bringing the physicians together, while the nature of their profession and its duties otherwise serve to keep them apart.

In Paris there are two medical societies, divided, if I judge rightly, in the first place by "the difference in the dose," and kept apart by those personal antipathies which too often mar professional esteem. Both societies publish a journal and support a hospital. Discussions in both societies often assume the form of dissertations, in which the disputants aim to include the largest amount of personal observation and thought. Could personal estrangements be overcome and all the physicians unite in support of one common object, our cause in France would undoubtedly progress more rapidly than it has done hitherto.

In Belgium, Switzerland, Austria, and Hungary there are homœopathic societies, all engaged in active work.

On August 9 there assembled in Berlin the National Society of Germany, the *Central Homœopathische Verein*. This Society is one of the oldest, and has had in membership nearly all the leading members of our school in Germany. About fifty were present at this session, and among them were such well-known men as Kafka, Baer, Gerstel, Prof. Haussmann, Prof. Rapp, Müller, Goullon, Jr., etc. etc. The session lasted three days, and in it the social element so prominent in German character came in most happily. The influence of such meetings there, as elsewhere, proves most salutary to the profession.

THE OUTLOOK.

The changes of the past twenty years in Europe in our ranks have been great. Nearly all the old students and associates of Hahnemann have closed forever their labors. The middle-aged men whom I met in my former visits are now old, and at

any of the assemblies of homœopathic physicians, one could not but be impressed with the number of "grave and reverend seigniors" — unlike, strangely unlike, what I see in this room, where so many of the young are preparing to take our places as we move on. I asked, Why is this? The obvious answer is that the old-established universities, while they may not oppose as bitterly as here the innovations which homœopathy has made and is making, still maintain a studied ignorance of it, and while adopting such of its practices as they find themselves compelled to, and trimming their sails in such a manner as to give the greatest efficiency possible to their ancient craft, and by surrounding it with the lighters of modern science,—the microscope, the laboratory, and the means for physical exploration and diagnosis,—they conceal the fact that their own ship of medicine, therapeutics, is utterly unseaworthy, and would have sunk long ago but for the homœopathic planks which they have taken from time to time. But we all know what even good timber amounts to on a decaying hulk.

Under such conditions, the students, while in the schools, are diverted entirely from the study of homœopathy, and it is only after years of practise and failure that perchance their attention is called to its principles and results, and then homœopathy comes to them as a new revelation. Under such conditions our friends feel themselves powerless against the universities, to which every student must go for five years before he can practise medicine. Nor can a medical school be established there as here; and homœopathists, conscious of the great advantages they possess in therapeutics, are yet obliged to content themselves with the slow and gradual spread of their practice in the profession by the simple power of its own truth.

On the other hand, they look with pride and hope to America. They see that in our colleges students can be educated to the science of therapeutics; that our hospitals are fast assuming a prominent position; and that our practitioners, rapidly increasing in numbers, are doing a noble work for the advancement of medicine. Important responsibilities and duties rest upon us. While each and every practitioner is responsible for his duty to those under his immediate care, at the same time

he has a duty towards those institutions which will give success to our cause,—our hospitals, our dispensaries, our societies, our journals, and our colleges.

DERMATOLOGICAL CASES.

BY C. WESSELHOEFT, M. D.

IN answer to certain inquiries regarding the cases reported in the last number of the *Gazette*, p. 237, I will state that the words "*cessation of menses*," "*was again attacked with hemorrhage*," "*gushes of bright red blood, followed for a day or two by discharges of clots*," should have been printed in italics, as these were the principal indications upon which *chamomilla* was prescribed. It would also have been proper to add that the clots were *dark*.

In the second case the indications were *the peculiar cramps in the flexors, coming on at night, in bed, relieved by external warmth*.

Inquiries regarding such cases and their discussions are always acceptable, but those who make inquiries are henceforth requested to sign their names, instead of subscribing themselves "A Student," "A Tyro," etc.

The following cases shall be recorded with greater accuracy, although in no instance shall one word be added to the original notes, even if the indications appear incomplete. If, therefore, the words of the *Materia Medica* do not reappear, or if not all of the symptoms were required for an indication, the indulgent reader will have to blame the reticence of patients or the scarcity of the symptoms of the case.

April 1, 1873, Miss P., æt. 20, very fair, with auburn hair, presented herself to be relieved of the following disease of the skin. It was a case of *eczema*, which had already lasted for a year and a half. It consisted of faint red and irregular blotches, which were rough from the exfoliation of dry exudation and dead cuticle. This eruption covered the neck and arms, and extended down to the waist; it was attended with intoler-

able itching, tormenting the patient, particularly at *night*, and which she described as a creeping kind of itching. Warmth increased the itching, cold relieved it, though it was much worse in summer. It was also associated with severe neuralgic pains in the walls of the chest, moving from place to place.

Calcarea, 3d trit., did not relieve in the least, neither did *Staphysagria*. After several weeks, *Graphites*, 3d trit., was prescribed, in six doses, of which one was to be taken every other night. The result was very favorable; for the itching subsided and the redness and roughness disappeared in the course of a fortnight, and the patient has since repeatedly acknowledged herself as quite relieved.

July 7, 1873, Mr. C. J., æt. forty-five; married; cabinet-maker by trade; living in good circumstances, and generally healthy, reports as follows: *Impetiginous eruption* covering a large portion of the surface of his *arms* and legs, for more than four weeks. It began with violent burning and itching, with *soreness after scratching*; washing it with water caused burning; the itching is *much worse at night* than in the daytime, when he perspires freely. The most troublesome result is that he is prevented almost entirely from sleeping on account of the intensity of the itching, which is also aggravated by covering with bedclothes and by scratching.

After the itching had lasted for some days there was an appearance of *pustules forming scabs* which allayed the itching for a while in some parts. The eruption began upon the lower legs and extended upward over the thighs. The patient's great trouble was that he could not sleep, and begged to be relieved on that account.

At first, when no eruption was visible, *Rhus* was given without effect, followed by *Mercurius*, and then *Cantharis*, without benefit, and finally *Graphites* was resorted to, in the 3d trit., of which four powders were given, one to be taken every other day. On the sixth day after beginning the medicine the patient came on purpose to state that after the first powder there was a brief but very perceptible aggravation of the itching and eruption; this, however, soon subsided, and on the day he called there was almost nothing to be seen. He had slept well for

four nights, and there remained but very little itching. The recovery progressed and was permanent.

June 3, 1873, Mr. E. E. C., merchant, aet. about thirty-six, fleshy, with dark complexion, was afflicted with *prurigo* for more than eight months. *There was itching more or less all the time, but very much more intense at night in bed*, depriving him of sleep. *There was nothing visible upon the skin* before scratching, but if this was persisted in it resulted in raising nodules, and often long welts, some of them resembling urticaria, with which this eruption is probably related. Scratching often relieved the intensity of the itching.

This case resembled certain others published previously in the *Gazette*, in which *Rhus* proved to be the remedy. This medicine was given in this instance without effect. In the cases where *Rhus* was used with success, there was much swelling and redness; this was not the case in the present instance. The next remedy was *Graphites*, 3d trit., four doses, one to be taken every other night. Nine days after beginning with the medicine, the patient came to announce that he had not been kept awake at night by itching, and was feeling much better. In twelve days more he reappeared, to make another favorable report. He got no more medicine, however, and though often seen since, has had no more *prurigo* to complain of.

It will be noticed that of the preceding cases each was a different species of cutaneous disease, while each had certain peculiarities which were also common to the other cases, and most of these peculiarities or characteristics, which are italicized, are at the same time peculiar to *Graphites*. Not only is this the case, but the three forms of cutaneous disease are all represented in the pathogenesis of that medicine.

There are, perhaps, many other substances which are capable of producing certain forms of eczema, impetigo, or *prurigo*, such as Arsenic, Dulcamara, Mercurius, *Rhus*, Sulphur. Perhaps one or another of these, or hundreds of vegetable medicines, might also have cured the above reported cases.

It does not seem probable that there is only one remedy for a given case; but there are certainly always a limited number which are homœopathic to it to a much greater extent than the

rest. From this limited number the choice should finally be made ; but nevertheless it frequently happens that we do not hit upon the best remedy at once. The adaptation is too difficult : no two cases were ever exactly alike, and each presents peculiar symptoms, and we are not always sure which are the characteristic ones. In some cases it is the itching at night ; but before finding that Graphites cured this, what reason was there to doubt that the aggravation by heat and alleviation by cold might not have been a leading indication ?

Again, we may err by adhering too closely to the words either of the *Materia Medica* or of the statement of the patient. A patient may state a case almost in the precise words of a proving, and still no cure result from the remedy. On the other hand, a patient may state his case in such a manner that, judging alone by his expressions, it seems like a most hopeless task to find a remedy to correspond. Hence, our safeguard is a good knowledge of diseases. Neither *natural* nor *artificial* diseases differ in principle, if we fairly comprehend them ; the adaptation of one to the other, that is, of a curative agent to a disease, is much less difficult.

SYMPHYTUM OFFICINALE IN INFLAMMATION OF THE BONES.

BY S. M. CATE, M.D., SALEM, MASS.

[*Reported to the Massachusetts Homœopathic Medical Society.*]

CASE FIRST : PSOAS ABSCESS.

ON the 7th of May, 1874, I was called to the seven-years-old daughter of S. W. W., who presented the following symptoms. A severe lameness of the left leg prevented walking, except with considerable difficulty and a good deal of limping. In walking the position of the body was stooping, and inclined to the left side ; and at rest the weight of the body was almost wholly borne by the right leg, which canted the left brim of the pelvis up and the right down, giving the appearance of a shortening of the left leg and of a lateral curvature of the lower part of

the spine; but measurement from the patella to the crest of the ilium showed that the leg was not shortened.

I was informed the child fell over the shaft of a buggy that was standing in the carriage-house, and lay upon her back for some time before she was discovered and taken up. A few days after that accident a slight lameness was noticed, which had steadily increased. Thinking there might be some strain upon the hip, *Rhus* was given. On the 11th there was no improvement, and *Mercurius* was given upon the theory that the injury might be in the acetabulum, and though its administration was continued until the 20th it was followed by no improvement.

From May 20th to June 14th, *Calcareo carb.* 30th, was given, a powder a day, and *Sacch. Lactis*, enough to meet the demands of the case. During that time there was considerable improvement of the general health, but none of the lameness. At about this time the child was taken by its parents to a respectable allopathic surgeon, who made a careful examination of the case and pronounced it hip-disease, and gave an unfavorable prognosis.

I now made a careful examination of the case, and noted all the changes that had taken place. With a wooden-bottomed chair that had a level seat, and the child seated upon it with her back uncovered, her spine was perfectly straight, and the left leg was not shortened. Pressing with considerable force upon the knee and forcing the trochanter into the acetabulum produced little pain. What, then, could cause the limping? It seemed to come from an inability to extend the leg, or to bring it straight under the body while its weight was resting upon it. A careful consideration of the mechanism of the parts involved showed that the psoas and iliacus muscles flex the thigh upon the pelvis, and hence that extending the leg puts these muscles upon the stretch. Hence, any soreness or tenderness in these muscles or their attachments, and especially in the psoas, would cause pain when the leg was extended. I now concluded that the trouble was not in hip-joint at all, but that by the fall before mentioned she had injured some one or more of the spinous processes to which the psoas muscle was attached, causing inflammation of the bone. When the psoas muscle was put upon the

stretch the traction produced thereby upon the inflamed bone caused the pain and lameness. When this conclusion was reached after a most careful study and analysis of all the symptoms of the case, the parents of the child were informed of my change of views of the case; and that the inflammation of the bone would be likely to produce a formation of pus that would descend and produce a psoas abscess. The dangers of the case were also pointed out, but I was told to go on and do the best I could in the management of the case.

Hepar. Sulph. 30th, given from June 4th to June 9th. At that time an abscess had formed just above the crest of the ilium, on the left side of the spine, making a swelling some three inches wide by four long; and though the swelling was not very large, it had distinct fluctuation. The lameness had rather increased.

It was now evident that the inflamed bone must be cured, and if I failed in that I failed in the case altogether; and it was also evident that the remedies before used had had no effect upon that inflammation. In looking at the different medicines, to find one that would cure this inflammation in the bone, *Symphytum* was selected upon physiological grounds. It seemed to me that the inflammation in this case was nearly allied to the inflammation of the bone produced by fracture, and clinical experience shows that *Symphytum* is the best remedy for such an inflammation. So this remedy was given in the third dilution, in solution, two teaspoonfuls each three hours when awake.

Improvement soon set in, and in one week there was a perceptible decrease in the size of the abscess. This medicine, which was first given June 9, was continued until Aug. 17, when the case was dismissed fully convalescent. The last month of the treatment, medicine was given only three or four times a day. During the time of its action there was no appearance of aggravation from it.

I was congratulating myself that I had cured a case of psoas abscess without the help of surgery, when, on the 10th of the following October, the child was brought to me with the disease reproduced to a considerable degree, though not so fully as it had been. From the parents of the child I learned that she had

been in the field with her father, and had assisted, in her childish way, in picking apples, to do which she had reached a good deal. A few days after she began to limp, and now the abscess had returned on her back, and walking was quite difficult. I concluded that in some of her movements she had strained the parts that had been inflamed so much as to reproduce the inflammation of the bone. *Symphytum* in the second dilution was again given, as at first, and was followed by a rapid improvement. Within three weeks the abscess had disappeared and the lameness was much better. The case was dismissed cured on the 3d of December, and has remained well since.

Fault may be found with this report. Those men who always make a correct diagnosis at first sight, and by intuition will show that they would have done so in this case; and those men who prescribe one dose of the highest dilution, and never fail to cure, will also be displeased. Let either publish a case of like importance, and show how it was cured, and growl afterwards.

CASE SECOND: INFLAMMATION OF THE INFERIOR MAXILLARY BONE.

On the 25th of May, 1875, Miss S. P., æt. forty-six, consulted me for a swelling on the left side of the face, along the lower border of the inferior maxillary bone, from the posterior angle forward towards the chin, and extending up on to the cheek. A month before she had a cold and cough, and this swelling commenced as the cough ceased. It was moderately red and only a little painful. *Calcarea*, c. 5th, in powder was given, a powder each four hours. On the 31st of May the swelling was more pronounced, the redness more bright and deep; and there was a hardness of the swelling deep upon the bone, and evidence of an effusion of lymph about the bone that had welded the soft parts together and on to the bone, producing an effect only found when the bone is inflamed. Inflammation of the bone was diagnosed, and the patient informed that it would take two or three months to cure it, and that during the treatment some matter would form and discharge.

Symphytum officinale, 3d dilution, in solution, was given, two teaspoonfuls each three hours, and a compress wet in cold water applied to the inflamed part.

This treatment was continued until June 15, during which time two abscesses formed and were lanced, each of which discharged a moderate amount of watery pus. During the development of the abscesses, slippery-elm poultices took the place of the wet compresses.

On the 14th of June she went to another city, some twenty miles from Salem, and was absent more than a month. From that date to the completion of the case, she took *Symphytum*, 3d, in globules instead of in solution, and used wet compresses as long as the inflammation was considerable, substituting the slippery-elm poultice during the development and discharge of one abscess.

As the cure progressed the unsightly swelling gradually disappeared, and the hardening and welding together and discoloration of the tissues also passed away; and now there is neither indentation nor scar nor any blemish upon that side of the face. The cure seems complete in all respects. During the treatment there was no appearance of any disturbing influence from the medicine, and after the *Symphytum* no other medicine was given. But the effect of the *Symphytum* was very obvious, for two or three times it was omitted and the improvement ceased, and then commenced again on the resumption of it, and the discoloration of the skin and welding of the flesh also yielded to its action.

CLINICAL REFLECTIONS.

BY DR. AD: LIPPE.

THE object in publishing a case of sprained ankle cured by *Prunus spinosa* is to illustrate our individual conceptions of homœopathic therapeutics, guided by the principles governing that school of medicine.

A young lady (sixteen years old) had jumped out of a carriage, the horse, driven by a lady friend, running off. The

ankle was examined by an experienced allopathic surgeon, who found no dislocation or fracture. The left foot having swollen a great deal, by his advice arnica tincture was dropped very sparingly into a quantity of water, and bandages dipped into this solution were applied. The young lady came home on the third day after the accident, and her left ankle and foot swelled very much more after she had been compelled to walk from the railroad cars to her carriage. I applied a packing of hot-water cloths, bandaging the ankle and foot for forty-eight hours, and gave her *one* dose of *Bryonia* 10^m. The swelling and pains were thereby much lessened, but she was not able to stand upon the left foot, and other new symptoms developed themselves. The breathing became rapid; great oppression of the chest, with constantly recurring desire to take a long breath; she felt as if the air she inhaled did not reach the pit of her stomach, and till she could force the air so far down she had to yawn and try to take a deep inspiration.

The first impression in such a case would naturally enough be to find a remedy for the chest symptoms, remove them first, and later attend to the ankle; or to find a remedy for each of these ailments, and give the two corresponding remedies in *alternation*. If ever a case presented itself in which *alternation seemed* excusable, here was the case; but Homœopathy does not admit of such irrational practice, and we were therefore compelled to find the remedy if it was to be found. Who seeks will find! We found under *Prunus spinosa* ALL the symptoms, and even under the very first proving of it published in the Archiv. of the Homœopathic Healing Art, Vol. XIV, part 3, — a proving by Dr. Wilhelm Wahle. Symptoms 146. Heaviness, and oppressed in the chest. 8¹ S. 148. Anxious, short breathing. S. 149. *Sensation of heaviness and anxiety in the lower parts of the chest compels him to breathe frequently and deep.* S. 155. The breath appears to be checked in the pit of the stomach. S. 225. On the external side of the left foot joint sensation as if sprained. S. 226. Sensation as if sprained in the left foot joint. Here were found *all* the symptoms of the case, and on the eighth day after the injury had happened she received *one* dose of *Prunus spinosa* ²⁰⁰, at 11

A. M. The following night she could sleep but very little; the difficulty of breathing increased, and compelled her *to sit up all night*. And here again arose a great question. Was her disease worse, or was this great aggravation attributable to the seemingly small and very insignificant dose of the remedy? Her left ankle was also more painful and much more swollen after this sleepless night. This often-recurring difficulty—to know whether the disease is worse, and the administration of another remedy advisable, or whether the medicine caused this increase of suffering,—is only a real difficulty if we are uncertain about the undoubted correctness of our prescription. As in this case only the previously existing symptoms had become worse, and as these symptoms unmistakably indicated *Prunus spinosa*, and as we were sure of having made a very careful selection of the remedy, there was nothing else to do but *to wait*. The next night was much better: she had slept in her bed. The respiratory difficulties gradually subsided, and later the foot and ankle improved slowly. She received no more medicine, and is well; walked out a fortnight after she took a single dose of *Prunus spinosa* ²⁰⁰.

What deductions can the homœopathician draw from this case? That the principles on which our school of medicine rests are “infallible”; that the application of the principles taught by our school of medicine, and to be found in Hahnemann’s writings, is an infallible guide in our therapeutics and always leads us to a cure; that the provings of *Prunus spinosa* by Dr. Wahle are reliable. As a precedent, the case proves nothing; and if any one rashly should expect to cure all cases of sprained ankles (left foot) with *Prunus spinosa*, either in a potency or a tincture, he would be sadly disappointed. This same combination of symptoms will rarely occur again, and a wide field lays open here to be worked out by our scientific friends. Let them stride out, clad in the physiological livery, and let us know what internal injury said patient received while leaping from a carriage and first finding her ankle sprained and then attacked with what *science* might call a concussive asthma.

Will not one of our learned friends grant us the desired, so-often-asked-for explanation of a *better way* to find, by the scien-

tific way opened to us by the physiological discoveries of the day, the curative remedy in just such a case? All the communications by a multiplicity of *attempted* "illustrations" are "hearsay" testimony, that we reject. What we want to know is the reasoning process, the argument, of the learned professors exhibiting the physiological livery. Can the learned representative of this new departure tell us, for instance, what was the internal injury which this young lady exhibiting such strange symptoms received? and if he does know that, how does he find the curative remedy in a better way than was ours? Again, if the physiological road to cures is a better one, more scientific, *followed by better results*, than the strictly homœopathic treatment, would it not be kind, benevolent, and highly meritorious to let the healers (doctors) know it, that suffering humanity might be benefited by such knowledge?

Till then, till Homœopathy has been "superseded" by something better, it would be wisdom to try to apply it as Hahnemann taught it, as his followers developed it, and as it has proved itself to be by far the most successful mode of cure if perfectly understood and faithfully practised. If the principles are true, they must be infallible, and be applicable in *all* cases of disease: if they fail, and something else is better, then Homœopathy is a failure. And while we, in our ignorance, and with a sincere desire to learn "a better way" if there is one, take the freedom to ask the sage Professor of Therapeutics at the New York Homœopathic Medical College, and at the same time editor of the *Quarterly*, another question, "What physiological changes, what form of sick physiology indicate 'bleeding'?" The learned professor will find Hahnemann's remarks on blood-letting in the 5th edition of his *Organon*, in a foot-note to the 12th page of his Introduction. Have the discoveries of the physiological authorities revealed some new (to Hahnemann and his followers), unknown facts, warranting, nay, demanding "bleeding"? And is Hahnemann wrong when he says in his preface to his *Organon* (March 25, 1833), in a foot-note, "*Homœopathy sheds not a drop of blood*"? or would he now modify his views, had *he* the light which was given to Prof. Lilienthal when he said in 1875, in public, "*I did bleed him until he breathed*

easier . . . it was the thing for the case." Again, when so much is said about the great modern discoveries in medical science, and the necessity of accepting these new discoveries, and applying them in *our* therapeutics, will not one of the friends of these departures do the profession at large the favor to remember that *we*, as homœopaths, individualize, and do despise to deal in *generalities*? Will they condescend to individualize and *illustrate* their proposition, — give testimony thereof, by their own knowledge? Till such testimony shows a "better way," let us hold on to Homœopathy.

HECLA LAVA.

BY L. WHITING, M.D., DANVERS.

[*Reported to the Massachusetts Homœopathic Medical Society.*]

THE pathogenetic action of this truly valuable remedy seems to closely resemble that of Silicea. According to Prof. Morris of London, Hecla Lava contains silex, calcium, alumina, magnesia, iron, and traces of some other minerals usually found in the products of volcanic eruption. All our pathogenetic knowledge of the lava is derived from Danish accounts of its effects on the cattle that graze in the vicinity of the volcano, the herbage being covered with the fine ashes from the crater. These animals are all affected after a short time with exostoses and necroses, first manifesting its action in the maxillary bones, then as the disease progresses in other parts of the osseous system. These simple but certain indications of its power and sphere of action led Dr. Wilkinson, of London, to make use of the attenuated Hecla Lava in similar diseased conditions, with the most gratifying results. It has also proved curative in odontalgia, particularly if the teeth are very sensitive to pressure, this condition being an indication of congestion or inflammation of the fang-capsule, which, if unchecked, goes on to alveolar abscess.

In many cases of facial neuralgia, where the irritating cause is a carious tooth, Hecla Lava commands order, and the refractory nerves are not dilatory in obeying its dictates. I herewith pre-

sent a few cases confirmatory of its range of action in addition to those reported at our last meeting.

Case 1, Sept. 12, 1874, Miss —, æt. twenty-seven, had an inferior molar of right maxilla extracted some two years ago, since which the tissues have not healed. The patient has had a continuous slight discharge of bad tasting pus, at times containing small particles of a soft, gritty substance; *Hecla Lava*, 4th cent. trit., cured in one week.

Case 2, Mr. —, æt. thirty-five, had a carious wisdom tooth extracted three days before the case came under my observation, during which time the pain in the *wound*, and at times in various localities in the head and face, had been so severe that he was not able to eat or sleep. *Hecla Lava*, 4th cent. trit., improved the case with the first dose, and in a few hours he was entirely free from the pain, and enabled to rest from the excessive fatigue of the three days of agony.

Case 3, June 3, 1875, Mr. F. presented a case of conjunctivitis of right eye, for which various remedies were prescribed during a period of eighteen days, with relief.

On June 21 our patient again called at office — his eye not improving, but rather getting worse — to obtain advice in regard to having right cuspid of upper jaw extracted. He *then* informed me that he had had trouble with the tooth for several weeks past, but had deferred having it extracted, hoping that the member would cease to offend. On examination I found the tooth very sensitive to slight pressure on the crown. A perceptible swelling, and indurated tumor of the size of a large pea just under the right alæ nasi, also very sensitive to touch. For this combination of symptoms I prescribed the lava, which in a week had cured the tooth and the conjunctivitis.

IODINE IN CHRONIC JAUNDICE.

BY J. O. MOORE, M.D., HAVERHILL, MASS.

[*Reported to the Massachusetts Homœopathic Medical Society.*]

Mrs. B., æt. thirty-five, the wife of one of the leading clergymen of the Free Baptist denomination, requested my services in August, 1861.

Her husband had been a settled pastor over one of the churches in Manchester, N. H., but his wife's illness proving so serious, he resigned his office and moved to Saco, Me., in order that his wife might have the sympathy and kind attentions of her friends (who resided there) during what they supposed to be her last sickness.

Mrs. B. had always enjoyed excellent health until within the last three years; was of a nervous, sanguine temperament, inclining to a scrofulous diathesis; about the medium height, weighing one hundred and sixty-five pounds, habits of life inclined to the epicurean. She had at that time become so much emaciated that she weighed only ninety pounds.

The eyes, skin, and nails were completely jaundiced, and had been for a year and a half. The case presented the following symptoms: nausea and vomiting after eating, — induced by eating almost all kinds of food, the quantity making but little difference; intense canine hunger all the time. About every third day she had a violent attack of gastrodynia, which she thought could only be relieved by an emetic. Frequent empty eructations, heart-burn after eating *solid* food, distension of the stomach, pain when pressing upon the epigastrium, pain in the right hypochondria, extending through to the lower margin of the right shoulder-blade; constipation, urine scanty, dark, and turbid, menses absent for the last six months.

The patient had been thoroughly drenched by an allopathist for six months; treated with brandy by another of the same persuasion for about the same length of time; and to finish, an eclectic brought up the rear with emetics. I gave the patient a few doses of *Nux Vomica* to prepare the way for treatment, and after carefully looking over the case, gave for general treatment *Iodine 1st dec.* attenuation, ten drops in half a tumbler of cold water, one teaspoonful of which was to be taken every fourth hour. The patient began to improve very soon after commencing treatment, and every week a higher attenuation of the remedy was used. The fourth week she was put upon the 30th attenuation, a powder night and morning, which was followed by *Sac. lactis*. The menses had returned, and the patient was discharged cured in about three months. Fourteen years have

since elapsed, and she has had no return of the disease. There were two symptoms which seemed characteristic, and decided the use of Iodine, viz. extreme emaciation and canine hunger. Arsenicum produces emaciation, but has loss of appetite as a characteristic symptom. Nux vomica has hunger, but nevertheless aversion to food; but *Iodine* hunger has the keen relish *for* the food, with inability to dispose of it. Many of the symptoms were found under Pulsatilla, yet this also produces loss of appetite as one of its primary symptoms.

IN the June number of the *New England Medical Gazette* is a very interesting article on "Urethral Excrescences, Caruncles of the Urethra, Vascular Tumors of the Urethra," by T. H. Woodbury, M.D. The doctor speaks first of the various urinary troubles, such as strangury and dysuria, with hyper-sensitiveness of the nervous system, which are especially noticeable during the menopause; and then mentions, among others, the appearance, either within or around the urethra, of these so-called caruncles. I suppose that most of us have seen these exquisitely painful growths, rendering the patient miserable and nervous *all* the time, and giving the most acute agony during micturition or coition. They are generally solitary, as the article reads; but I have now under treatment a case in which there are three distinct lobules to one peduncle.

These "urethral hemorrhoids," as they are frequently called, from their resemblance to the vascular piles, are, as far as I have seen, situated on the lower border or floor of the urethra. In the treatment of these very painful tumors, I have never found internal medication of any avail so far as removal was concerned; but the surgical treatment has always been followed by the very best results. I draw down the tumor, pass a fine needle, armed with a strong but fine double thread, deep down into the base of the growth (for be it remembered, although these growths appear superficial, they often extend quite deeply into the tissues), and then, having ligated the tumor, cut it off outside the ligature, and apply either chromic acid, the acid nitrate of mercury, or the actual cautery to the peduncle. The interesting part of the paper to me, however, is, that the doctor recommends, and highly, too, a medicine for this miserable and trying affection, which medicine is the *Eucalyptus globulus*. "With it," he says, "I have been able to entirely cure the patients." *Perfect cures* have been produced by the use of the *Eucalyptus*, without a resort to any surgical means whatsoever. He applies a glycerole of the drug to the parts, and administers internally the first decimal trituration. This medicine must be given a trial, and if it produces such effects as have been mentioned, then, as surgeons, we have added one more triumph to homœopathic surgery. — *Dr. Helmuth, in The Homœopathic Times.*

The New England Medical Gazette.

BOSTON, OCTOBER, 1875.

ENCOURAGED by the recent successful move for a homœopathic hospital in New York, concerning which we give some details elsewhere, and in view of the extension of the Boston City Hospital, and the very large proportion of homœopathic people whose taxes go to the building of this extension, the members of the Boston Homœopathic Medical Society are prompted to strike for the public recognition of their right to be represented in that institution, and have determined to circulate petitions urging a hearing on the just claims of their method of practice.

Whether any special reasons call for action in this matter at the present time, or whether our colleagues are fired only by the general reasons for advancing Homœopathy, we do not know; but cannot doubt that they have considered well the consequences of the step to which they are about to commit themselves, and the difficulties they must necessarily encounter in pressing it forward. These difficulties cannot be slight or few in a community like our own, where Homœopathy, notwithstanding its steady progress, has not yet come to be looked upon as one of those pet reforms which the "Hub" takes under its special protection from time to time, and where the inherent conservatism of the people loves to leave matters involving complicated questions of conflicting professional rights and professional opinions very much in the hands of the powers that be, so long as its own personal comfort and freedom are not in imminent danger. In New York the circumstances were all unusually favorable for an immediate move in the direction of a public homœopathic hospital. There no staid New England conservatism, either social or political, stands in the way of an occasional progressive and enlightened step; no faithful public servant was to be disturbed or limited in his functions, and a large and well-built hospital was unused and at the disposal of the authorities, who appeared to have no particular object in view for it. No better reasons could be urged for turning these circumstances to good account, and the marvellously complacent manner in which the allopaths of New York viewed the handing over of the Charity Hos-

pital to the homœopaths proves the action to have been well-timed and most satisfactorily managed. Here in Boston, however, it must be conceded the case wears a different aspect, and cannot possibly be urged without exciting the same rancor, virulent opposition, and political trickery which met the homœopaths of Maine in their late almost successful attempt to obtain the control of certain wards in the new Maine General Hospital.

That the petition may justly claim a hearing does not admit of a moment's doubt. A hospital is erected or enlarged by the people for the treatment of their sick, and the people's doctors are to administer the treatment. But the people and their doctors are divided in regard to the methods of treatment, and a just decision is not to be reached directly. The first question arising out of this difference is not, Who shall decide when doctors disagree? but, Shall the decision be left to one party alone in the controversy, or shall not rather the people, whose affair it is, decide that the rights of both parties shall be respected? This is a matter upon which the minority is entitled to a full and impartial hearing, and until they allow themselves to be duped into accepting a "State Medicine," the people alone must be the arbiters on the question whether their hospitals shall be exclusively under one set of doctors, or governed by a particular medical opinion. It is the principle of local self-government, to the exclusion of cliques and rings, that underlies this issue primarily, and it is of the utmost importance that this part of the controversy should be kept steadily in view.

But it will be quite impossible to decide this matter on its own merits. So many side-issues will be raised, so many conflicting interests will come up to be considered and so many prejudices to be met, that a final decision must be both difficult and doubtful. We cannot suppress some grave misgivings as to propriety of urging this demand at the present time, and doubt whether under any circumstances it would be desirable to attempt the introduction of Homœopathy into a hospital already established and under allopathic control. The endless bickerings, the animosity and confusion which would certainly follow the throwing together of two irreconcilable parties under one roof, would be a most unedifying spectacle, and could lead to nothing good. Still it is true that with fair play it would be easy to show that the demand of the homœopaths is altogether justifiable, as any one may see with half an eye, who walks through either the Massachusetts General or the City Hospital, and witnesses the unchanging routine of the most old-fashioned treatment there.

The fact remains and carries much weight with it, that a reform in the practice of medicine is being urged by the homœopaths, and resisted tooth and nail by the allopaths or so-called "regulars," and that the people generally have a direct interest in this reform, while a large and highly intelligent portion of them earnestly desire its consummation. Throughout all this long struggle, the dominant school, from its advantageous position, has been able to elude all efforts to bind it down to a faithful consideration of Homœopathy. The arguments of the new school, put forth with earnestness, intelligence, and in the most vigorously scientific form, and substantiated by countless facts from medical history, from daily practice, and from almost the whole domain of natural science, have invariably been met by derision, by gross personal abuse, and a determination to suppress their true meaning, which gives the strongest proof of the thorough rottenness of the traditional mode of practice and of the want of sincerity on the part of its supporters. As it is absolutely impossible to relinquish the scientific and practical advantages already gained, and the promise of rapid and almost unlimited progress held out by Homœopathy, its supporters are forced to appeal to the people in order to maintain their rights and privileges; and whatever distaste we may have for unseemly fighting and wrangling, we cannot but welcome most heartily any well-conducted measure designed to bring the Homœopaths fairly and squarely face to face with their opponents. For demanding homœopathic treatment for the poor and homeless, no reasonable being can accuse the members of the Boston Homœopathic Medical Society of unworthy motives, particularly as they have personally infinitely more to lose than to gain in making this demand. Yet they must be prepared to meet with the same prevarication, the same misstatements and slander from leading allopathic quarters which met their efforts to establish and consolidate their medical school and to uphold their rights and privileges as physicians in good and regular standing.

If this wish of the homœopaths is fulfilled, there will be no escaping the responsibility on either side of contending fairly and honorably. And fair and honorable dealing in the search for truth is what we crave. If this effort is to be a serious one, let it be remembered that our cause has very much to lose unless it is positively successful, and that to succeed the movers in this matter must see that they walk circumspectly and that things be done decently and in order. All loud and wild talking, and all ambitious or selfish aims, if by chance any such should lift their heads, should be frowned down at once, and

nothing should be asked but what can be justly and reasonably granted *Nec timere, nec temere*.

CORRECTION. In our last issue we stated that Dr. W. E. Payne, of Albany, had been elected Corresponding Member of the British Homœopathic Medical Society. We should have said, Dr. W. E. Payne, of *Bath, Me.*

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

[*Reported by E. U. Jones, Secretary.*]

SEMI-ANNUAL MEETING.

BOSTON, Oct. 13, 1875.

THE semi-annual meeting was held in the college building of the Boston University School of Medicine, East Concord Street, and was called to order by the president, C. H. Farnsworth, M.D., at 10½ o'clock, A. M.

MORNING SESSION.

The records of the last annual meeting were read and approved. The records of the last two meetings of the Executive Committee, constituting the report of that committee, were read and accepted.

The President made a few opening remarks, urging the members to that work which should best make sure the foundation laid by our pioneers and promote the success of our cause.

The following physicians, approved by the Board of Censors and recommended by the Executive Committee, were unanimously elected as members:—

Morris P. Wheeler, M.D., Boston; James A. Cook, M.D., Concord; S. A. Sylvester, M.D., Newton Centre; James Henry Osgood, M.D., Boston; F. B. Kimball, M.D., Boston; George Morse, M.D., Gloucester; B. A. Sawtelle, M.D., Winchester; James Utley, M.D., Taunton; Wm. H. Ruddick, M.D., So. Boston; Galen Allen, M.D., Boston; Geo. H. Payne, M.D., Boston; G. A. T. Lincoln, M.D., Boston; Caroline E. Hurd, M.D., Taunton; D. S. C. Kavalgian, M.D., Adapazar, Asia Minor; Jeff. C. Gallison, M.D., Medway; Z. O. Moore, M.D., Haverhill.

Some discussion took place regarding the name of Dr. Kavalgian, as he was a non-resident, but in view of the fact that he was a resident at the time of his application, that he was intending to practise

Homœopathy in Asia Minor, that the diploma of our Society would be of great value to him there, and that we should receive from him in return information concerning the diseases prevalent there, and perhaps the discovery of new and important medicines, it was on motion of Dr. E. P. Colby,

Voted, That the secretary be instructed to send to Dr. Kavalgian his diploma, that the usual fee be remitted, and that thereafter he be considered a corresponding member of the Society.

The treasurer, Dr. T. S. Scales, reported \$8 in the treasury.

The Committee on Materia Medica reported the following papers:

- I. Review of the Progress of Materia Medica during the Last Decade. By C. Wesselhoeft, M.D.
- II. A Series of Illustrative Cases. By A. M. Cushing, M.D.
- III. A Partial Proving of Dioscorea. By Dr. O. M. Drake.
- IV. Cases Illustrative of Hecla Lava. By L. Whiting, M.D.
- V. Case of Tumor in Region of Right Ovary cured by Belladonna. By L. Whiting, M.D.

VI. Hydrastis in Cancer. By Dr. Z. O. Moore.

VII Iodine in Chronic Jaundice. By Dr. Z. O. Moore.

The Committee on Clinical Medicine presented the following papers:

- I. A Case of Suppressed Eruption; Nux. 200. By O. M. Drake, M.D.
- II. A Case of Gels. and Ars. in Typhoid. By G. B. Sawtelle, M.D.
- III. A Case of Tumor of Stomach; Ars. By Geo. H. Payne, M.D.
- IV. Nux Moschata. By T. S. Scales, M.D.
- V. Malignant Pustule. By T. S. Scales, M.D.
- VI. Hemiplegia.
- VII. Some Uses of Opium. By C. E. Hastings, M.D.
- VIII. Poisoning by Hard Rubber. By Anna Monroe, M.D.
- IX. Spinal Irritation. By Anna Monroe, M.D.
- X. Polypus Uteri; Treated by Chromic Acid. By Anna Monroe, M.D.
- XI. Asthma; Silphium. By Anna Monroe, M.D.
- XII. Paralyzed Condition of Urethra; Canth. By Anna Monroe, M.D.
- XIII. Several Cases. By Thos. A. Capen, M.D.
- XIV. Two Cases of Warts cured by Attenuations. By O. M. Drake, M.D.
- XV. Case illustrating Chimaphila. By E. P. Scales, M.D.
- XVI. Case illustrating Filix Mas. By E. P. Scales, M.D.
- XVII. Cases illustrating Veratrum Album in Cramps.
- XVIII. Koussou and Its Uses in Tænia. By Wm. B. Chamberlain, M.D.

XIX. Two Cases illustrating Symphytum in Periosteal Inflammation. By S. M. Cate, M.D.

After the reception of delegates, C. H. Burr, M.D., and O. M. Drake, M.D., from the Maine Homœopathic Medical Society, and G. H. Wilson, M.D., from the Connecticut Society, the Society adjourned for lunch.

AFTERNOON SESSION.

An operation for hare-lip was successfully performed in the amphitheatre by Prof. H. M. Jernegan.

The Society having returned to the hall received the report of Committee on Surgery, which consisted of two papers:—

I. A New Method of treating Ruptured Perineum. By Dr. H. M. Jernegan.

II. A Case of Paracentesis. By Dr. J. K. Warren.

The Committee on Obstetrics reported but one paper, Puerperal Fever. By Dr. W. H. Lougee.

The Society then listened to a paper by Dr. I. T. Talbot, entitled Homœopathy in Europe.

The Committee on Pharmacy made a verbal report, stating what was proposed to do and asking the advice of the Society, and on motion, it was

Voted, That Dr. E. P. Colby be directed to carry out the ideas he has presented.

The following motion was presented by Dr. D. B. Whittier:—

Moved to discontinue the publications of the Society's transactions, and that all proper proceedings, reports of bureaus, all literary and medical properties of this Society be published in the *New England Medical Gazette*, as soon as convenient after passing the examination of the Committee on Publication. Dr. Whittier gave his reasons for this motion, but after some discussion it was negatived by a large vote. The amendments to Articles XV and V were not adopted. The Committee on Registration and Statistics made a full report through Dr. L. D. Packard. The report consisted of a correct list of all the physicians in the State, their location, date and place of graduation, so far as could be obtained.

After some desultory and informal business the Society adjourned.

THE TWENTY-FOURTH SEMI-ANNUAL MEETING OF THE
HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE
OF NEW YORK.

The semi-annual meeting of the Society was held at the Ophthalmic Hospital, New York City, Wednesday, Sept. 22, 1875.

The president, A. W. Holden, M.D., called the meeting to order. After the discussion of subjects of minor importance, the reports of the several bureaux were called for.

BUREAU OF MATERIA MEDICA, T. F. ALLEN, M.D., CHAIRMAN.

Dr. Allen supplemented his report by calling the attention of the members to the necessity of a careful proving of Cinnamon, a remedy known to control hemorrhages. He stated that it was claimed by some physicians that the action of Cinnamon was increased by giving

it in connection with Sulphuric Acid. He doubted whether the drugs had any chemical affinity; believed their efficiency due to their individuality rather than to their combination.

JABORANDI.

A proving of this remedy by W. Irving Thayer, of Brooklyn, was read. *Jaborandi* possesses the remarkable property of inducing within a few minutes the most copious diaphoresis and salivation, as well as profuse secretion from most of the glandular structures of the body. It has been lately shown that Belladonna antidotes the action of this substance. *Jaborandi* in some cases produces no sweat and no salivation, but a series of symptoms characteristic of a suppression of these secretions; these symptoms are very similar to those produced by Belladonna. In this proving, a condition was brought about by the use of the drug, so distressing that the prover was compelled to take Belladonna in order to control the severity of the symptoms. The primary effect upon the prover was constipation; two days subsequent, well-defined diarrhoea, febrile symptoms, slight delirium, and unmistakable cardialgia. The diarrhoea continued for some days, yellow, watery, *painless*, gushing; was finally cured by two doses 3d trit. *Gum. Gutt.*

SAPONARIA OR SOAPWORT.

A proving of this drug by Arthur T. Hills was presented. When applied directly to the heart gradually retards its action and finally suspends it altogether; and so, when applied locally to muscles, it paralyzes those organs. Given in appreciable doses to a cat, produced dysphagia, rattling of mucus in the larynx, flow of saliva, loose cough, stools clay-colored but well-formed, or greenish and offensive and well-formed; stupidity and inclination to keep quiet. Death is said to result from paralysis of the respiratory centres in the medulla oblongata and paralysis of the cardiac nerves and muscles. It depresses the circulation, respiration, and temperature of the body. Its action is compared with that of Digitaline.

BUREAU OF CLINICAL MEDICINE, H. V. MILLER, M.D., CHAIRMAN.

Dr. Miller presented a "Repertory to Cephalalgia," with characteristic classification. This paper covers more ground than the original paper, and is intended to give the most important indications for remedies, arranged alphabetically in several sections for convenient reference.

Three cases of epilepsy. Dr. J. F. Baker reports the first case of five years' standing; was treated with *Sulphur* 30, a dose every night, by mistake, for two weeks, followed by a decided aggravation of the convulsions. Afterwards no more medicine and perfect cure. Remedy prescribed for scrofulous diathesis. The second case was worse *during the climacteric*. Patient usually *awoke in the morn-*

ing feeling badly. *Lachesis* 41^m, one dose. Afterwards it was observed that *involuntary micturition occurred during the paroxysms*. *Causticum*^m, three doses, completed the cure. The third case was characterized by the same indication of *Causticum*. There were also scanty menstruation and some leucorrhœa. *Causticum*^m and *Indigo* 300 alternated at long intervals.

HEREDITARY DISEASES.

Dr. S. M. Griffin states that diseases are doubtless perpetuated by direct transmission of certain predispositions, just as peculiar family traits are transmitted from generation to generation. Every animal tissue and cell-structure derive their character and vitality from the parent cell-structure. Hence their similarity. Illustrations are given from various nations. If the parent cell-structure of the mucous membrane be deficient in vitality, that of the progeny will possess a similar character and a similar tendency to disease. Cancers, tuberculosis, etc., are given as illustrations.

CONDENSED CLINICAL REPORT OF THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY IN 1875, PRESENTED BY H. V. MILLER, M.D.

ECZEMA.

DR. HAWLEY had abundantly corroborated the following indications for remedies:—

Arsenicum.—Itching of the skin and sore burning sensation, following scratching.

Cicuta.—No itching; the exudation dries down into a hard, lemon-colored scab.

Graphites.—Profuse serous exudation; eczema occurring in blondes inclined to obesity.

Rhus Tox.—Incessant itching and scratching; the more they scratch the greater the urgency to scratch.

Arsenicum, high.—Dr. Brewster reported a case of chronic eczema of face and scalp, spreading from the ear, with a *fine vesicle*, drying down into bran-like scales.

OVARIAN TUMORS.

Podophyllum 15^m.—Dr. Hawley has with this remedy cured four cases, from the size of a hen's egg to half the size of the fist, all located on the *right side*, *pain and numbness extending down the corresponding thigh*.

Arsenicum, high.—Dr. Brewster had verified the following indication for the reduction of ovarian tumor: *Pain in the leg; cannot keep the foot still*.

Plumbum 12. — Dr. Young cured a case with this characteristic: *patient wanted to stretch the upper and lower limbs during the ovarian pains*.

Stramonium 200. — Dr. Miller speedily cured such a tumor, size of a hen's egg, attended with some lancinating pains and hysterical convulsions. During the convulsions the *patient shrank back with fear on seeing any one.*

Podophyllum 30 or 200. — Dr. Seward completed the cure of an ovarian tumor with this remedy. Indications, pains *extending upward to the shoulder.*

MANIA.

Belladonna 1400. — Dr. Brewster cured a case by means of the following indication: *desire to bite, strike, and run away.*

Belladonna 6. — Dr. Seward cured a case by means of same indication.

POISONOUS COLORS ON WALL PAPER.

Dr. F. Bigelow reported that Acetate of Arsenic is largely used to give a clear, fresh color, and delicate shading to wall paper. Test: Wet the paper with ammonia water; pour this off on a piece of clean glass, and drop into it a crystal of nitrate of silver. If a yellow precipitate forms around the crystal it shows the presence of Arsenic.

THE CURATIVE SPHERE OF BELLADONNA.

Dr. Miller reports its mental symptoms and peculiar temperament as compared with those of *Aconite*.

It is indicated in headache with pulsation of the carotid arteries, flushed face, injected eyes, and photophobia, worse on the right side, etc. It is contrasted with Glonoine.

In sore throat it is compared with *Mercurius*. Its indications are given in bronchitis and flatulent colic. In prolapsus uteri, dysmenorrhœa, and metrorrhagia, its indication is severe downward pressure in uterine region as if everything would be forced out, particularly when walking or stooping, etc.

Hæmorrhoids are so sensitive that the patient has to lie with nates separated.

In erysipelas its indications are heat, swelling, and scarlet redness or shining redness.

In hemiplegia, spasms on one side and paralysis of the other side, with congestion to medulla.

In cerebral affections it is compared with *Gelseminum* and *Lachesis*.

In neuralgia the pains suddenly begin and cease as suddenly.

It has aggravation of pains after 3 P. M. and after midnight; also from touch, motion, and the least jar. He had verified its curative sphere in colitis, gastritis, nephralgia, and uterine diseases attended with aggravation of pains from the least jar.

It chiefly affects the cerebro-spinal nervous system, while *Aconite* primarily affects the vaso-motor nerves.

BRYONIA COMPARED WITH ACONITE AND RHUS TOX.

Dr. Miller states that in pleurisy and rheumatism *Bryonia* has great aggravation of pain from the least motion, also profuse, sour

sweat, easily excited; it has dryness of lips and mouth, dry, brown stool and aggravation of pain in the evening and before midnight. Whereas Aconite has full, hard, frequent pulse; dry, hot skin; red, scanty urine; thirst, restlessness, and anxiety, and aggravation of symptoms in the evening and after midnight.

In gastric derangements Bryonia has nausea, or nausea and faintness on rising from a recumbent position. This he had frequently verified.

Cases of pleurisy or rheumatism curable by *Rhus Tox.* are caused by exposure to wet weather or by straining, lifting, etc., and there is great restlessness occasioned by an aggravation of pain from keeping still. There may be aggravation on first moving, but relief from continued exercise. The tip of the tongue may have a triangular redness; general aggravation after midnight and amelioration from dry, warm applications.

Discussion on Bryonia, Aconite, and Rhus Tox. — Dr. Hawley prescribed *Rhus Tox.* in typhoid fever when there was triangular redness of the tip of the tongue.

He generally gave Bryonia in various complaints when there was a marked aggravation of pain from the least motion. In headache, when the forehead aches as if it would split; but for cough on coming into a warm room, he preferred *Pulsatilla*.

He prescribed Bryonia in gastric derangements, when, after eating, there is a sensation of weight, like a stone, in the stomach and a bitter taste in the mouth, everything tasting bitter. He found it the remedy in rheumatism, when there was intense aggravation of pain from motion. Aconite does not have this aggravation so prominently, but it has restlessness and anxiety. The Bryonia patient is very cross and ugly. He found Bryonia curative in constipation with dry, hard, burnt stools.

Dr. Seward had proved Bryonia and obtained as a result severe pain in sole of foot, with great lameness. Could not walk; not much swelling.

Dr. Young reported various verifications of Bryonia.

Poisoning by Arsenic. — Dr. Miller states that a lady once persistently took Fowler's Solution of Arsenic for erysipelas. Invariably after taking a dose she had the following symptoms: dyspnoea, injected conjunctiva, and eye-balls fixed (like *Cicuta*). Since then she has several times experienced a return of the same symptoms immediately after taking *Arsenicum 6*.

NASAL CATARRH.

Prof. C. C. Smith, of Philadelphia, gives following indications for remedies:—

1. Salty expectoration. Most prominent remedies, *Arsenicum*, *Nux Vom.*, *Pulsatilla*, *Lycopodium*, *Phosphorus*, and *Sepia*.

2. Transparent mucus like the white of egg. Leading remedy, *Natrum Mur.*; next, *Sulphur*; then *Mercurius*.

Prof. Allen states that *Argentum Nitric.* has nasal discharge like

boiled starch. The indications for *Argentum Nit.* were given from the lectures and *Materia Medica* of Prof. Allen.

Dr. Miller reported successful treatment of several inveterate cases of nasal catarrh with *Corallium* 6. Indication: accumulation of serous mucus in the pharynx, occasioning constant hawking and spitting. *Argentum Nitric* has constant accumulation, hawking, spitting, thick tenacious mucus, and *Kali bich.* has acrid or thick, yellow, ropy discharge from posterior nares.

PLEURISY.

Kali carb., 200. — Dr. Miller. Indication: *stitching pains in lower portion of the right lung.*

DIARRHŒA.

Podophyllum 3 or 6. — Report of Drs. Young and Brewster. Indications: child wakes at 3 or 4 A. M. with griping pains in the abdomen, *retching*, and fetid, green, yellow, or dark stools. Alarming aggravation.

Podophyllum. — Dr. Seward. During every evacuation prolapsus recti, fetid, watery stools, and morning aggravation.

Benzoic acid. — Dr. Hawley. Profuse, watery diarrhœa running through the diaper. Stools frequent and very offensive. Urine somewhat strong.

NOCTURNAL ENURESIS.

Ammonium carb. — Dr. Greeley. Indications: enuresis occurring any time at night; *pale urine; red sediment.*

Chamomilla. — Dr. Miller. Child cross, had to be carried. Whooping cough as a complication.

Æthusa 200. — Dr. Miller. Vomiting coagulated milk after nursing bottle; greenish, watery diarrhœa.

CLINICAL CASES.

Veratrum 30. — Dr. Miller reports as symptoms of cholera morbus profuse brownish discharges, thirst, cramps in calves, feet, and fingers; prostration, cold sweat, great weakness after stool.

Hyoscyamus 30. — An aged gentleman had for several days a prostrating diarrhœa. Stools *yellow, watery*, very frequent and always *involuntary during sleep.*

Aloes 30 or 300. — Diarrhœa, driving out of the bed very early in the morning (like *Sulphur*). Stools; yellow fecal, worse after eating, before stool violent urging; during stool, tenesmus and discharge of much flatus; after stool, faintness. Stools involuntary when passing flatus or urine.

Argentum Nitric. 200. — Indication: very noisy discharge of flatus.

DIPHTHERIA.

Phytolacca 3 or 200. — Much prostration, and severe pain in head, back, and extremities. *Apis* has from the beginning great

prostration, with dirty gray exudation. Ordinarily the albuminous exudation characteristic of the disease is whitish at the commencement.

Lachesis, 200. — Exudation first on left side. Aggravation after sleeping. He found *Phytolacca* most frequently indicated.

BUREAU OF OPHTHALMOLOGY, GEORGE S. NORTON, M.D.,
CHAIRMAN.

Dr. Norton presented a paper carefully prepared upon "Ophthalmia Neonatorum, and Its Treatment with *Argentum Nitricum*." Special reference in this paper is made to the blennorrhœal form. Its etiology is as yet not satisfactorily clear. Experience proves that in the majority of cases it is due to infection from the secretions of the mother, such as a pre-existing leucorrhœa or gonorrhœa. Cases induced by sudden exposure to light and currents of air, noxious vapors, excrementitious matters and impurities in general are largely recorded. Attention was called to its infectious character, physicians being liable to communicate it to their own eyes or those of their patients.

Treatment. — First, cleanliness, washing out the eyes with lukewarm water frequently, using the palpebral syringe. The remedy is *Argent. Nit.* in potency; administered internally, as first suggested by Dr. Dudgeon, will cure nine tenths of all the cases we meet. Administer the thirtieth potency internally, using externally the third to the thirtieth. The doctor relates five cases successfully treated with this remedy by way of illustration.

A paper on "Catarrhal Conjunctivitis," by Wm. P. Fowler, M.D., of Rochester, was also presented. The paper was elaborate, treating the subject anatomically, etiologically, and remedially.

On motion, the report of the Bureau was accepted and referred.

DEPARTMENT OF OTOLOGY, HENRY C. HOUGHTON, M.D.,
CHAIRMAN.

Dr. Houghton presented a paper on "Galvanism: Its Value in the Treatment of Deafness."

The difference between the galvanic and Faradaic currents in origin and in their general physical effects upon the system he clearly defines; results of experience with galvanism in the treatment of diseases of the ear where deafness is the prominent symptom. These are: 1. Acute catarrh of the middle ear. 2. Chronic catarrh of the middle ear. 3. Acute suppuration of the middle ear. 4. Chronic suppuration of the middle ear. Cases of proliferous inflammation with extensive adhesions are cited as successfully treated by galvanism, which the doctor in his enthusiasm believes will, when fully understood, give to us a power next to omnipotence.

BUREAU OF GYNÆCOLOGY, A. P. THROOP, M.D., CHAIRMAN.

Dr. J. C. Minor related his experience in the treatment of ovarian tumors, advocating the use of Electrolysis as a means of resolution before resorting to surgical interference.

Dr. Emma Scott presented an interesting paper on "Uterine Displacements."

On motion the Society adjourned to Annual Meeting at Albany, the second Tuesday in February, 1876.

FRANK L. VINCENT,
Recording Secretary.

SPECIAL MEETING OF THE NEW YORK STATE
HOMŒOPATHIC MEDICAL SOCIETY.

A SPECIAL meeting of the State Homœopathic Medical Society was held at the Ophthalmic Hospital, in New York, Sept. 21, 1875.

One hundred physicians were in attendance. Twenty County Medical Societies were represented by delegates.

The meeting was called to order by the president, Dr. A. W. Holden, of Glen's Falls, who presented to the Society a condensed statement of the affairs of the State Homœopathic Asylum for the Insane, at Middletown. He reviewed the history of the institution from its inception, and called the attention of the Society to the changes wrought in the Board of Trustees, and in the charter, urging the Society to dispassionately and carefully consider the subject, and take such action as the importance of the change demands.

Dr. Henry D. Paine, of New York, read a report of the committee appointed by the New York County Homœopathic Medical Society, which gave a brief digest of facts obtained by thorough and critical examination of the persons instrumental in effecting the change of the charter. Considerable discussion ensued, which was participated in by Drs. A. R. Morgan, A. B. Conger, E. M. Kellogg, Carroll Dunham, John F. Gray, Frank L. Vincent, S. S. Guy, W. S. Searle, and J. C. Minor. On motion of Dr. Allen, the Society was resolved into a committee of the whole.

Dr. T. F. Allen presented the following resolution, which was adopted:—

Resolved, That a committee be appointed to investigate the charges made by the New York County Medical Society against Dr. Horace M. Paine, of Albany, and to notify him that they will give him an opportunity to be heard before them at a convenient time, and will report their conclusions at the annual meeting in 1876.

Resolved, That such committee consist of Dr. John F. Gray, Dr. Carroll Dunham, and the president of the Society.

Dr. A. B. Conger presented the following resolution, which was adopted:—

Resolved, That in view of the recent action of the Legislature of

New York, touching the organization of the Homœopathic Asylum at Middletown, this Society declares, as its unanimous judgment, —

First, That the rights of the homœopathists who were subscribers to the private funds of the asylum, and who were virtually the donors of its real property to the State, were, by such action, ignored and subverted.

Second, That the State of New York, in accepting such real estate, consisting of two hundred acres of land, and undertaking to add to the private foundation of the asylum a generous donation for its construction and maintenance, was still bound in good faith to conserve the essential rights of the corporators expressed in the original charter of the asylum, and especially of that clause which declared that all vacancies occurring in the Board of Management should, on nomination by the Governor and with the consent of the Senate, be filled from that class of persons known as “adherents of Homœopathy.”

Third, That the appointment by the Legislature — through a clause in the Supply Bill inserted in the last hours of its session — of persons as trustees of the asylum, who were not “adherents of Homœopathy,” and the reorganization of its Board of Management so as to secure a large majority of allopathists in the lay members of the Board, have wrought a practical violation of the charter.

Fourth, That the interests of the asylum, the only State Homœopathic Institution for the cure of the insane, demand that its trustees, lay as well as medical, be representative men in the ranks of Homœopathy.

Fifth, That all good citizens, especially those who recognize the homœopathic law of cure, ought to urge upon the next Legislature the duty of the State in rehabilitating its good faith towards our fraternity, in restoring the charter of our asylum, and repealing the obnoxious clause in the Supply Bill which revolutionized its organization.

Dr. Carroll Dunham presented the following resolutions, which were adopted : —

Resolved, That the special committee just appointed be and they are hereby instructed to lay before the Legislature, at the beginning of its next session, the resolutions adopted by this Society, and a memorial, in the name of the Homœopathic Medical Society of the State of New York, setting forth the injustice done to the homœopathists of the State by the act of the last Legislature relating to the State Homœopathic Asylum for the Insane, at Middletown, and requesting the reinsertion in the charter of the asylum of the clause requiring that the trustees shall be “adherents of Homœopathy.”

Resolved, That, until the special committee report to the State Society respecting the charge preferred against Dr. H. M. Paine, of Albany, Dr. Paine be and he is hereby suspended from the responsible position which he now holds as Chairman of the Committee on Legislation.

Dr. E. M. Kellogg offered the following : —

Resolved, That a committee of five be appointed to take cognizance

of all matters relating to the State Homœopathic Asylum for the Insane at Middletown, to present names to the Governor for any vacancies that may occur from time to time in the Board of Trustees, and to protect generally the interests of Homœopathy in said asylum. [Adopted]

The following were appointed such committee: —

Drs. E. D. Jones, Albany; C. H. Billings, Cohoes; H. V. Miller, Syracuse; E. M. Kellogg, New York; Henry D. Paine, New York.

Notice was given that a resolution to amend the By-Laws would be presented at the next annual meeting, to create a standing committee on the Middletown Asylum.

The Society then adjourned *sine die*.

FRANK L. VINCENT,
Recording Secretary.

MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

THE semi-annual meeting of the above Society will be held at Ann Arbor, on Tuesday and Wednesday, Nov. 16 and 17, 1875.

This notice is intended for the members of the several medical bureaus appointed at the annual meeting of the Society in May last.

Dear Doctor, — Please notice below, opposite your name, the subject assigned to you to report upon at the above announced semi-annual meeting. It is earnestly hoped that you will be present and have ready your report. Members who cannot attend will please forward their reports to the General Secretary, who will present them and have them read.

A more general notice of the meeting will be sent to all our physicians in the State on Nov. 1.

The Elementary Principles of Medicine. T. F. Pomeroy, Detroit.

Ophthalmology. F. A. Rockwith, East Saginaw.

Surgery of Cancerous Tumors. A. I. Sawyer, Monroe.

Importance of a Mixed State Board of Health. I. N. Eldridge, Flint.

Ethics of the Practice of Medicine. F. Woodruff, Detroit.

Retained Placenta. W. J. Calvert, Jackson.

Cerebro-Spinal Meningitis. Mr. Rorabacher, Litchfield.

Gynæcology. R. King, Kalamazoo.

Typhoid Fever. George A. Robertson, Chelsea.

Hepatitis and the Sequela. A. J. Adams, Flint.

Extra Uterine Gestation. Thos. W. Robertson, Battle Creek.

Rose Colds or Hay Fever. L. M. Jones, Brooklyn.

Intermittent Fever. J. B. Hyde, Eaton Rapids.

Relation of Drainage to Disease. Charles Hastings, Detroit.

The Mission of the Physician. E. A. Lodge, Detroit.

Diseases of the Arytenoid Cartilage. B. F. Bailey, Detroit.

Pecuniary Remuneration of the Physician. A. B. Cornell, Kalamazoo.

Puerperal Fever. J. A. Partridge, Kalamazoo.

Membranous Croup. J. T. Harrington, Detroit.

Thermometry of Hyperexia. De Forest Hunt, Grand Rapids.

Differential Diagnosis of Insanity. D. D. Bartholemew, Holly.

Urinary Analysis. Henry M. Warren, Jonesville.

Differential Diagnosis of Scrofula and Mercurial Cachexy. O. Q. Jones, Hanover.

Tuberculosis of the Kidneys. R. B. House, Tecumseh.

Dentition. W. D. Clark, Monroe.

Materia Medica. I. Devere, Lansing.

I. N. ELDRIDGE, M.D.,

General Secretary.

FLINT, Oct. 1, 1875.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner 3d Avenue and 23d Street. Report for the month ending Oct. 31, 1875: Number prescriptions, 2,467; number of new patients, 307; number of patients resident in the hospital, 30; average daily attendance, 95; largest daily attendance, 145.

ALFRED WANSTALL, M.D.,

Resident Surgeon.

THE HOMŒOPATHIC FREE HOSPITAL.

THE building on Ward's Island, formerly known as the Inebriate Asylum and more recently as the Soldiers' Retreat, has been set apart by the Commissioners of Public Charities and Correction as a free homœopathic hospital. It is 275 feet in length, with a depth in the main structure of 100 feet and in the wings of 50 feet. It is three stories high, and is built of brick, with brown-stone trimmings. The rooms are large and well ventilated, and the halls and corridors are spacious, and can be used in case of emergency as wards. The building, whose capacity is 800 beds, will gradually be filled with patients, as the exigencies of public charity may require. All permits must come, the same as those to the other city hospitals, through Mr. Kellock, the Superintendent of the Poor. All those who wish will be sent to this hospital. If the number falls below its due proportion, they will be allotted to it in the ratio of one to four, that being its *pro rata* from its number of beds. There will be four assistant physicians, who will receive their board, but no salary.

The homœopaths thus take their position in the great public charities of New York on the same footing and will enjoy the same privileges as the allopaths. The Board of Charities and Correction has taken this step in obedience to the expressed wish of citizens paying nearly half the taxes of the city. It may be said to the credit of the allopathic school that thus far some of its leading men have

cordially indorsed the action of the Commissioners, and but very little opposition has been made from any quarter. The *Medical Record*, the leading allopathic journal in this country, in a recent editorial, says, "Within the past few years the doctrine of the survival of the fittest has gained much ground, and its tenability has so forced itself upon the public mind that it is perfectly safe to rest the issue of opinion upon it. In this view, the establishment of a homœopathic hospital is a step which we have no reason for regretting, as being one of the means to the end which must sooner or later come. Whatever may be the real claims of Homœopathy as a practice, the foundation of a greater part of its apparent triumphs has been laid in our bitter and foolish opposition to its doctrines."

The new hospital was formally opened Sept. 10. The medical and surgical staff is made up of the following well-known practitioners: Egbert Guernsey, M.D., *president*; W. Hanford White, M.D., *vice-president*; Alfred E. Hills, M.D., *secretary*; S. H. Talcott, M.D., *resident physician*; Drs. William Tod Helmuth, C. T. Liebold, John H. Thompson, F. S. Bradford, J. H. Demarest, George S. Norton, J. M'E. Wetmore, John C. Minor, Samuel Lilienthal, J. W. Dowling, F. Carleton, Jr., George E. Belcher, Alexander Berghaus, A. T. Throop, F. E. Doughty, C. A. Bacon, Edward T. Fowler, T. D. Bradford, H. D. Paine, James Robie Wood, S. P. Burdick. — *Harper's Weekly*.

OBITUARY.

DIED, in Chester, Vt., Oct. 2, of typhoid pneumonia, Katie E., wife of J. M. Coburn, M.D., of S. Framingham, Mass.

PERSONAL.

REMOVED, Dr. M. F. Styles, from 103 to 378 Shawmut Ave.

MARRIED, at So. Paris, Maine, on Oct. 14, by Rev. S. T. Mills, Fitzwilliam S. Worcester, M.D., of Peabody, Mass., to Miss Nellie A. Green, of So. Paris, Me.

MARRIED, D. A. Hiller, M.D., of San Francisco, Cal., to Miss Sadie Loring Ladd.

MARRIED, in Bath, Maine, Nov. 1st. 1875, R. L. Dodge, M.D., of Portland, to Mrs. E. E. O'Brien, of Boston, Mass.

J. MURRAY MOORE, M.D., son of Dr. John Moore, of Liverpool, Eng., so well known to many of our physicians, has settled in San Francisco, Cal., No 410 Kearny St., where, aside from general practice, he gives special attention to diseases of throat and voice. Dr. Moore is a highly educated physician, a member of the Royal College of Surgeons, London, and for some time had charge of Liverpool Homœopathic Dispensary. San Francisco is fortunate in having an accession so valuable.

THE
New England Medical Gazette.

Nos. 11-12.] BOSTON, NOVEMBER AND DECEMBER, 1875. [VOL. X.

TUMOR OF THE BRAIN.

[*Reported to the Maine Homœopathic Medical Society, by G. P. Jefferds, M.D.,*
1875.]

MRS. D. S., æt. 46. Nervous temperament, always having enjoyed more than ordinarily good health. During the last five months of 1873 and the first five of 1874 she resided in Dresden, spent the summer in Switzerland, and early in the autumn went to Stuttgart, and resumed the duties and care of housekeeping for a family of five misses.

About the first of December the family noticed a slight distortion of the facial muscles upon the right side, which continued some days before numbness of the left hand occurred. Soon there was noticed occasionally some incoherency in conversation. Although still having the care of the household, her symptoms appeared so grave, that Dr. Minet was called in, who examined her, and diagnosed disease of the brain. On a second visit, a few days after, he with positiveness declared it tumor of the brain, prognosis unfavorable. He advised her to suspend all care, and avoid excitement, but to exercise as much as possible in and out of doors, which directions were followed. Soon some pain about the left shoulder appeared, then a slight dragging of the left foot when walking. At this time Prof. Sexingen, of Tübingen, was called in council, who confirmed the diagnosis and prognosis of Dr. Minet. Volatile liniment externally and morphine internally were prescribed. Dec. 16 commenced the use of galvanic battery, continued current, then the use of baths medi-

cated with pitch. These were continued alternate days for four weeks, with no benefit, the patient gradually becoming more and more helpless until complete hemiplegia supervened. Appetite continued good, with but little or no pain, and quiet sleep.

Jan. 17, 1875, she left Stuttgart for Hamburg, where she embarked on board of a German steamer, accompanied by two daughters and lady friend, for New York. The passage was very rough, and she was obliged to lie upon her back during the most of the passage.

About Feb. 2 she complained of severe pain in back, left arm and leg, and especially severe about the back of the head, upon the right side, extending down the cervical muscles. This was preceded by dropping of the eyelid on the right side, with contracted pupil, all of which symptoms continued until her arrival at New York, Feb. 5, when she came under my charge.

In addition to above symptoms, there was constipation; no evacuation of the bowels during the whole voyage. I accompanied her to Malden, Mass., during some of the severest weather of last winter, the journey having been made more comfortably than was anticipated. Feb. 8 she was attacked with excruciating pain in the head, accompanied with great heat. I gave *Belladonna*, ordered an enema of tepid water, which was soon followed by large dejection, and relief. From that time until the 13th, *Nux. vom.* 3 was given, and the back packed with tepid water, affording relief and improvement in all respects; was even able to draw up the leg, which had been so long paralyzed.

Having learned the opinion of allopaths abroad, I wished to have the diagnosis of both allopaths and homœopaths at home, and called Dr. R. H. Fitz, an expert, the conductor of autopsies at the Massachusetts General Hospital, and Prof. de Gersdorff, of the Boston University. They examined the patient successive days. After hearing their opinions, I gave them the opinions of physicians abroad. Dr. Fitz diagnosed irritation and inflammation of spinal cord ascending to the brain. Dr. de Gersdorff diagnosed somewhat as expressed in the following letters, written some days after.

After a week's direct care of the patient, I committed her to the charge of Dr. de Gersdorff, who attended her until death. The first report of the doctor is as follows, and the subsequent history of the case I obtained from daily correspondence with friends in attendance : —

“FEBRUARY 15.

“Our patient has not changed much since we saw her together, certainly not for the better. She has more stupor and indifference; at other times a good deal of headache in the cerebellum. The hemiplegia remains the same, no new muscles or groups of muscles being implicated. I still hesitate deciding whether we have to do here with a non-inflammatory suffering of the brain (circumscribed and attended with hemiplegia), or with some kind of tumor or sclerosis within the cranium.

“Yours collegiately,

“E. B. DE GERSDORFF.”

P. S. Meanwhile *Nux vomica* has agreed with the patient very well. *Glonoine* has roused her up occasionally. I have decided on trying *Zincum*.

Feb. 20. The disease now rapidly developing; a concentration of severe pain upon the right side of the neck and cerebellum, with rigidity of cervical muscles, making it difficult to raise the head, also involving the muscles of the throat, and decided mental disturbance, convincing the doctor that either tumor of the brain or softening of it existed, and he apprehended that convulsions would occur, and death ensue within four weeks.

These symptoms continued with more or less severity for ten days, the intensity being *modified* by the use of ice-bags, followed by applications of hop-bags, that gave quick and permanent relief. These paroxysms of pain were followed by drowsiness and stupor.

Contrary to expectation, from March 10, for about three weeks the patient was very comfortable. She was sufficiently conscious to take notice of the conversation of friends in the

room, although generally reticent; occasionally corrected mis-statements made by children relative to matters when abroad.

From this time, there was a vacillation of symptoms, sometimes indicating an extension of disease farther up into the cerebrum, the eyes becoming more affected, at other times of extending to the chest and paralysis of the lungs ensue.

All the while she became weaker and emaciated. At length a complete paralysis of the muscles of the throat supervened, with inability to swallow, and unconsciousness for forty-eight hours before death, which occurred April 1.

On April 3 I attended the autopsy conducted by Dr. de Gersdorff, assisted by Drs. Allibone, Sargent, and Fitz. The whole of the brain was in a normal condition, excepting about the Pons varolii. There was an enlargement of the right side, and being cut into there was discovered a tumor about the right crura, the size of a common walnut. The tumor was taken by Dr. Fitz for an histological examination, which is reported by him as follows: —

“BOSTON, April 13, 1875:

“*Dear Doctor,* — The examination of the tumor of the brain shows that its structure is that of the *Sarcoma*.

“As the surface showed a considerable depression, resulting probably from the fatty degeneration which had taken place, it is not unlikely that the temporary improvement is thereby explained.

“Yours sincerely,

“R. H. FITZ.”

ANGINA PECTORIS.

[Reported to the Maine Homœopathic Medical Society by G. P. Jefferds, M. D., 1875.]

MAY 1, 1875, Mr. W. A., æt. 68, called at my office for the purpose of having his lungs examined, — a gentleman who had lived for thirty years past or more in ease and comfort, of temperate, uniform habits, weight about 170, well-developed chest, but slightly stooping.

He complained of having had a severe cold, for a week past, that created an uncomfortable feeling through the chest, especially under the inferior portion of the sternum, accompanied with languor and extreme weakness, aggravated by exercise, especially by walking uphill or up-stairs. During the past year he has several times said to me that he occasionally had what he called rheumatic pains through the chest and shoulders.

By percussion and auscultation I could discover no abnormal condition of the lungs, but I observed a weak, faint action of the heart. I prescribed *Bry.*³, and advised him to avoid violent exercise, to lie down, when he felt fatigued, rather than to sit for the purpose of rest. This was about 4 P. M., after which he walked to his house, nearly one fourth of a mile, ascending grade, and within two hours walked again down in town and back to his supper, which he ate as usual. He sat down in the evening to read the paper, and was suddenly attacked with severe pain, and I was summoned to visit him.

About 9 P. M. I saw him, found him shivering with coldness, although in a very warm room, with the pallor of death; in a most profuse perspiration, and clenching his chest in agony of distress and pain, wholly confined to the locality beneath the sternum, before mentioned.

Immediately *Ars.*³⁰ was given, and the most vigorous means used, for more than an hour, before the circulation was restored. Still the pain continued, with no change, except occasionally a pain through to the back, with no abatement of the distress beneath the sternum.

This continued through the whole night, being uninfluenced by applications of packs of heated cotton batting, both upon the back and the chest, and the administering of *Ars.*, *Hyos.*, *Bell.*, and *Verat.*

About 7 A. M. a dose of *Morphine* was given, repeating it to the amount of one half gr. within two hours. No effects, other than to aggravate (apparently) the distress, and make the patient very nervous.

Then returned to homœopathic remedies, *Ars.*, *Ver.*, *Cup.*, *Dios.*, and *Mosch.* All proved of no avail, and the patient said he could not endure any longer for us to test homœopathy,

but must have relief. We, the attendants, decided, or believed, that there was no cure, and about 2 P. M. resorted to the use of *Chloroform*. It required but a very small quantity to secure sleep and ease. At intervals of half an hour or less its use was suspended, so as to learn whether the cause had been influenced; but invariably when the anæsthesia ceased the distress returned. About 7 P. M. he went into a comatose state, so that no more *Chloroform* was used. He died about midnight.

Thirty-six hours after death, an autopsy by Drs. Galupe, Jufferds, Blaisdell, and Shepard revealed the lungs in a normal condition, but the heart was enveloped in an adipose mass. It was somewhat enlarged, but a fatty degeneration. The walls were attenuated and softened. Nothing abnormal existed about the valves or the circulatory vessels to and from the heart.

In reviewing the history of this case, two questions for discussion arise: 1. As to the use of *Chloroform* in cases where there is *intense* pain, is the *action* of truly homœopathic remedies impeded by the use of *Chloroform* as a *palliative*?

2. What does this teach relative to the theories of *circulation*? Is it the result of muscular contractions of heart, or otherwise?

PROVING OF OFFICINAL TINCTURE CONDURANGO.

BY H. E. DIKEMAN, M.D., GREENFIELD, MASS.

OCTOBER 11, 1875, 10 o'clock; A. M. Took 3 drops diluted in one half oz. cold water. 1 o'clock, P. M. Pulse slightly accelerated. Took 3 drops. 3 o'clock, P. M., a feeling of fullness of the stomach; pain in right scapular region as if in the bone, also pain about the fourth dorsal vertebra. Take 3 drops. 5 o'clock, P. M., no pain in spinal or scapular region; a slight creeping pain along the periosteum of right humerus. Take 4 drops. 8 o'clock, P. M., headache frontal, rigors; the tongue feels as if burned; pulse slower than natural. Take 4 drops.

Nine o'clock, A. M. Oct. 12, had a night of intermittent sleep; no fever or nervous excitement; when awake, languid,

with pulse slower than natural. Urinated several times during the night with urging of the *renal ducts*. At 8 o'clock, Oct. 13, a stool, small, papescent, without any sense of aid from the sphincter muscles—some mucus mingled. There is now an uneasy feeling, not quite a pain in, I should judge, the iliac region. I notice several chronic blotches on my skin are no longer visible. Also a puffiness of hands and feet that I attributed to various causes, without knowing the real one, has subsided. Take 5 drops. 5 o'clock, P. M. No noticeable symptoms other than a weary ache in left kidney. Urinate frequently. Take 4 drops. 9 o'clock, P. M. Itching of legs along the anterior and outer tibial region of both legs; pain under apex of left scapular. Take 4 drops. 10 o'clock, P. M. Dull headache in frontal region; increased pain in left scapular region; cardialgia; flatulence; rigors; pain in the ball of left eye. Take 5 drops.

Oct. 14, 6 o'clock, A. M. Slept last night as if narcotized, and awoke about 5 o'clock with severe cardialgia, which continues. Take 4 drops.

Nine o'clock, A. M. Great itching in scapular region and on legs, stomach ache less. An apparent increased strength of legs when walking. Urinate frequently, with micturation. Take 5 drops.

Four o'clock, P. M. The pain in stomach is intolerable. Take $\frac{1}{4}$ grain *Sulph. Morphia*.

Oct. 15, 9 o'clock, A. M. Had a narcotized sleep last night from the alkaloid; pains gone; there is strangury, imputed also to the *Morphine*. Take 5 drops *Condurango*.

Eleven o'clock, A. M. Much itching of skin on shoulders, over sternum, and on anterior surface of tibiæ. Take 5 drops.

Nine o'clock, P. M. Have urinated frequently. There is dizziness and confusion of mind, much itching of the skin; an acrid, burned feel of the tongue; uneasiness of the bowels; constipation; occasional darts of pain through the kidneys; great stiffness of muscular system. Take 5 drops.

Oct. 16, 9 o'clock, A. M. No appreciable effect from last dose. Take 10 drops.

Oct. 17, 8 o'clock, A. M. Have had since about an hour

after taking last dose, severe gastric pains, mostly at the *cul de sac* of the stomach; pulse small and slow; tongue coated brown; skin tinted brown; sight much dimmed. Still urinate frequently, at times with unusual quantity. Discontinue *Condurango*.

Oct. 27, Morning. Have a continuous pain in the stomach like gastritis in character, though not affected by food or drink, heat or cold. Have really increased in weight since commencing this proving; there is a decided brown tinge to the skin, and the urine is almost colorless, emitted without effort, and there is urging in the renal ducts after the bladder is emptied. On the whole the bowels have been costive; when I had a stool, the excrement was small in quantity and dry in quality. Have eaten and drank as usual with no abatement of ordinary hunger or thirst. Shall commence Morphine to correct the malaise of the stomach, believing it an antidote.

Oct. 28, Evening. Pain in the stomach nearly gone. Urinate less often with more color to excrement.

Oct. 29. Remarks. According to this proving *Condurango* is mostly an active diuretic, with an irritating action upon the coats of the stomach and upper bowels, a slight one upon the skin in localities of the body. That I experienced no irritation or disturbance of the glandular system, with the exception of the kidneys, would seem to prove it no remedy in cancerous affections, unless its powerful diuretic qualities, determining impurities of the body to the bladder, might throw off discrasial perhaps even cancerous affections. I think some strictures might be cured from the frequent mechanical action in voiding urine.

It may also be useful in a form of dyspepsia corresponding to its symptoms, as in this proving delineated.

THE EMANCIPATION OF HOMŒOPATHY FROM THE
PERSON OF HAHNEMANN.

A discourse delivered on the 110th anniversary of Hahnemann's birth.

BY DR. LORBACHER.

[*From the British Journal of Homœopathy.*]

IN previous discourses delivered on this festive occasion I attempted briefly to present to your minds a picture of our never-to-be-forgotten master as a medical reformer, his ability and his fitness for the duty, as well as to revive your recollection of his earliest disciples. It is, indeed, natural to be occupied, on a memorial day like this, with him to whom it is dedicated, to recall his image as clearly as we can, and to call to mind all that he has been to us and the influence he has had on our development. By so doing we satisfy a necessity of our hearts. But, in a matter so important as the reformatory progress of a department of human science, it is not enough to be occupied with the person of its initiator; that must step more or less into the background, and we are involuntarily constrained to bestow our attention on the further advance of the subject itself.

Permit me, then, to-day, on the 120th anniversary of his birth, to look away, *pro tem.*, from his person, and to consider the further development of the great work begun by him, and in particular that department of it in which the separation of Homœopathy from his person took place, as presented in brief sketches of the characters of those individuals whose activity and influence were most powerful up to the period with which I concluded my last discourse upon the first band of his followers. Homœopathy was most closely implicated with the founder himself. In a struggle to escape from the therapeutic "muddle" (*misère*) of his day he had discovered the homœopathic law of cure, had avowedly entered on the new path, after satisfying himself experimentally of its truth, had at once set his hand to the work in order to estimate its value practically, whilst he, at first single-handed and then with the help of his first disciples, arranged "provings" of medicines, and thus laid

a solid basis for his doctrine. On the credit which his name obtained in the learned world men such as Hufeland, Wedekind, Heinroth, etc., who ranked with the first medical men of the day, accepted the fact of "provings" as valuable; on the authority of his person, his first pupils confidently received his doctrines; and it was also on his person that the adversaries fell foul, who, wanting intelligence to accept the new doctrines, thought to extinguish a novelty so inconvenient to them, by invectives, calumnies, and exposure of the personal weaknesses of the reformer. At present I only remember the otherwise cleverly written book by Simon of Hamburg, *Pseudo-messias Medicus, etc.*, and at a later period an unfortunate attempt by Prof. Karsch of Munster with his nasty poem, *The Smulaid*, and his book called *The Marvels of Homœopathy*.

Things could not remain in this state unless Homœopathy must run the risk of vanishing again with the individuality of its founder and his original pupils, and so the whole movement must come to nothing. The science had to make its onward way independently of Hahnemann's personal influence, and to hold its ground amidst the fire of criticism even on the part of its adherents. And so it came to pass. The same phenomenon held good in the case of Homœopathy as in other reformatory movements (I merely name here the religious reformation) which when once come to light are not extinguished. She too, after having reached a certain point in her development, detached herself from the person of her founder, and the consummation, the acceleration of this process is due to the men who after the new doctrine had attained permanent living power and a firm foundation entered into the movement. These were for the most part no longer youngsters who had hardly kept their college terms like Hahnemann's first disciples, but medical practitioners of some standing with highly endowed intellect and solid scientific acquirements — men of keen, penetrating mind, drawn to the study of Homœopathy by the unsatisfactory state of therapeutics at that time. I may mention here Moritz Müller of Leipsic, P. Wolf and Trinks of Dresden, Mühlenbein and Hartlaub of Brunswick, Rummel of Magdeburg, Councillor Rau of Giessen, Griesselich of Carlsruhe, W. Arnold of Heidelberg,

Prof. Werber of Freiburg, Constantin Hering of Philadelphia, Goullon, Senior, of Weimar, Schrön of Hof, Attomyr of Pesth, as the leading representatives of this group. From the same point of view are to be regarded the provings undertaken independently of Hahnemann by Professor Jörg at Leipsic, and Martin at Jena, although these men, most incomprehensibly, after maintaining a stand for these (to them unprofitable) researches, then shrinking back to a certain extent from the resulting consequences, repented in general of having committed themselves in the matter! In these days the avowal of truth regardless of consequences and its proclamation before the world is unfortunately not too frequent a phenomenon.

Permit me, since it is impossible to follow up into detail the share of each individual in the work, to select out of the number of the above named (to which some might probably be added), those whose influence has been marked. In the first place must be named Moritz Müller of Leipsic, a person endowed with all the requisites for actively promoting the extension and establishment of a newly discovered truth. With a keen, clear intellect, and extensive knowledge, he united indefatigable zeal for his profession, which impelled him ever to perfect himself more and more in it, to disregard no new phenomena within its sphere, and to avow openly, and maintain against foe or friend what he had once recognized as true; a task for which his keen pen eminently qualified him. All that was base and little his noble character repelled. He kept nothing in view but the facts. That Homœopathy, also, which made a great talk in Leipsic, should attract his attention is not to be wondered at. As soon as he was convinced of its truth, and had proved it practically, he openly declared for the new doctrine. The conversion of a physician so eminent, and in such extensive practice, to whom the authorities had so long intrusted the guidance of the city hospital, who had been employed as academic teacher, was at once, in itself, a fact of great importance for Homœopathy. The objection of the opponents, that none but young and inexperienced men went over to Homœopathy, now fell to the ground; its position towards the authorities as well as towards the public was one of more consideration. For he was able not only to

parry with readiness, and to paralyze all assaults of the opponents, but also to enter the lists with the authorities on equal terms. Yet this rather negative activity did not satisfy him; his energetic spirit impelled him to originate. He at once brought about a closer combination of the homœopathic physicians in Leipsic, whilst at his instigation, the existing local association was changed into our present "Free Association for Homœopathy," of which he was the life and soul. The founding of the "Central Homœopathic Association," whose first rules emanated from his pen, was peculiarly his work.

A part of his energy he devoted to the then newly founded hospital at Leipsic, and even undertook the guidance of it for a considerable time, though, from the commencement, he declared the insufficiency of the existing means to support it, although the prosperity of this first creation of the fresh enthusiasm of homœopathists was rendered very doubtful by intrigues which came to light at its very foundation (intrigues partly arising from small personal vanities), and, to speak mildly, by Hahnemann's very questionable behavior on this occasion. Yet allow me to pass over this dark page in the history of Homœopathy, not to disturb the festive concord of this day. M. Müller conducted his office with his characteristic conscientiousness, and also fulfilled his duty as clinical teacher, whilst he sought to extend intelligence on the subject of Homœopathy by lecturing. As soon as ever he was convinced of the untenableness of the undertaking and became weary of the numerous petty intrigues and of the conflict with Hahnemann, he drew back and became dumb, to the regret of all sincere friends of Homœopathy. For, in addition to his activity, which I have just been portraying, he did not neglect literary labor on behalf of the science, as is testified by various articles, some polemical, others didactic, in the *Archiv*, which he assisted in founding, the earliest journal of Homœopathy; from which any one can see his steady conviction of its truth. This conviction was not, in his case, the fruit of youthful enthusiasm, but the result of independent research and manifold practical experimenting.

M. Müller was not the man to seize upon a thing with the often soon-expiring fire of youth; it required, in his case, a

conviction attained after mature reflection and thorough research, before he announced his adherence to anything. That the defects and weak points of the new doctrine could not escape his keen, critical mind; that he, notwithstanding all the respect which he paid to Hahnemann, as a learned man and a thinker, as the discoverer and founder of Homœopathy, yet did not swear *in verba magistri*, and did not recognize the infallibility and perfect sufficiency of the new mode of cure without more ado, is a fact that will astonish no one, considering the independence of his character; and, as it was his wont not to keep out of sight with his convictions, he openly expressed his doubts and hesitations, and his own adverse views. Most of the Leipsic homœopathic physicians joined him and came forward with their views in opposition to Hahnemann. Hahnemann, accustomed to have all his doctrines and utterances accepted by his disciples without the slightest doubt, and besides, being misled by false reports at a distance, respecting the proceedings of the Leipsic homœopathic physicians, considered himself injured in his authority, and sought to stifle the existing opposition in the germ. This he did by that notorious declaration of outlawry against the Leipsic homœopathic physicians, dictated by bitterness and founded on false hypothesis, Nov. 3, 1832. The consequence, however, was not what he expected. The whole body, with one single exception, and including two of Hahnemann's immediate disciples, Franz and Hornburg, resented this attack upon their personal medical reputation, and raised a protest in the name of the freedom of scientific research, against this attempt to lay upon it the shackles of a rigid dogmatism and despotism.

This took place in an article on Hahnemann, composed by M. Müller at the instigation of the local homœopathic society of Leipsic, which was remarkable for its perspicuity and keenness without any intrusion of personal sensitiveness. This was the first step taken towards effecting the needful severing of the fact of Homœopathy from the person of Hahnemann; and this was the benefit which resulted from these uncomfortable controversies which have inflicted on Homœopathy an incalculable injury in the eyes of the public, the authorities, and the profession.

Other physicians soon joined M. Müller, and the Leipsic homœopaths who supported him, the so-called "Leipsic School," of whom I will now only particularize: 1st, Hartmann, who has earned our lasting gratitude by his monographs on various remedies by the publication of his *Homœopathic Therapeutics*, and the establishment and editorship of the *Allgemeine Homœopathische Zeitung*. 2d, Franz, one of our best "prov-ers," and Wahle, who stands next to him in this specialty, a botanist of extensive information, to whom we owe many good provings. Next to these I name Trinks, Paul Wolf, and Helbig at Dresden. Trinks, a fine intellectual genius, eminent for his practical endowments, distinguished by the immense industry with which he ransacked the whole literature of medicine, collected all that could serve to aid the establishment of the provings of Hahnemann and his disciples, and the enrichment of our *Materia Medica*.

Mementos of this are his "Materia Medica," published in conjunction with Noack, and afterwards with Clotar Müller, and also his work on the same branch (to be regarded as a supplement of the former), published in connection with Hartlaub, senior.

A special opponent of all that was obscure, of all that could give Homœopathy a mystical tinge, he attacked the senseless covering of symptoms as well as the insane worship of "high potencies" that prevailed for a time, and was always bent on maintaining the connection of Homœopathy with the general science of medicine. This he evidenced, by introducing in his "Materia Medica," along with each remedy, the indications of the old school, and also the pathological anatomy, as valuable adjuncts. But a special superiority in his work is the rigid separation of the physiological from the clinical symptoms (*ex usu in morbis*), whereby it surpasses in facility of reference and utility, for both study and practice, those published by Hahnemann, although these latter will always take the first rank as the foundation.

Next to Trinks stands Paul Wolf, also of Dresden, a man of active intellect and firm resolve; a keen thinker, accustomed not to accept anything blindly, but to form his own opinion by

original research and reflection. His brilliant results in practice tended essentially to establish the character of Homœopathy in the highest circles. Although he devoted himself less to literary work, yet he has left a bright testimony to his ability in the eighteen theses and their scientific foundation, which he published in the sixteenth volume of the *Archiv*.

With these articles he has to a certain extent formulated the creed of Homœopathy without drawing the slightest limit around, or imposing any pressure whatever, on free inquiry. This confession of faith found undivided acceptance at the meeting of the Central Society, at Madgeburg, in 1836; also, the majority of the homœopaths then living declared themselves in agreement with it, and at this day, every true homœopath can subscribe to it without hesitation; and with it the severance of Homœopathy from the person of Hahnemann had become a *fait accompli*. Its articles were no longer those infallible articles of faith with which Hahnemann wished to bind the Leipsic physicians of his day under his yoke, but they contained that which a great number of the scientific physicians by their researches and practical trials of Hahnemann's doctrines and maxims had recognized as true, and found to be confirmed, and which they undertook to defend. By this procedure the respect due to the master was by no means damaged; on the contrary, he is most strikingly defended against the unfair attacks of his opponents, whilst the weak points and deficiencies of the new doctrine of cure were neither cloaked nor hushed up. These breathe the spirit of humanity and piety, which, unhappily, become more and more wanting in the living generation of physicians.

As I named Moritz Müller first, out of the number of those who belong to a definite group, so let me now, at the last, bring forward the man who, next to him, was most important and influential. I mean Rummel, of Madgeburg, the first of the converts to Homœopathy. Brilliantly gifted with suitable acquirements, penetrated by genuine humanity and consequent gentleness and kindness, he had soon recognized the importance and significance of Hahnemann's doctrine, and at once his life was devoted to the perfecting, defending, and extension of it.

As a watchful warrior, he stood unwearied at his post to repel the attacks of the enemy with sharp weapons, and never allowed himself to swerve in the strife from the various personal attacks and annoyances which he had to endure. It is especially due to him that Homœopathy found legitimate recognition and protection in Prussia. He took as lively a part in all controversial questions within, as he did in the battle without, and sought to decide them. One of the most interesting passages in this category is his discussion with one who was in all respects his equal, and who represented the South German party, to be described presently, viz. Griesselich, of Carlsruhe, when he sought to shake the foundations of Homœopathy.

The course of this controversy, carried on with so much spirit and good sense, will give great pleasure to every reader, and it were to be wished that it should serve as a model to all scientific disputes. His work, "The Bright and Dark Sides of Homœopathy," is of special importance for the emancipation of Homœopathy from the person of Hahnemann, as well as a series of articles in the *Archiv*, and the *Allgemeine Homœopathische Zeitung*, which he, in conjunction with Hartmann and Gross, established, and which he continued to edit till his death.

The last part of his life was devoted to exertion for the purpose of giving a visible expression to the general respect for the master by erecting a monument. With unwearied zeal he set on foot subscriptions for this purpose, and had the great happiness during the evening of his life (when he was afflicted with total deafness) to attend the unveiling of this monument. He obtained a lasting souvenir in Homœopathy by establishing, out of the surplus of the subscriptions, a prize for the physiological proving of a medicine.

Before I pass on to the other group to be noticed here, I wish to mention a man who, though he belonged to neither of the two, yet has, by his personal influence, been of considerable importance. I mean Constantin Hering, of Philadelphia, who, like another Paul, carried the new faith across the ocean; and, above any one else, has created for it in that land firm foundations, and an extension far surpassing that of its native country. A taste for natural science was developed in him at an early

age, and those studies occupied him mainly at the university. His acquaintance with Homœopathy dates from the time of his sojourn at Leipsic; and, once convinced of its truth, he became a true but not a blind adherent of Hahnemann. Regarding Homœopathy with the eye of a naturalist, he was not satisfied with Hahnemann's theoretical explanations. Whilst he kept fast hold of his doctrines, his striving spirit led him to search into their dependence on the inner laws of nature; and, though it is an unmistakable fact that he has supplied many a useful building-stone, so, on the other hand, it cannot be denied that he has broached many hypotheses, which, though clever, still stand in need of confirmation, and until this shall be afforded many valuable elucidations are wanting to Homœopathy. I must ascribe this to a certain want of steadfastness, which prevented him, amid the exuberance of ideas, from laying hold of one, and working it out duly, but always kept driving him from one to the other. His proper domain, the sphere in which he has earned the lasting gratitude of our profession, is the *Materia Medica*.

Here he has not only enlarged the existing stock, and made it more useful by establishing, clinically, a great many useful characteristic indications for remedies, but also devised fresh ones, and opened up new realms. For we have to thank him for the introduction of animal substances, of which I will just now name *Apis* and *Lachesis*, which will, without doubt, maintain their place in the *Materia Medica*. I recollect at this moment the great number of medicines which he and his pupils have proved; which provings would be still more useful if he had more rigidly separated the physiological from the clinical, and had omitted many superfluous remarks which only perplex beginners. We may hope there will yet be found a sifting hand to render more available the copious materials which are partly scattered through American and German journals, partly collected in his *American Provings*.

He has also done great service by translating and publishing a "Comparative *Materia Medica*," composed by Gross, of Barmen, a product of German industry, which, alas! found no publisher on this side of the Atlantic.

We rejoice that in the late evening of his life he has succeeded in accomplishing a plan, projected for many years, of collecting into a great encyclopædia everything connected with our *Materia Medica*. In battling with opponents, both from within and without, he loved to let off the rockets of his wit and to brandish the scourge of satire, though we and all his friends could have wished that sometimes he had done so in a somewhat less burlesque fashion. At all events, Hering is and ever will be a character remarkable for originality, boundless industry, and a never cooling zeal for our cause.

The second group of physicians who have essentially contributed to the "emancipation," consists of South Germans, represented by Griesselich of Carlsruhe, Prof. Rau of Giessen, Prof. Werber of Freiburg, Schrön of Hof, Arnold of Heidelberg, Kurtz of Dessau, Roth of Paris, and George Schmid of Vienna.

I am sorry to be obliged to deny myself the pleasure of doing justice to-day to each of these according to their desert, not to put your patience to too hard a test; and must confine myself to giving you in the person of their chief representative, Ludwig Griesselich, a short sketch of their doings. Griesselich, a highly gifted man, of comprehensive scientific education and keen intellect, with all his South German humor, full of striking and often wounding wit and satire, embraced Homœopathy with his characteristic fiery zeal. He was convinced of its truth as well as of its reformatory significance. But that it must be received as something utterly new and strange was not evident to him; and the utter abandonment of the old medicine, the sometimes paradoxically sounding announcements of Hahnemann, the doctrines of the dose and the preparation of medicine, which bid defiance to all previous views, brought him shortly in antagonism with Hahnemann and his adherents. His inconsiderate and often gross attacks upon Hahnemann and other honored homœopaths made him many enemies. With his keen criticism, practised upon friends as well as enemies, he at once sought to rid Homœopathy of all that he considered mystical, obscure, superfluous ballast; not considering that sometimes in emptying the bath he spilt the baby too!

He wished to tackle Homœopathy on to the specific medicines of the old school, understanding the term specific in the more comprehensive yet more precise sense it had acquired by the discovery of the homœopathic principle and the proving of drugs (Hahnemann, it will be remembered, at first only spoke of specific medicines), to present Homœopathy to the world as specific, but rational specific treatment, for which reason he gave the title of "organ of rational specific treatment" to the *Hygea*, a journal he founded in conjunction with Cramer and Weber. He hoped thus to bridge over the chasm that separated the old and new schools. That this procured him little thanks from either, and entangled him in endless paper wars, is surely no wonder. It had not occurred to him that to give up infinitesimals and strict individualization as necessary consequences of Hahnemann's law would be generally considered as a surrender of Homœopathy itself, and would lead to apprehension of a relapse into the old routine; a result which too truly followed in the case of some of his followers, especially of Prof. Werber, of Freiburg. For all that, Homœopathy is much indebted to Griesselich; for, at the light of his torch, many fantastic ideas which had been flitting in the heads of certain homœopaths, fled like spectres, and made it clear to all the thinkers amongst them that Homœopathy, if it is to have a future, must not detach itself from the foundations of general medical science; and that unproved hypotheses and aphorisms announced with an air of infallibility were not to decide on a science so exact as medicine, but strictly philosophical experiments. He was faithfully supported in the battle by his two friends, Schrön, and the talented and learned Arnold, of Heidelberg, who has left us a brilliant testimony in his work, *The Idiopathic Method of Cure*.

The zeal and industry of Griesselich and his adherents are proved by many theoretic as well as practical articles in the *Hygea*. Griesselich himself, besides many lesser works of a satirical cast, has bequeathed us a precious legacy in a work published shortly before his premature and lamented death; viz. *The Evolutional History of Homœopathy*, in which, quite contrary to his practice at other times, he calmly and

objectively collects the results of the discussions on the various homœopathic dogmas and sums up their value. On this work, as well as the *Hygea*, Homœopathy can look back with pride. They will be a rich mine to any one who wishes for more than a merely superficial acquaintance with Homœopathy.

Here, however, I must break off, though I myself feel I have not yet nearly exhausted my subject, nor illustrated it on all sides, after claiming your attention already too long. Yet it was not my intention to give a complete history of this period, but to offer the above men and all their coadjutors the tribute of gratitude on this Homœopathic Commemoration Day, without the least derogation from the merit of our great Master himself, or of those who still hold fast by his decrees. They, too, have honestly contributed their share to the development of Homœopathy. To all of us may the retrospect be a stimulus to work vigorously in the spirit of such men, and not to despond, although outward circumstances here in Germany are not, at this moment, favorable to our cause.

THE PHYSIOLOGY OF VISION.

BY H. C. ANGELL, M.D.

[From advanced sheets of a new and enlarged edition of "*Diseases of the Eye*," now in press.]

It has been already remarked that the retina is the perceptive, or, more properly speaking, the receptive part of the visual organ, while the optic nerve completes the act of vision by carrying the retinal impression to the brain. The cornea, lens, and humors, called as a whole the refracting media, being transparent, permit the passage of the rays of light, and, having convex surfaces, bring them to a focus upon the retina. It is obvious, therefore, that a failure of the optic nerve to convey impressions, or any disease of the retina destroying its receptive function, must, either of them, occasion blindness. A loss of transparency in the refracting media, by preventing the rays of light from reaching the retina, is also fatal to vision.

THE EXCITATION OF NERVES

Is produced through mechanical, chemical, electric, or thermometric changes. The retinal nerves are excited by rays of light, as the auditory nerves by waves of sound, the nerves of the sense of touch by contact; and, the result of this excitation being conveyed to the brain, we have the perception of sight, hearing, or touch. All nerves are apparently similar in structure; all convey impressions, when excited, at the rate of about one hundred feet per second towards either end of their fibres, the nature of the sensations conveyed depending not upon the nature of the agent employed, but entirely upon the organ with which they are connected. Motor nerves, when irritated, produce movement, because connected with muscles; glandular nerves, secretion, because connected with a gland; sensitive nerves, sensation, because belonging to organs of sensation. It follows, therefore, that any of the agents of excitation mentioned, if they could be brought to bear upon the nervous portion of the retina, might produce the subjective sensation of sight. Thus, pressure of the side of the eyeball with the finger, or a weak electric current through the eye, gives an impression of light to the eye although no light is present. So disease of the eye or brain, or narcotic drugs, produce similar phenomena. The retina and optic nerve being infinitely more sensitive to rays of light than any other nerve-structure of the body, and being in constant functional activity from this excitation, we naturally connect the *sensation* of light with the *presence* of light, even if no light be present.

THE ACT OF SEEING,

When we take into account its complicated nature, is accomplished in an extraordinarily short space of time. The luminous waves of light, moving with a velocity of 200,000 miles per second, strike the retina, are translated into molecular vibrations of nervous matter which in turn are converted by the brain into a sensation of vision. It has been estimated

that the above changes, constituting the act of seeing, require no more than the four billionth part of a second for their performance. Letters upon a printed page lighted by an electric spark have been seen in forty-eight billionths of a second.

It is supposed that each rod and cone conveys its own portion of the retinal picture to the brain, so that the well-known fact that the picture as a whole, upon the retina, is reversed or inverted, offers no bar to our comprehending the fact that the brain perceives the object in its true position. This phenomenon would be inexplicable, if the retina as a whole were supposed to convey the picture.

BINOCULAR VISION.

It is also necessary in binocular vision that the image of the object should be caught by nearly corresponding points of the two retinæ.

When the two eyes are directed towards a distant object, their visual axes are practically parallel; but, if we regard an object at a distance of eighteen inches, the two axes converge at an angle of about eight degrees. With each eye separately, therefore, we see near objects from slightly different points of view. If we regard the frustrum of a solid cone, we see more of the right side of it with the right eye and more of the left side with the left eye. The mental combination of the two different perspective views gives us the idea of solidity, or a third dimension, thickness. Distance, which is the equivalent of this third dimension, is also determined by vision with both eyes. The difficulty of snuffing a candle with one eye closed is well known. We judge of distance by the muscular sense of the effort that converges the optic axes, somewhat as we judge of the weight of an object by the muscular effort required to raise it.

THE EYE AS AN OPTICAL INSTRUMENT

Is by no means so perfect as generally supposed. Myopia, hypermetropia, and astigmatism are optical defects of a large minority of mankind, and are more or less remediable by proper

treatment. These are considered elsewhere ; but there are certain defects common to all eyes which may be styled

IRREMEDIAL OPTICAL DEFECTS.

These are given by Helmholtz, and are chiefly as follows : —

a. Lack of perfect transparency in the cornea and lens, and fluorescence of both. A strong light concentrated on the cornea and lens will show each to be less clear than the aqueous between them. Fluorescence is the property that some substances have of becoming faintly luminous from blue or violet light. The bluish tint of a solution of quinine in water is an example of fluorescence. A blue light thrown into the eye shows the same haziness in the cornea and lens, and the phenomenon is supposed to be due to the presence of quinine or some similar substance in these structures. These parts of the eye are therefore inferior to the clear and perfectly transparent lenses used by the optician in the manufacture of optical instruments.

b. Spherical aberration, due to lack of correspondence of the axes of the cornea and lens, to the lack of symmetry in the former and the peculiar structure of the latter. This constitutes a slight astigmatism, the nature of which is noticed elsewhere.

c. Achromatism or chronic dispersion of rays. The solar rays being made up of the different colors of the spectrum, and each color being refracted in a different degree by the same medium, they are not united by it in a single focus. Look at a street lamp at a distance through a violet-colored glass. This stops the intermediate green and yellow rays, and allows the first and last rays, the violet or blue and the red, to pass into the eye. The result is that the red is focused, but the violet and the blue are seen in a broad halo around the red gas-light. The reason this defect is not oftener remarked is that the intermediate rays of the spectrum being brighter, the less luminous red and blue are scarcely noticed beside the intense images of the others. Optical instruments are free from this defect.

d. Slight color-blindness is common to all eyes. The eccentric portion of the retina does not perceive red as soon as other colors. If we test the field of vision as described on page 14,

we shall find that the *color* of a red object is not recognizable as far away as the outline of it. The eye also fails to distinguish a difference between a white produced by the union of scarlet and bluish-green light and a white produced by a yellowish-green and violet; yet the first comes out black in a photograph, the latter very bright.

e. The *distinct* part of the field of vision is very small; the entire field of vision of an optical instrument is very limited in extent, but distinct in every part.

f. *Muscæ volitantes.* These are noticed elsewhere.

g. The blind spot in the retina, due to the space occupied by the entrance of the optic nerve. Make a small cross on a sheet of white paper, and three inches to the right make a black dot. Shut the left eye, and holding the paper at arm's length, fix the right eye on the cross; on bringing the paper gradually nearer, it will be found that at about eleven inches from the eye the dot will not be seen. The blind spot is sufficiently large to hide the face of a man at six or seven feet.

h. There are also gaps in the field of vision caused by the blood vessels of the retina. These vessels running in front cast a shadow on the layer of rods and cones which lies farther back. The splits in the visual field may be recognized by looking at the sky through a delicate pin-hole in a card, moving the latter from side to side at the time.

i. The yellow spot, the most sensitive point of the retina, is by virtue of its yellow tint unable to recognize weak blue light. The smaller stars are seen better by astronomers if they look slightly at one side rather than directly towards them.

This formidable array of common optical defects is unnoticed by us, chiefly because, having two eyes, one makes up for the temporary visual disturbance in the other; even with one eye these defects are rarely noticed, owing to the great mobility of the eye and its continuous change in direction, and to the fact that the imperfections are mostly away from the centre of the field of vision. Habit, inattention, experience, the power of accommodation, may also be given as reasons why our natural visual defects are unobserved. Nevertheless, these optical defects do exist in all eyes; and, as Professor Helmholtz

observes, if an optician offered for sale an instrument with these defects, one would be justified in refusing to buy it.

DERMATOLOGICAL CASES.—CICUTA VIROSA.

C. WESSELHOEFT, M.D.

MODERN dermatology appears to consider the human cutis as something quite distinct from the rest of the body, or as an ill-made garment, which ought to be removed if possible, or, at least, scoured and cleansed; it teaches that affections of the cutis are quite disconnected with other parts of the body, and of no influence upon them. Skin diseases happen to be visible and accessible externally. The natural inclination of the laity, as well as of the profession, is to treat visible, tangible diseases "locally." The laity follows conclusions of reason uninstructed in medicine; physicians do not like to encounter the arguments of the people, and, besides, must have an hypothesis to suit their practice; the consequence is "local treatment" of every diseased organ that human skill can possibly reach or approach through one of the apertures of the body. No organ, however well placed and protected by nature against such encroachments, is secure. If deranged, it will be visited in its seclusion by some insinuating probe, armed with a tiny blade, hook, or point, perchance bearing some corroding or drying medicament. When the cavities of the brain are reached and touched with caustic, when the valves of the heart are trimmed and clipped, then shall medical science have reached the zenith of its ambition. Meanwhile the dominant branches of the profession will have to rest content with the easier feats of touching only accessible parts.

Skin-pathology is perfected; the nicest of distinctions made between various classes of skin disease. Thousands of eager learners are instructed and drilled in hair-breadth distinctions between herpes, eczema, impetigo. Entire hospitals are devoted to their study; and when we seek for the end and object, treatment, it amounts to a little soap and water, and lead-and-zinc

ointment, while for numerous other metals and vegetable medicines we find no definite indications.

As long as such substances are to be employed only in large quantities, their external application is preferable, and, indeed, the only possible one. Diagnosis and treatment are planned and carried out with never-changing routine. Results, in the form of *speedy, gentle, and permanent cures*, are very rare under that treatment. To say that such local treatment is never followed by deleterious results, is absolutely untrue; for any physician inclined to take the trouble to inquire far enough back into the history of cases of chronic disease, will find that a large percentage can be dated to the time when some severe acute or chronic skin-disease was cured by local applications.

Nov. 1, 1873, Mr. T., æt. twenty, generally of healthy appearance, had, for about six months, a gradually-increasing eruption upon his chin, extending to both sides over the parts occupied by the beard, which he kept closely shaved, thereby removing the characteristic exudation, and obliterating the vesicles or pustules. The skin was red, shining, and swollen; the sensation connected with the eruption was *burning*. I advised the patient to let his beard grow, and not to disturb the eruption, in order to allow me to recognize it. Meantime he had a few doses of *Ars.* 20.

When next the young man presented himself, his beard of ten days' growth was matted together with a *yellowish-white crust*, mostly dry. This had been preceded by *vesicles which exuded the fluid*, subsequently forming into scabs just described. *Ars.* had been of no benefit. *Cicuta* was the next remedy. It was prescribed in the 6th cent. dil., of which one drop was dissolved in one half goblet of water, and a tablespoonful taken every five hours, beginning Nov. 29. Dec. 14 the eruption was reduced by one half, and inflammation and swelling had entirely disappeared. Prescribed three more doses of *Cicuta*. In another fortnight the chin presented a healthy appearance and remained so.

Jan. 5, 1875. Mr. J. E. M., blonde, hair moist, oily skin, with comedones upon cheeks and nose, of hypochondriacal disposition, subject to dyspepsia and vertigo, came to be relieved

of a scaly, moist, itching eruption upon the crown of his head, among his moist and naturally oily hair. *Sulphur* 81 and *Graphites* 3^d trit. were given till Jan. 27, when, in addition to the eruption upon the scalp, there appeared numerous *hard nodes upon his chin throughout his beard*. *These nodes gave birth to a crop of vesicles, which soon filled the beard with yellow crusts, matting the hair together, and accompanied with burning and itching*. On Feb. 7 prescribed *Cicuta* 30, four doses, one each night. Feb. 16, very slight improvement, if any; same prescription. Feb. 24, stationary; prescribed *Cicuta* 3d, four doses,—one powder at a time to be dissolved in one half goblet of water, and a tablespoonful to be taken every five hours.

March 25 the chin was quite well, slight signs of humor still on the scalp. No more medicine was given; and on March 17 the patient was cured of his eruption.

The following is a much more interesting case than the preceding one:—

Aug. 25, 1875. Mr. C., æt. sixty, of strong frame and good health generally, presented the following symptoms: For one year he had been troubled by a humor upon his chin, and extending through the bearded portion of his face. There was visible only shining redness of the skin, which was somewhat swollen. The sensation connected with the eruption was "itching beyond description, like a thousand furies," especially at night in bed. He tore his flesh in his sleep.

Not having seen the eruption in its undisturbed state, and in view of the redness, swelling, and itching, I prescribed *Rhus* 3d in water, a teaspoonful every three hours, but requested the patient to let his beard grow, and to apply no soap to his face, but to wash only in warm water. In the course of the year relief had been sought at the hands of other physicians, who applied the now favorite and fashionable benzoated zinc ointment, upon which the patient's face became smooth and clear; every trace of the eruption disappeared; or if a vesicle or pustule became visible, a little of the ointment invariably caused it to vanish from sight. But the patient's legs became heavy and his breath short, which condition lasted until the humor reappeared upon his face, and until it oozed much and itched

again as of old. On Sept. 1 Mr. C. reappeared. His beard had grown, and was nearly filled to the end of the hairs with the eczematous crusts; and although there was no burning pain, but only itching, I prescribed *Cicuta* ʒd, four doses of one drop each upon some sugar of milk; one powder at a time, to be dissolved in one half goblet of water, and a tablespoonful to be taken every five hours.

Sept. 16 the patient's face had grown smooth and clear; but few crusts were left. The itching was decidedly improved. The improvement began at once after commencing to take the medicine. In another week from that date nothing was visible of the eczema except a slight redness of the newly formed skin. The patient called repeatedly since that time, and thus far remains quite well.

THE POSITION OF HOMŒOPATHY IN THE RATIONAL PRACTICE OF MEDICINE.

BY WILLIAM BAYES, M.D., LONDON,

President of the British Homœopathic Medical Society.

GENTLEMEN:—The aspect under which I propose to discuss the science and art of Homœopathy on the present occasion, is that of an examination into its position in relation to the rational practice of medicine.

We cannot too decidedly or too often impress upon the profession, that we follow no irrational dogma when we adopt the practice of Homœopathy. We are bound not only to show a reason for our practice, but to define how far and in what directions the rule of "similars" and the art of prescribing minute or infinitesimal doses of medicinal drugs accord with the discoveries of modern science, and are correlated to other physiological, pathological, and physical facts.

It is in the hope of contributing my small quota to the elucidation of a rational explanation of the rule of similars and of the curative action of infinitesimals, that I venture to read the following pages before you this morning:—

Twenty-two years have passed since the homœopathic practitioners of Great Britain met in Congress in the city of Manchester. This was in the early days of British Homœopathy, and was the fourth of the Annual Congresses held by the practitioners of the new system. Dr. Drysdale occupied the chair. Dr. Sharp read the opening address. About thirty-five gentlemen were present. Many have passed away from among us,—Drs. Walker, Edward Phillips, McLeod, Atkin, Fearon, John Epps, Cameron (of Huddersfield), Laurie, Ramsbotham,

Russell and Blake (of Taunton). Many others remain — men of note, men who have won their spurs in the battle, men who have upheld the banner of truth so chivalrously as to have wrung a tribute of respect even from their adversaries. None among these more worthy than our learned and much loved colleagues Drs. Black, Drysdale, and Sharp.

The first Annual Congress of British homœopathic practitioners was inaugurated at Cheltenham in the year 1850. It occupied two days. On the first day the late Dr. Sherlock Willis presided; on the second day our genial friend Dr. (then Mr.) Hering occupied the chair. Drs. Blake and Ker were the secretaries. Dr. Black read the opening address, and Dr. Madden read a paper on the second day “On the homœopathic treatment of inflammation and ulceration of the neck of the uterus,” giving the results of one hundred and eighty cases. A dinner followed, under the presidency of the late Dr. Chapman, and we are told that this first British Homœopathic Congress was successful beyond expectation.

In 1851, the second Congress was held in London, Dr. Black being president. About sixty practitioners were present.

In 1852, Edinburgh was the seat of the Congress, the late Prof. Henderson being president.

Then came the fourth Congress, in 1853, in this city (Manchester), Dr. Drysdale presiding.

In 1854, Leamington was selected, Dr. Quin being president.

In 1855, London was again the seat of the Congress, Dr. Madden presiding.

The last of this series of Congresses was again held in London in 1856, under the presidency of the late Dr. Atkin.

Then came a hiatus, and no Congress was held till 1870, in which year Birmingham was selected as its seat; Dr. Drysdale being president, Dr. Gibbs Blake and Mr. Evan Frazer acting as secretaries.

The Congress in Oxford followed in 1871, Dr. Madden having been elected president, and although his sudden and lamentable illness precluded his own attendance, we had from his pen one of the most remarkable and admirable addresses ever read before a homœopathic assembly.

In 1872, the ancient city of York received the Congress under Dr. Black's presidency. In 1873, it met in Leamington, when Dr. Sharp was its president; and last year (1874) the Congress met in London, under the able presidency of Dr. Dudgeon.

In thus briefly reviewing the history of our Congresses (of the former seven, and of the five of our present series), some may be tempted to ask, in this eminently utilitarian age, “*cu bono?*” Our answer lies in a very small space. As our genial and learned friend Dr. Black said, in his opening address in 1850, “Man is eminently social, and it is strongly inherent in his nature to form associations as tending to his defence, happiness, and knowledge. In meeting here we follow this natural impulse; we desire to cultivate kindly intercourse, and to discuss various points bearing on the improvement of therapeutics; and we feel that such labors cannot be carried on so well singly and independently, as by hearty co-operation.”

The result of these Congresses has fully justified these words of exordium, and has shown the foresight of those men who inaugurated these assemblies. Socially and professionally they have given a tone and an earnestness to our body tending much to improve our position and to increase our usefulness.

Long ago Channing observed, "The age of individual action is gone. Truth can hardly be heard unless shouted by a crowd."

Congresses and meetings of associations testify, from their universal adoption (as a means of expressing opinions) by almost all classes of men, to the truth of Channing's observation. Annual Congresses meet and discuss, and, after a fashion, "shout" their truths aloud into the world's ear; and we are only following the demands of a very practical age in holding these Congresses.

The essays which have been read before us by Drysdale, Madden, Black, Sharp, and Dudgeon, have reached the eyes and the ears of many men who, but for our Congresses, would never have opened eye or have unstopped ear to see or to hear any individual exposition of the cogent and scientific arguments brought to bear on the varied aspects under which Homœopathy may be viewed in its relations to modern science.

The full influence which these essays may have exerted in spreading a knowledge of Homœopathy may not be immediately apparent. But the seed which they have sown cannot fail to bear its fruit. This may not be evidenced by immediate productiveness: but one thing is certain, these addresses will have shown the profession that we possess in our ranks men of profound judgment, of acute reasoning powers, of careful research, and of classic attainments. Indirectly, a consideration of these things gives an antecedent probability as to the value of the theories and practice which such writers and thinkers believe in, and are able to vindicate so powerfully.

At the very least, our Congresses, and the essays read before them, will tend to remove much of the misunderstanding as to our principles, practice, and motives, which the present policy of the ruling majority among the profession has imposed upon its members.

Perhaps one of the heaviest burdens we have to bear in the active battle of life, is the feeling that our actions are misunderstood. To have our best motives misconstrued; our endeavors to act as honest, good citizens disbelieved; our efforts, actuated by philanthropy, represented as having none but self-ending, self-aggrandizing aims; our philosophy characterized as folly; our leaders designated as knaves, our followers as fools. Yet this is the position of the misunderstood, and must be borne patiently and unrepiningly. Time alone can change this state of things. "All things come to him who waits," once said a certain French sage, and believing in this, we shall do wisely to adopt as our motto, "we bide our time."

Strong in the consciousness of the stability of our facts, and of our power to prove the truthfulness of our deductions from them (whenever we can get our opponents to listen), what matter a few years, more or less, during which we must continue to write ourselves down as "misunderstood." Ready, at all times, to defend the scientific

basis of our philosophy, we can afford to wait till it pleases the profession to unstop their ears and to listen to our reasoning, and to open their eyes to look upon our facts. Upholding, with firm hand and brave heart, a high standard of philanthropic endeavor to relieve human suffering, we can afford to smile on the taunts of those who ignorantly charge us with unworthy motives. That we are misunderstood by many who, nevertheless, are acting in honest misconception of our principles, of our practice and of our motives, should never tempt us to forsake our posture of dignified awaiting.

The desire to place ourselves right with our professional brethren of the other school is a very natural and proper object of ambition. The removal of the misunderstandings which unfortunately exist, will tend much to bridge over the chasm which yawns between the two schools of medicine. Much has been said of late upon this subject, both in discussion before our Societies and in our journals. But while we acknowledge that a restoration of friendly intercourse is most desirable, both at the scientific societies, at the hospitals, and in consultations, we must avoid all compromise; we must yield nothing of our distinctive principles. To do so would be to become traitors to the cause of truth. Fraught with advantage as would be the restoration of brotherly feeling between the two schools of medicine, it were wiser and more noble to accept a perpetual ostracism, rather than that we should ratify a hollow truce founded on an abandonment of any of the safeguards with which we surround the interests of the public.

In what can we yield to the demands of our opponents? Can we abandon our name? In that case, how are the public to distinguish the physician who has studied and adopted Homœopathy from him who has no knowledge of this branch of therapeutics?

Can we cease the open practice of the homœopathic rule of similars? Can we agree to abjure the administration of drugs in accordance with the rule of similars? Can we agree to abandon the use of minute or infinitesimal doses of drugs where we believe in their superior efficacy?

No. Those who believe in the rule of practice handed down to us by Hahnemann, those who believe in the homœopathic action of drugs, and those who have adopted the small or infinitesimal dose, believing it to be the best mode of curing their patients, cannot, without grave dereliction of duty towards the public, abandon their name, their open avowal of belief, or their practice.

That which we believe in we must uphold. Timid counsels are as unwise as they are pusillanimous. As our late poor friend, Dr. Cochran, used to say with regard to pains and penalties borne for the cause of truth, "We must just put on a stiff upper lip and go through with them."

What we can do conscientiously, towards more friendly relations with the majority of the profession, we ought to do. First of all, we ought to define, as accurately as possible, that which we profess to teach in the practice of medicine and in the domain of therapeutics. Let this be done modestly, temperately, and scientifically, and the wall of separation which has been raised by unfortunate misunder-

standings must, sooner or later, break down. In thus attempting to correct misunderstandings and misrepresentations, we must proceed with the most perfect courtesy. If we must needs enter into the field of controversy, we must keep the most perfect temper, giving our adversaries credit for the same honesty of purpose, the same high sense of duty, the same integrity in scientific research which we claim for ourselves.

When we bring forward statements of facts, new to medical science, opposed to all the former experience of physicians of the older school, we must expect the opposition of its adherents. We must be prepared to receive their outbursts of incredulity and of active opposition with a degree of even temper which we have no right to expect them to extend to us in return. We are attacking them in their tenderest point of self-esteem. We are announcing to men who are desiring to do right that they have unintentionally been doing wrong. To men who have been as full, as we are, of a warm philanthropy, we say, that the means by which they believed they were prolonging life were, in reality, shortening life. That while they believed themselves to be ministering angels, bringing life and health to the suffering, our facts prove that they were unconsciously assisting the destroying angel on his errand of death.

Is it to be supposed that men of ordinary passions could look with even temper and "wreathed smiles" upon a system which teaches and demonstrates such a truth as this? It is asking too much of human nature to expect it.

As soon should we have expected the priests of Egypt to have accepted the teachings of Moses, or the priests of Greece and Rome to have accepted the truths proclaimed by St. Paul and the Apostles.

Therefore, we ought to accept calmly from our opponents such treatment in word and deed as we should carefully abstain from returning in kind. Our own self-respect, based on our knowledge of the truth of the doctrines we follow, should save us from returning evil for evil. We have but to wait God's own time, and that truth, of which we are the exponents, will as surely attain its place, and those errors which it has been and still is our province to oppose will as surely perish, as have all other truths triumphed, and all other errors ultimately sunk into a merited oblivion. It may not be in our day, for the human mind is very complex in its workings, and time-honored errors are hydra-headed and difficult to slay; but that which has been will be, and light is stronger than darkness.

The propounders of a new theory are bound to prove the reasonableness of their belief. The series of brilliant essays which have been read at the five preceding meetings of our Congress have each shown a facet in the diamond of truth; but truth, like a well-cut stone, is many-sided, and I venture to place Homœopathy before you in yet another aspect.

HÄHNEMANN founded his system on the theory that disease is a derangement of vital force, and that it is best cured—*i. e.* most readily, most certainly, and most permanently cured—by the administration of such drugs to the sick as are capable of producing a derangement in the healthy similar to that of the natural disease.

I am well aware that it is a matter of dispute among some of our foremost physiologists of the present day as to whether there be any vital force at all. I will not here stop to consider this point, as the settlement of that question will in no way affect my argument. Vital force is a convenient term by which to signify the activity of life, even if it lack scientific accuracy, which I, for one, doubt. Hahnemann certainly did not look upon a patient as "a complex congeries of a number of subordinate quasi-independent living units, whose life is complete in themselves." Though, had he done so, his method of symptom treatment would have equally suited the ailments of the "quasi-independent units" as of the individual man or woman they collectively go to compose.

In Hahnemann's day physiologists were more fanciful and pathologists were more materialistic than we are at the present day. Hahnemann's propositions in the earlier part of the *Organon*, that disease is simply a want of balance of vital force, shocked the materialistic pathologists of the day, who looked on diseases as peccant matters to be cast out of the body; to be poured out in a stream of blood from the arm, or to be drawn out of the skin by a blister; to be purged out of the bowels by cathartics; to be vomited out of the stomach by emetics; to be washed out through the kidneys by diuretics; to be sweated out of the skin by sudorifics, or to be tortured out of the tissues by setons. His idea that disease is simply a derangement of vital force was an immense step towards that "conservation of life," which is now admitted on all sides to be the true principle of treatment, however we may differ as to the details of the therapeutic means by which this indication is to be effected.

In the temple of Æsculapius Hahnemann was a great iconoclast, and he shared the fate of all iconoclasts. He was abused and execrated by the priests and worshippers of the false gods whom he overthrew and ground to pieces beneath the heel of his intellect. Yet the pathology he rejected is now rejected by the old school as well as by our own; and the system of treatment in his day, which was barbarous and empirical for the most part, and always complex, has been abandoned by all scientific physicians for a method founded on more exact indications.

Putting aside all the fanciful explanations of disease which found favor in his day, he reverted to first principles, and became in physic what the pre-Raphaelite is in art. He drew a severe line, which forbade the physician to indulge in speculations, telling him to form no hypothetical opinions as to this or that organ or function being in fault, but advising him to take his indications for treatment from the symptoms, subjective and objective, before him, such as are patent to the senses of the physician, or such as are revealed by the sensations of the patient.

We see, then, that Hahnemann believed in a self-regulating vital force, ruling the whole healthy body, balancing each function, repairing each organ, tissue, or fluid.

Disease, in his view, is the derangement of this vital force. "It is the morbidly affected vital force alone," he says, "that produces dis-

eases.* The only exceptions which he allows to this rule are those diseases which come under the province of manual surgery. Hahnemann further says that there is no disease "which does not make itself known to the accurately observing physician by means of morbid signs and symptoms." †

To cure a patient, according to Hahnemann's scheme, the physician has therefore only to "remove the whole of the symptoms" collectively the evidence of the disease, and these can only be removed by restoring the healthy balance to the vital force. The "annihilation of disease is the restoration to health."

When the body is free from pain and from discomfort; when a man is not conscious of the possession of any part of his body until he calls it into action, provided it be an organ of voluntary function, such as the hand, the foot, or the brain; when he is not conscious of the possession of the heart, lungs, or other organ of the involuntary functions, then he is well. To be conscious of these organs, by any sensation, shows them to be either distressed or diseased.

Hence, Hahnemann considers that the symptoms observed by the physician, or related to him by the patient, are the true indications of the disease: "The sum of all the symptoms, in each individual case of disease, must be the *sole indication*, the sole guide to direct us in the choice of a curative remedy." ‡

These propositions of Hahnemann cannot be accepted by us in their entirety, since there are many diseases whose importance and even danger are great, yet whose symptoms are by no means prominent, or sufficient to guide us in the selection of a drug analogue. And there are other large classes of disease whose causes must afford us the indications for their treatment. We cannot therefore claim for symptom-treatment that it is the "sole indication." Such claim is too absolute and dogmatic. Pathology and etiology afford us the true indications for our treatment in a very considerable number of cases; yet even where we choose our indications from our knowledge of the pathological state or etiological conditions of a given case, we shall find that our homœopathic therapeutics enables us, not unseldom, to meet these indications with precision, as to choice of remedy, where, without Hahnemann's discovery, we should remain in doubt and difficulty.

Thus, while we reject them as too absolute and dogmatic to be our *sole guide*, we nevertheless may accept Hahnemann's propositions, as defining the true sphere of the system he advocates within the domain of medicine, and may claim for homœopathic therapeutics that they best guide us in the cure of *all such diseases as arise from a want of balance between the functional actions of the various parts and organs of the body, and are characterized by pains and sensations.*

The ruling pathology of Hahnemann's day would have restricted this field for treatment to very narrow limits. But the researches of modern physiology and pathology prove that a very large area of dis-

* *Organon*, Proposition XII.

† *Ibid.*, Proposition XIV.

‡ *Organon*, Proposition XVIII.

ease is covered by that which owes its cause to a loss of balance between the functional activities of the nerves of motion, of sensation, and of organic life; and that the majority of the diseases of the secretory and excretory organs are produced by the functional exaltation or depression of one or other of these sets of nerves.

The views of disease, in its dynamic, adynamic, and non-materialistic aspects, which have been so extensively promulgated by physicians of the highest eminence, and which have been adopted by the majority of the profession during the last fifteen or twenty years, show how prophetically Hahnemann foreshadowed in his day the coming theories of our own.

I need but name Dr. Bence Jones and Dr. T. K. Chambers. Dr. Bence Jones thus wrote (in his *Lectures on Pathology and Therapeutics*, p. 276): "You must entirely banish from your minds the notion that diseases are catastrophes or separate entities, to be destroyed within, or to be ejected, like devils, without, by which a perfect cure can only be obtained; and you must more and more be fully possessed by the fact that *all diseases* are the increase or diminution or qualitative modification of the never-resting correlated forces which constitute life."

It is not safe, in our present state of "never-resting" scientific thought and imagination, to attempt to lay down such unconditional explanation of *all diseases*.

Dr. T. K. Chambers falls into equal error when he says, "Disease, *in all cases*, is not a positive existence, but a negative; not a new excess of action, but a deficiency; not a modification of life, but a partial death."

These physicians have less excuse for their inaccuracy than had Hahnemann; for the microscope has given us, in this later age, revelations which were but in the womb of the future when he dogmatized in his *Organon*.

Recognizing at its full worth, and within its proper limitations, the value and import of the adynamic theory of disease, and claiming its recognition as the first step towards laying a basis for a rational explanation of the homœopathic rule of therapeutics, I must stay on the very threshold of the subject to say a few words on the necessity for an equally clear admission of the principle, that large classes of diseases also exist, whose whole phenomena are not satisfactorily explained on the dynamic or adynamic theory alone.

I allude to the infectious, contagious, malarious, malaqueous diseases; to those of parasitic origin, and to morbid growths.

The view that infectious and contagious diseases own as their cause a "contagium vivum," and are spread by organisms of extreme minuteness, which float in the air, or which exist in our drinking water, or in our food, and which, entering through the mouth, nose, or skin, are propagated within the bodies or upon the bodies of infected patients, has met with able advocates, both in this country and abroad.

Budd, Tyndall, Beale, and others have demonstrated this theory by many apparently incontrovertible facts. But it is nowhere set forth with the same precision and effect as in that admirable work, Ziemssen's

Cyclopædia of the Practice of Medicine. The most recent researches of German observers seemingly place it beyond controversy that infectious and contagious diseases depend on a "*contagium vivum*," or "living organisms," which, entering into the body, there multiply to an enormous extent, reproducing themselves with immense rapidity each after its own kind, whether it be small-pox or typhus, relapsing fever or measles, and never propagating any but their kind. These organisms are extremely minute; a drop of putrid solution, according to Ehrenburg, may contain as many as 500 millions of organisms, each the 40,000th of an inch or less in length.*

Vaccine lymph has been found by Dr. Burdon Sanderson and others to contain numerous particles, the 20,000th part of an inch in diameter, floating in serous fluid. A child may be vaccinated with the fluid without effect; but if one of these little germs enter the wound all the phenomena of vaccination follow. The researches of Profs. Liebermeister, Lebert, and others have shown the presence of equally minute organisms in the secretions of typhoid, relapsing fever and other infectious or contagious diseases, and that these diseases are due to the multiplication of living organisms within the patient. If few organisms develop, the disease is slight; if their development be extensive, the illness is proportionately severe.

Now, if it be proved that these diseases own, as their cause, the rapid development of living and self-multiplying organisms within the blood and tissues of the body, their treatment must be conducted on different indications from those whose causes are wholly dynamic or adynamic; and I allude to them here, simply to point out that there exist classes of disease which from their exceptional character are likely to demand specific and exceptional treatment, since a purely symptomatic treatment of them would be likely to prove only very partially successful.

At the same time, it is quite possible that further investigations may greatly modify the value of these microscopical discoveries, and that some explanation may be found which may show that the rapid development of these organisms may be due to partial disintegrations of the body, owing to a temporary suspension of, or to irregular action of the functions of assimilation, secretion and formation, and may be due to partial paralyses of peripheral and minute nerves (not yet demonstrable by the instrumental means at our command), by which the bonds which bind the "complex congeries" of "subordinate quasi-independent units" together is loosened, and by which, for a time, the component parts of the body suffer a vital disintegration. But while admitting this as a possibility, I confess that it appears to me that the weight of argument is in favor of the "*contagium vivum*" theory. We must remember, in discussing this subject, the powerful bearing which the facts shown by Lister's antiseptic treatment of wounds has on this theory; so also has the discovery that trichinosis and some other hitherto obscure diseases are due to parasitic developments within the body.

* See *Lectures on Zymotic Poison* by Dr. MACDOUGAL. Reported in *Chemist and Druggist*, January, 1875.

Bearing these exceptions in mind, we may therefore now revert to a consideration of those diseases which depend on derangements of function and of the applicability of Hahnemann's method to their cure.

The experiments conducted by Claude Bernard and other physiologists have shown that perfect health of function (of circulation, of assimilation, of secretion, and of excretion, etc.) depends on the reciprocal and regular actions of the three forms of nerve fibres supplying the organs, the motor, the sensory, the sympathetic — on this tripod health sits enthroned.

Destroy all the branches of these three sets of nerves which supply any organ, and its special life ceases in that organ — it ceases to perform its function.

Destroy any one of the three branches, and the balance of health is upset — disease ensues.

A very short quotation from Dr. Meryon's *Rational Therapeutics*,* in which he tersely relates Claude Bernard's experiments on certain functions of the sympathetic nerves, will enable me to illustrate my arguments as to the exact sphere of homœopathic therapeutics.

Claude Bernard has shown "that section of the sympathetic proper induces increased vascularity and elevation of temperature in the parts to which the sympathetic are supplied."

In experiments upon rabbits he found that after section of the sympathetic on one side of the neck, the temperature rose 7° Fahrenheit on that side as compared with the temperature of the uninjured side. This elevation of temperature was not merely temporary, but remained till the animal was killed, although the whole body ultimately increased in temperature 3°, leaving the injured side permanently 4° hotter than the other. Dr. Wm. Ogle related a case (at the Medico-Chirurgical Society) where, owing to a tumor in the neck, the cervical sympathetic on one side was injured, and the ear on the injured side became 2° hotter than the other ear. "Another curious and instructive phenomenon occurs when (owing to the division of the sympathetic) the blood is thus transmitted in a preternatural quantity through the capillaries — the venous blood immediately becomes brighter in color. Claude Bernard observed this fact in the coronary veins on the left side of the lip of a horse after he had divided the left cervical sympathetic."

Commenting on these facts (page 41), Dr. Meryon says: "In some forms of inflammation — and inflammation in some form or other lies at the root of most diseases — we have the pathological counterpart of the result induced by the section of the sympathetic; a state in which, owing to the loss of the inhibitory influence of the nerve fibres of Remak, blood corpuscles penetrate into those minute arteries through which blood plasma only should be propelled.

The effect of the division of the sympathetic fibres distributed to a secretory gland shows the same effect on the circulation in that gland:

* *On the Functions of the Sympathetic System of Nerves, as a Physiological Basis for a Rational System of Therapeutics.* By EDWARD MERYON, M.D. Churchill & Co.

firstly, it induces hyperæmia; and secondly, it induces increased secretion. These two results invariably follow the weakening or destruction of the nerve current of the sympathetic proper, and appear to be due to a corresponding increase in the action of the motor nerve of the same part or organ, which immediately occurs so soon as the controlling or inhibitory influence of the sympathetic proper is withdrawn or lowered.

“Now the application of a *weak* electric current to the peripheric end of the divided sympathetic reverses all this. The calibre of the distended capillaries is quickly reduced; the temperature is lowered, and may be depressed below the existing degree in other parts; and secretion is diminished. If the power of the current be increased the circulation may be entirely arrested; so that, if examined under a microscope, the capillary vessels will be seen to be entirely empty. Such is the invariable result of stimulation of the nerves of Remak on the capillaries; and MM. Valentin Henle and Budge have observed that the large blood vessels contract when acted on by galvanism through the medium of the gray nerve fibres which are applied to them.

“It appears, therefore, that all the conditions of healthy circulation and secretion are fulfilled in the reciprocal action of the three forms of nerve fibres:

“Make a section of them all, or cut away, say, the renal plexus, and all secretion of urine is arrested.

“Increase the relative power of the motor nerve fibres by section of the nerves of Remak, and you establish a hyperæmia round about the Malpighian ducts and diuresis.

“Increase the relative power of nerves of Remak by section of the motor fibres, and you diminish circulation and secretion.

“Increase the relative balance of power of either motor or inhibitory nerve fibres either by gently exciting the sensory nerves, or by painfully irritating them, and you have in the first place increased circulation and secretion, or in the second case the very reverse.”*

It appears, therefore, to be proved by the experiments of physiologists, that circulation and secretion are balanced during health between the functional actions of the motor, the sympathetic, and the sensory nerves; and that disturbance in the functions of any of the three sets of nerves will result in disturbance of the vessels or parts to which they are distributed. Over-stimulation of the one set of nerves, or debility of the other set, will induce similar symptoms. If you over stimulate the sympathetic branch you check circulation, and you check secretion more or less completely according to the degree of stimulus applied. In the same way, if you destroy the relative balance between the motor nerve and the sympathetic by depressing the motor branch, circulation and secretion are proportionately diminished. If you stimulate the motor nerve then, you increase circulation and secretion; and if you depress the sympathetic nerve, thus destroying the balance between it and the motor, you also find the circulation and secretion proportionately increased.

**Rational Therapeutics*, Meryon, p. 29.

When, therefore, we see a case of disease before us in which there is a deficiency in the circulation, and in the secretion of any part or organ, we know that the fault lies either in the over-stimulation of the sympathetic nerves, or in the debility and partial paralysis of the motor nerves supplying the part or organ.

On the other hand, whenever we see a case of disease in which there is a hyperæmic or inflammatory condition, or an excessive secretion, we know that the fault lies either in depression or partial paralysis of the sympathetic nerves, or in over-stimulation of the motor nerves distributed to the part or organ affected.

Two courses are evidently open to us in the selection of the indication for treatment in such cases: either we may depress the nerves which are over-stimulated, or we may stimulate the depressed nerves; we may extend help to the weakened nerve, or weaken that which is strong.

The true art of healing tends always in the direction of the conservation of energy and of strength; and acts always on the indications of strengthening the weaker nerve, and of stimulating the depressed: hence, when there is inflammation of any tract or organ, knowing this to arise from a paralysis more or less complete of certain branches of the sympathetic nerves, and the consequent uncontrolled action of the corresponding motor branches, we enjoin rest, either local or general, in order to tranquillize the excited motor nerves, and we administer such means as will tend to restore the weakened sympathetic to its proper tension or tone.

We have seen that section of the sympathetic branches of the renal plexus induces hyperæmia round about the Malpighian ducts and diuresis, but if a gentle galvanic current be passed into the divided nerve at its peripheral end, the diuresis is arrested and the hyperæmia disappears. Therefore, what we have to do in a case of diuresis, occurring from natural disease, is to find a means of gently stimulating the sympathetic branch of the renal plexus. Such a means we have at command through our knowledge of the homœopathic action of drugs. We have but to seek a remedy in such drugs as in their pathogenetic dose paralyze the sympathetic branches of the renal plexus, which will induce primarily hyperæmia with greatly increased secretion, such as *cantharides* or *terebinth*, etc., and we find ourselves in a position to cure the condition of paralysis.

But it will be said by those who have not acquainted themselves with our method and our art, this is a paradox. If there be already paralysis of the nerve more or less complete, common-sense will lead us to give a stimulant and not a paralyzer.

To answer this objection, we must appeal to another series of facts belonging to the range of pure therapeutics, which show that each medicinal drug has at least two apparently opposite actions, according to the dose given. That in a certain dose each medicinal drug tends to paralyze a given tract of nerve, while in a certain other dose, it acts as a stimulant. If the large and pathogenetic dose of *cantharides* or *terebinth* paralyze the sympathetic branch of the renal plexus, we know, from carefully recorded experiments, that the minute or infini-

tesimal dose will stimulate the same nervous tract. And by Hahnemann's method we are able to adjust the degree of stimulant applied with an exactitude hitherto unattainable. The degree of paralysis is shown by the intensity or prominence of the symptoms. The frequency and the size of the dose should be regulated by the frequency and the urgency of the functional distresses.

But, it will be asked, what right have we to assume that medicinal drugs possess these opposite powers? What right have we to assert that the same drug which paralyzes in the large dose will stimulate in the minute or infinitesimal dose? Or, to reverse the proposition, that the same drug which is a stimulant in a small dose will be a narcotic or a paralyzer in a large dose?

No better example can be given, in illustration of these points, than that of alcohol. Its stimulating action is so well known by the fatigued in mind or body, that its power to paralyze is apt to be overlooked or forgotten. Let us devote a short time to a consideration of these two actions of alcohol.

Dr. Anstie, in his article on *Alcoholism* in Russell Reynolds' *System of Medicine*, says (p. 65): "If the dose" of alcohol "be moderate, and the administration well timed, the effect upon the nervous system is simply that of a restorative stimulant. Sensations of fatigue are dispelled, the mind works more freely, a healthy sense of warmth is diffused through the body, and the arterial system acquires an increased tonicity if it were hitherto deficient in that quality. The latter fact, which is due to the influence of the remedy upon the sympathetic nerves, is capable of being demonstrated in a very interesting and convincing manner.

"The sphygmograph of M. Marey has the power of accurately representing, by its registration of the pulse-wave, the degree of arterial tonicinity present; and by this unfailling test it appears that the small vessels, when relaxed in a condition of fatigue, are brought by a moderate dose of alcohol to a proper tension, from which they suffer no recoil.

"If, on the contrary, the dose has been immoderate, or administered at a time when it was not required, the pulse-waves give a precisely opposite indication, that, namely, which proves that arterial relaxation has occurred, and simultaneously with this the pulse becomes abnormally quick. At the same time other symptoms of a paralytic nature are observed, confined in the first instance to the spinal nerves of the fifth cranial nerve. The former show their weakness by the occurrence of slight feelings of numbness, and an impairment of muscular sense in the extremities. The latter indicates its affection by slight numbness of the lips. The vaso-motor fibres of the fifth nerve discover their partially-paralyzed condition by flushing of the face, congestion of the conjunctivæ and lachrymation.

"The cerebral hemispheres next give notice of the alcoholic influence by the occurrence of intellectual confusion; and the hypo-glossi becoming simultaneously affected, the muscular movements of the tongue become difficult, and articulation is impeded.

"The further stages of drunkenness consist of more or less noisy

or sentimental delirium, passing gradually into coma; palsy, more and more complete, of voluntary motion and sensation; the medulla oblongata is palsied, and breathing ceases; and last of all, the organic nerves of the heart become incapable of performing their functions, and cardiac life ceases."

Here then we have clear demonstration of the fact, shown not only by the symptoms, but recorded by the sphygmograph, that the small dose of alcohol has power to restore arterial tonicity when it is administered to a patient in whom there is a want of this tonicity, caused by fatigue (in fact, where there is a partial paralysis of the sympathetic), by which the blood-vessels have become relaxed.

But if alcohol be given in an immoderate dose, precisely the opposite effect results, and the paralysis is increased.

Still more important is the fact that when even a moderate dose is given to a patient in health, where the pulse-wave shows no want of tonicity, then arterial relaxation, with a quick pulse, is induced, and other symptoms of a paralytic character ensue.

Alcohol, then, causes paralysis of the sympathetic nerves more or less complete according to the dose administered, when it is given to a man in perfect health. On the other hand it cures temporary paralysis of the sympathetic nerves when this condition of debility pre-exists. It increases the paralysis if the dose given be immoderate. (What is this but the "medicinal aggravation" of Hahnemann?) It causes death by paralysis if the dose be carried to its extreme of poisonous power.

It is difficult to conceive how any truly scientific physician, having these facts before him, can logically infer from them any other conclusion than that of the general truth of the homœopathic rule of *Similia*. And once admitting this, it is impossible not also to concede the necessity for the administration of small doses, such as shall effect a cure by bringing the relaxed nerves, which are causing functional disease and disorder, to such a state of tension as shall exactly restore the balance of health, and from which they shall suffer no "recoil." For such a recoil means a relapse, and, over-dosing inducing relapse, a continued round of wrong must ensue from its practice.

It would take us far beyond the limits of the time afforded to this address were we to proceed, as could easily be done, to show that the same phenomena of stimulation and paralyzing certain tracts follow the administration of all other substances which are capable of pathogenetic action.

Opium, ipecacuanha, nux vomica, cantharides, colocynth, in fact every drug in the *Materia Medica*, follows the same law in its medicinal effects. Every medicinal drug has power, in its large or pathogenetic dose, to paralyze or to narcotize a certain nervous tract or tracts, each according to its affinities; and it has the power to stimulate the same tract or tracts when given in a small dose to a patient suffering from depressed vitality or partial paralysis of this nerve tract or tracts. Even a moderate dose of the drug, such as might prove curative in disease, will derange the health of a sensitive patient if given "when it is not required." A moderate dose of opium will

narcotize a healthy man, but given to a man preternaturally drowsy from threatened apoplexy, a small dose will bring the hyperæmic vessels of the brain back to a proper state of tension by its gently-stimulating effect on the sympathetic (inhibitory) nerves supplying and controlling those vessels.

An immoderate dose, on the other hand, will increase the disease, just as an immoderate dose of alcohol will tend to induce further paralysis of the threatened sympathetic generally. The question of the dose is one, therefore, of the utmost importance; it cannot be lightly passed over, or guessed at hap-hazard. As with alcohol and opium, so it will be found with ipecacuanha and with every other drug. The large dose of ipecacuanha vomits; the small dose cures vomiting when caused by weakened action of the same set of nerves which the action of ipecacuanha affects. Ipecacuanha would not cure vomiting arising from concussion of the brain — nor from tubercular meningitis. Hence, accurate diagnosis is as needful to the physician practising Homœopathy as to him who practises as an allopath.

It will be seen from the foregoing remarks that a study of the paralyzing power of each drug, as affecting certain parts, tracts, or organs (whose general pathogenetic power was first insisted upon by Hahnemann, and latterly further precisionized by many of his followers, and particularly insisted upon by our learned and excellent colleague, Dr. Sharp, in the series of papers from his pen, many of which have been read before these Congresses), enables us to predicate the power of these same drugs to cure certain definite conditions of disease in the same tracts, parts, or organs, by the use of minute or infinitesimal doses of these same drugs.

Can anything be more accurate, or more scientific, or more in accord with the present advanced state of pathological and physiological science, than a system of therapeutics founded on this basis? And it is on this basis that the science of homœopathic therapeutics is destined to rest, for none other explanation fits all these facts together. There is one objection which I anticipate will arise in certain minds. It is this. If stimulation be the key to the whole treatment of functional diseases, why not give alcohol as their cure? Ought it not to be an universal panacea? Some such idea has from time to time come before the public and even the professional mind. Witness the treatment so strongly insisted upon by the late Dr. Todd — Witness also the brandy and salt treatment that at one time spread like an epidemic over the country.

The objections to this apparently simple method are twofold. Firstly, it wants fineness of aim; secondly, a large number of diseases arise from disorders of the motor or sensory nerves, as well as from disorders of the sympathetic.

Alcohol is a stimulant or paralyzer to the whole sympathetic system, but a very large number of diseases are caused by derangements of only a very small portion of the sympathetic system of nerves; and another large number of diseases arise from debility or partial paralysis of the motor and of the sensory tracts. To give alcohol in either case would be worse than useless. We want to stimulate the depressed

nerves and these alone. The healthy branches of the nerves require no interference. To give a general stimulant where local debility alone exists would be to derange one portion of the body in attempting to restore its balance to the other.

Hence we have to seek other agents, such as will enable us to stimulate the motor and the sensory tract, and such as will enable us to carry force to any weakened branch of either of the three sets of nerves which may require aid, leaving the tract which is already healthy and in proper tone untouched. Here our homœopathic therapeutics find their appropriate sphere; they show us that certain drugs can be employed to carry force to this or the other depressed nerve, or branch of a nerve, and that the rest of the body will be left untouched, and Hahnemann's method of the administration of drugs enables us to adjust the dose exactly to the requirements of the case, so that we can stimulate the weakened nerve back to its healthy standard of tonicity so gradually and so gently that there shall be no fear of subsequent recoil.

I have said in the earlier part of my address that the promulgators of a new system are bound to prove its scientific basis in order to overcome the opposition of candid objectors. If the views I have indicated possess the truth and the stability which I venture to claim for them, we shall have placed the homœopathic system in a position to show its accord with the developments of modern science. If the system we advocate does show its correlation to every real advance in pathology and physiology, then the antecedent probability of its truth must become apparent, and much of the opposition we have hitherto met with will melt away.

It will be said that the task still remains of reconciling the practice of the administration of infinitesimal doses of medicinal drugs with the rational art of medicine. This practice, we are told by our opponents, and even by some of our friends, is contrary to common-sense. I allow that it is contrary to *common-sense founded on past allopathic experience*, just as the locomotive power of steam was theoretically opposed to the common-sense of the old stage-coachman, or as the electric telegraph was contrary to the common-sense of the workers of the old semaphore, but in no other way is it more contrary to common-sense than is any other new discovery. Still I accept the proposition that before we can overcome the opposition of physicians of the old school to this new practice we must be prepared to show, firstly, that an antecedent probability exists as to the reasonableness of our belief that they will act; and secondly, we must be able, by proofs of a practical kind, to show that they do act.

As to antecedent probability, are we acquainted with any facts which prove to us that infinitesimally small agents possess the power to attack a healthy or apparently healthy man and prostrate him with disease?

The microscope, which introduces a difficulty in the way of the universal acceptance of our rule of "similars," as the sole indication for the cure of disease, clears away much of our difficulty as to the acceptance of the probabilities of the active powers of agents

themselves of infinitesimal minuteness. Organisms of extreme minuteness, far exceeding in littleness the particles of our third dilution, are proved to be capable of inducing disease, and even of destroying the lives of thousands of human beings. We have seen, but as it were yesterday, whole communities swept off by measles in the Fiji Islands. In like manner former epidemics of small-pox, scarlatina, cholera, etc., have, both in Europe and other countries, swept off thousands and even hundreds of thousands of lives. Yet the organisms which induce these diseases are invisible to the naked eye, and in no way can be recognized by the unaided senses till they have entered into and have overcome the body by their malign and powerful influence.

In vaccine lymph, we have seen it asserted that the organisms which reproduce it are but the 20,000th of an inch in diameter. Other of these living and prolific organisms are said to be smaller still. But, whatever their absolute size may be, the organisms which produce infectious diseases probably are relatively infinitely more minute than the blood globules of the creatures they invade. Possibly this is the law of infection. It is not yet proved to be so, but the facts at present recorded point in this direction, and the attention of many competent observers being directed to this subject, we may expect, ere long, new enlightenment upon it.

This is one of the series of examples of the power of infinitesimal organisms to induce disease. A second series, and one that comes still nearer in kind to the class of action we desire to illustrate, is to be found in the toxic power of infinitesimal agents, upon certain individuals whose idiosyncrasy renders them more than usually sensitive to the special influence of the particular drug. The pathogenetic effects of ipecacuanha, in the minutest atoms, on the mucous surfaces of certain persons, is well known. So is the influence of arsenical wall-papering, which has exerted toxic effects on a large number of patients. Other individuals are so sensitive to mercury, that I have known an instance where even the 12th dilution (*i. e.* the quadrillionth part of a grain) could not be given without inducing mild salivation and great discomfort. So also the sensitiveness of some patients to the action of arnica is most instructive. I have mentioned some instances of this susceptibility in my article on arnica in my work on *Applied Homœopathy* ;* but two still more extraordinary cases have also occurred in my experience. In one, the patient (a banker advanced in years) was threatened with cerebral congestion, for which I prescribed arnica. He warned me that arnica always caused erysipelas with him. "In that case," I said, "I will give you such a dose as cannot possibly produce such an accident"; and I ordered him the eighteenth dilution. Next day he had decided swelling and erysipelatoid rash round the mouth, and affecting specially the upper lip. I have also another patient, a lady of high rank, whose sensitiveness goes even beyond this. Her husband and chil-

* *Applied Homœopathy; or, Specific Restorative Medicine.* By WILLIAM BAYES, M.D. London: H. Turner & Co., 77 Fleet Street.

dren, fond of field sports, and, of course, consequently liable to troubles both from fatigue and from accidents, use, by my advice, a small quantity of arnica in their bath after an unusually tiring day; or an arnica lotion or compress for bruises or strains. But, under those circumstances, if they go into the same room where Lady —— is, either after their bath or after using the lotion, she invariably has slight erysipelas of the face, with puffiness of both eyelids and great irritation of the skin. Her last attack of the kind was induced by her having, thoughtlessly, mixed a dose of a dilution of arnica for her husband, one drop of which fell on her finger, and although she immediately washed it off, she had erysipelas in the face next day.*

A consideration of these two classes of facts — firstly, the pathogenetic power of the infinitesimal organisms of infectious and contagious diseases; secondly, the pathogenetic power of toxic infinitesimal influences — shows, at the least, a strong antecedent probability that minute and infinitesimally small doses of medicinal drugs ought also to possess beneficent powers.

Those agents which induce disease in a previously strong man, which have power to break down the usual functional habits of the healthy organization, are acting against the self-conservative powers of life. Those agents, on the other hand, by which we endeavor to restore the healthy balance and to give back regularity to the functional habits, have the self-conservative powers of the living body all on their side. Therefore, we do not require to use, as remedial agents, means possessing so great material force as we should need to use in order to induce toxic or pathogenetic results. To believe otherwise would be to set aside altogether a consideration of that tendency towards healthy action and self-repair which we know to exist in the living body.

Therefore, a curative power should always be found in such a dose of the medicinal drug as is materially smaller than the agent which induced the disease.

If, then, the cause of a disease has been imponderable, invisible, infinitely minute, there exists not only an antecedent probability, but a scientific certainty, that the true cure — such a cure as shall leave no recoil — will be found in a dose of the correlated medicinal drug, which shall be also imponderable, invisible, and infinitesimal.

* Although I have named but two drugs as examples, yet we have ample evidence that a similar sensitiveness to the action of all other powerful drugs exists in certain individuals; each such drug acting with special power over those who possess certain constitutional idiosyncracies. Hence we may easily understand the terrible catastrophes which are common in the practices of those men who indiscriminately, or even habitually, prescribe gross or large doses of drugs. These catastrophes (or accidents, as they are called) are certainly less common among the patients of those men who use small and infinitesimal doses. Sudden exacerbations of symptoms, or the occurrence of new seizures during an illness, appear to be relatively the more frequent the larger the doses which are given in the treatment of the case. In my own practice catastrophes have been markedly less frequent since I have adopted the homœopathic therapeutics.

And once more, in those diseases whose cause is due to living organisms, how are these to be so readily destroyed as by employing medicinal drugs in such a state of atomic division that their particles shall be smaller than the creatures they are destined to slay? Who would not laugh at a man who fired a Krupp's cannon at a monad? Yet, in point of fact, he would be no more a just object of ridicule than the man who gives ounces or grains of crude drugs either to destroy infinitesimal organisms, or to restore the balance of nerve-force which had been upset by quadrillionths of a grain of disturbing force.

The facts relating to infection and to the special susceptibility to certain drug influences induced by idiosyncrasy, correspond in the most perfect manner to the facts we witness in our daily practice of drug-giving, in comparatively small or in infinitesimal doses.

Every one who is exposed to infectious influences does not contract the disease.

Every one exposed to arnica, to ipecacuanha dust, or to arsenical wall-paperings, does not yield to their toxic influences.

There must be some peculiar state of health which predisposes the patient to receive their noxious influence.

It is not every one, even, who is bitten by a mad dog, who becomes hydrophobic; probably not one patient in four is so influenced.

Receptivity is an important condition in the production of these phenomena. In the same way we have no expectation that an infinitesimal or minute dose of a drug will affect a patient unless some special receptivity to its action exists. But we hold that the presence of disease, in a patient, renders him specially sensitive to the curative action of that drug which has a special affinity for the part, tract, or organ. In other words, that the depressed nerve will readily appropriate and show, by its restoration to healthy balance of function, the action of that medicinal stimulus which is needed, although the quantity needed is so small that were it added to the healthy body, no sensation of stimulation or the reverse would be felt.

As to the actual size of the dose to be given, it would appear to be most in accordance with antecedent probabilities that it should be correlated to the pathogenetic force which has induced the disease. If the cause have been material, then the curative dose may also be required to be material. It is not, for example, pretended that the disease caused by a material dose of arsenic or other poison is to be met by an infinitesimal dose of an antidote. But a disease caused by an infinitesimal dose of arsenic, such as from wall-papering, should be met by correspondingly small or infinitesimal doses of the appropriate antidote.

We should carry our "similia," not only to kind, but also to degree — our medicinal drug must be similar to the causes in their material size, in their force, and in the sequence of their incidence. We cannot balance a pound by a grain, nor can we balance the millionth of a grain by grains.

But when we come to treat diseases which have been caused by derangements of force, diseases of an a dynamic character, materialism seems to be specially out of place.

Let us revert once more to the example of the hyperæmia and subsequent diuresis which follow the division of the sympathetic branch of the renal plexus. Both hyperæmia and diuresis are arrested, and the healthy balance of function and of circulation are restored to the kidney by the gentle stimulation of the peripheral end of the nerve by means of a mild galvanic current. But when the galvanic current is increased, an opposite condition of disease is induced, and a total arrest of both circulation and secretion ensue. It is evident, therefore, that an accurate adjustment of the amount of stimulus to a depressed nerve is essential to true and permanent cure. Although it is needful to stimulate the depressed nerve up to the standard of health, we must be careful to induce only that amount of nerve tension which is sufficient to restore the balance of function and circulation, and no more. More than this, so far from doing more good and giving more tone to the general system, it does actual harm. In that class of disease which arises from an adynamic state of certain nerves, it is a dynamic and not a material influence from which we can expect really curative results. In carrying force to the nerves we must carefully avoid over-supplying the demand.

Hahnemann's method of subdivision of medicinal substances enables us to administer the medicinal doses with a degree of nicety which has not been attempted even by the other school. Those physicians, opposed to our method, and who yet have acknowledged the necessity for giving medicines in a more finely divided state than ordinary pharmacy attempts, have fallen into the most ludicrous and often cumbrous and uncertain methods, in the hope of accomplishing this purpose, without compromising themselves by Hahnemannism. To use the simple centesimal scale of division recommended by Hahnemann, or the decimal division now so largely adopted by his followers, would bring them within the range of possible ostracism. These hyper-scientific but timid allopaths therefore hit upon the notable expedient of dosing cows and goats with drugs, and giving their patients the medicated milk. The expense of the method as well as its uncertainty proved its doom. Who could afford to keep a cow or even a she-goat for each drug needed? We possess about four hundred medicines; can we afford four hundred medicated cows, each labelled according to her supposed medicinal properties — the mercurius cow, the arsenical cow, the phosphorus cow? etc.

Next came the pulverized medicinal sprays by which the drugs were to be given by inhalation; and in other cases powerful medicines were to be given chemically combined or pharmaceutically mixed with some drug or drugs calculated to neutralize all but an infinitesimal or minute part of their active principle.*

Can the profession long continue to ostracize us for scientifically, and with precision, preparing drugs in such form as to make their

* I am not here alluding, in condemnation, to the use of medicated sprays where topical action of medicinal substances directly to the surface diseased is desired, but simply to the using pulverized sprays as a means of giving minute doses of medicines, which is an uncertain and a bungling way of accomplishing the indication of "minute dose."

administration safe and exact, while they not only retain among their body, but even honor men who resort to such uncertain, inexact, and indefinite methods for the accomplishment of the same purpose? If they acknowledge the necessity for the administration of small and even minute doses of drugs when given on the above rational indications, why should they shrink from adopting a scale of decimal or centesimal subdivision?

There have been signs, notably in the recent discussions in Birmingham, that nobler counsels than have hitherto actuated the majority of the medical profession in their conduct towards us begin to prevail in the allopathic body at large. Whether this awakening of the medical conscience will immediately result in their re-admitting us to the position we claim in the medical polity it is impossible to predicate. But, whether it does or no, our duty towards ourselves and the profession is clear, and was well expressed by our worthy colleague, Dr. Black, from this chair in 1872, when he said: "It is our duty, boldly and perseveringly, to claim the liberty of free opinion and the right of choice, which are the heritage of all members of a scientific profession. We claim admission to all the rights and honors of our profession; and as the condition of such rights we invite the strictest scrutiny — we demand a fair field and no favor."

But our real difficulty lies in this, there is no "fair field" in the whole realm of modern British medicine in the which we may enter the lists and do battle with our adversaries. There is no tournament ground open to us where we can measure our strength face to face with the allopath. The age of chivalry is past, especially in the British allopathic heart, and in its place reigns the narrow policy of excluding from the lists all who are too strong for them in the field of argument. Where shall we find, in the whole realm of medicine, "a fair field," or even a noble arbiter to judge between us and our adversaries? Is there a single hospital whose staff dares try conclusions with us? None. Or whose governing body dare allow us to show our prowess against disease side by side with, or in contrast to the other system? Is there an university which dares to follow the good example of former ages and allow us to propound and defend our theses within its academic walls? None. Is there a single college to whose senate and council we can apply with a chance of our being heard, and who dare, in the interests of science, permit a thorough investigation of the facts we are prepared to lay before them? Nay, is there a single medical society (save our own homœopathic societies) where those acquainted with the system are allowed to discuss its merits?

How, then, are we to attain that which we desire, "a fair field and no favor"? The last is easy enough: the "no favor" is granted readily enough; but where is the "fair field"? It is only by continued knocking at the gates, and demanding our rights, that we can expect to attain them. This is the legitimate means of attaining our ends in religion and in politics, and it is not otherwise in medicine. It is of little use to demand our individual rights in detail: our voice is not heard. Societies must be met by societies; and perhaps the

most practical way of forwarding the cause of scientific liberty within the realm of medicine, would be that the members of each university or college should form societies, whose object should be to bring before their respective universities or colleges the result of their own investigations into the new system of therapeutics. How could any university or college well refuse to listen to testimony given by its own members?—men, of whose competence to practise they themselves have certified, after a test examination. A well drawn up statement of the experience of a number of the members of universities or colleges should be prepared, and formally brought under the notice of each university or college by its own members, and a commission of inquiry and investigation should be asked for. If this proposal be accepted (and I do not see how it could be refused without a grave dereliction of public duty), then the medical societies could no longer close their doors to those men whose practical knowledge of the subject alone enables them to discuss it scientifically.

Further, I would suggest combination of the men of each separate medical school. Let the former students of each school form societies, to bring before their alma mater the result of their subsequent investigations; and let each society ask of its own hospital authorities, that a practical investigation into the facts they are able to adduce should be conducted within the walls of the hospital to which they owed their first insight into medical practice. The members of each university, college, medical school, and hospital have a right to claim a hearing from the bodies of which they are members, and the time has come for us to claim these rights, in the cause of our common humanity. If these bodies refuse to listen, we must then, relying on our still wider rights as English citizens, appear to the fourth Estate—the Press; and a free discussion before the public cannot fail, in the end, to obtain us that which we seek solely in the interests of the public weal. But let us first proceed cautiously, patiently, but firmly, each dealing with his own college. I believe I am right in stating that sixteen of the members of the Royal College of Physicians of London, having experimented into the practice of homœopathic therapeutics, have openly adopted this system into their practice. I cannot but think that, if these sixteen men were to draw up the results of their investigations, and to bring them before their college, that such a course would be fraught with much advantage to their own college and to the public; and would tend, more than any mere individual protests, to end the unprofessional conduct of certain other members of the college who refuse to meet any physician who has added a knowledge of homœopathic therapeutics to his practice. It is their ignorance of homœopathy and of its teachings, it is their misunderstanding as to its principles and practice which underlie half, if not the whole of the unprofessional and unjustifiable attitude which the majority of the allopaths hold towards those physicians, who, having in all respects equally high qualifications with themselves, have proceeded further than they have themselves gone in therapeutic investigation.

It is not to be credited of a body of English gentlemen (and the majority of the medical profession justly claim a right to that title)

that they would willingly continue to practise an injustice or a meanness towards an opponent, and still less towards their brethren, men of equal attainments, holding similar degrees, of as high a sense of honor and probity as themselves. We are therefore bound to assume that the present attitude of the allopaths towards those physicians who have gone a little further into the field of therapeutic research than themselves is founded on misunderstanding, and we ought, if possible, to remove this misunderstanding, not only for our own sakes, but to save the profession from impalement on the horns of a dilemma, prejudice being the one horn and injustice the other.

Before concluding, I ought to say a few words on our efforts to establish courses of lectures in London, which, if supported, as we hope they will be, may lay the foundation for a school of Homœopathy in England. At present we confine ourselves to courses of lectures on Clinical Medicine, by the physicians and surgeons to the London Homœopathic Hospital, and to lectures on Homœopathic Therapeutics and Materia Medica. During our first session Dr. Hale delivered a course of four most interesting lectures on Clinical Medicine, Dr. Dudgeon gave two lectures on the History and Principles of Homœopathy, and Dr. Richard Hughes gave a long and very instructive course of lectures on Materia Medica and Therapeutics. These lectures will be published in due course, and the medical profession will have a further opportunity afforded it of correcting its misconceptions and of studying the science of Homœopathy in its varied aspects. It is proposed to recommence these courses of lectures next October, on the first Thursday (the 7th), and to continue them on each succeeding Thursday, at 5 P. M. These lectures are designed wholly for the profession, and are open gratuitously to all members of the medical profession and to medical students, but are not open to the public, and are not "popular" in the ordinary sense of the word. The demand on the part of the public for homœopathic practitioners is so far in excess of our power to supply it, that it is to be hoped that the knowledge of Homœopathy, which these lectures are calculated to spread, will provoke such spirit of inquiry as may lead to a further practical examination of the subject by many fully qualified men. Our experience hitherto has led us to the conclusion that to "inquire into" the practice of Homœopathy is "to adopt it." It is those who deny it such practical test who oppose it.

To this and to all other efforts tending to remove the misunderstanding which leads to the opposition of the majority of the medical profession to Homœopathy, and to diminish human suffering, we must all give our heartiest support; remembering reverently that, in so doing, we are humbly following in the footsteps of Him who "Himself took our infirmities and bare our sicknesses"; who, in the beneficence of His care for the bodies as well as the souls of men, caused the blind to see, the lame to walk, the lepers to be cleansed, the deaf to hear, and who even raised the dead to life; charging His disciples also in nothing more strongly than that they should continue and complete this physical regeneration of mankind. The full meaning of this carefulness to heal the sick — to cure the diseased — is by

none more thoroughly appreciated than by those thoughtful physicians who know how many mental and moral aberrations are the natural sequence of bodily derangements; and thus, in religiously following out our Lord's injunction to "heal the sick," our piety and our devotion to his cause binds us with all the firmer bonds to do so to the best of our ability, following that system which we believe to be true, undeterred and unswerving from the strict line of integrity, whatever may be the immediate consequences to ourselves. How infinitely small does the ostracism of a prejudiced majority of the profession appear to the man who is but following the strict and single line of his duty to his God and to his neighbor. Time-serving is never even good policy. "For what is a man profited if he shall gain the whole world and lose his own soul? or what shall a man give in exchange for his soul?" Therefore let the physician practising Homœopathy, while ever courteous and ready to communicate, yield no single foot of the ground of truth whereon he stands; and where it is his duty to do battle against error, let him enter into no compromise, but fight on manfully, keeping ever steadfastly before his eyes that admirable maxim of the wisest of Hebrews: "Whatsoever thy hand findeth to do, do it with thy might."

A SCIENTIFIC PRINCIPLE FOR TOXICOLOGY.

BY WILLIAM SHARP, M.D., F.R.S.

"I frame no hypotheses."—SIR ISAAC NEWTON.

THE physician's field of knowledge is vast and varied; his duty is serious, but simple and soon told — to ward off, to remove, or to abate sickness.

Sanatory measures may ward off disease; to remove or mitigate it other means are required.

Among these means, the most ancient and the most universally employed, is the administration of medicines.

That medicines may be given with confidence and satisfaction, a knowledge of their action, much more distinct and clear than any we have hitherto possessed, is required.

To help towards such distinct and clear knowledge, and thereby to increase our confidence and satisfaction in the use of medicines, has been the object of former Essays. It is also the object of the short paper to which I have now the pleasure of inviting your attention.

The words "medicines" or "drugs" are to be understood to include all substances, whether mineral, vegetable, or animal, which are not food, which do not make blood, which do not afford nourishment to the living body of man. If any exception is to be made to this comprehensive statement, it will be in favor of alcohol, and the articles which contain it. In this case these may be classed separately as pure stimulants.

Drugs or medicines belong to the class of causes of disease. Like

other causes of disease, their action in health is always more or less injurious. They differ from other causes of disease in this, that in certain comparatively small doses, their action in disease is curative.

In former Essays on the action of drugs, the following propositions have been maintained; and it will be observed that these propositions are not hypotheses or speculations of the mind, but facts capable of direct proof.

I. ON THE SEAT OF THE ACTION OF DRUGS.

The action of drugs, as regards its *seat*, is local or partial. Each drug selects certain organs, or parts of the body to act upon; or, in other words, each organ or part of the body appropriates certain drugs and is affected by them.

This is a universal or general fact. If any one doubts it, let him name any drug the action of which is not local; that is, not by preference more on some parts of the body than on others.

This peculiar action would be surprising to us, if we were not so familiar with it. It is entirely inexplicable to us. It is always injurious in health; and, if we reasoned *à priori* from this, we should conclude that it must be still more injurious during the morbid excitement of disease; but, on the contrary, it is found to be beneficial, to be frequently even curative. This is a fact, happily of every-day occurrence; but we are as entirely without explanation of it as we are of the deleterious action of drugs in health.

The local action of drugs is so fixed and characteristic, that it affords a stable foundation on which to classify and arrange all medicines, — the only classification which is of any use to the physician. Each organ or part of the body, solid or liquid, may be taken, and to it may be attached a list of drugs which have their first or strongest action upon it, or upon some parts of it. Other organs may also be so arranged as to show a subordinate action upon them. These tables will be found of the very greatest practical utility to the physician, as he daily prescribes the various articles of the *Materia Medica* as remedies. For

Organs appropriate the same drugs in disease as in health. Unless this were so, the testing of drugs in health would be of little value. But being so, experiments made with drugs in health become of the highest value. The usefulness of accurate diagnosis is also greatly increased by this fact.

When a rule has no exceptions it may seem superfluous to mention examples. But it may not be quite without interest to you to be reminded that opium acts upon the venous circulation of the brain, whether that organ is sound or apoplectic; that arsenic goes to the stomach, alike whether it is healthy or inflamed; so cantharides affect a sound or a diseased bladder; so the bichromate of potash visits the nose; belladonna and physostigma the iris; and aconite and digitalis the heart.

This branch of science — the study of the local action of drugs — has been named *Organopathy*.*

**Essays on Medicine*, 10th Ed. 1874, page 409, and Essay XVII.

II. ON THE KIND OF ACTION OF DRUGS.

Drugs have many kinds of action. What these actions consist in is hidden from us. How they are brought about is unknown to us, and is, probably, unknowable. But with the effects of many of them on the living body, both in health and disease, we are very familiar.

The action of drugs, as regards its kind, is dependent upon the *dose*. Each drug has its own doses, and each dose has its own specific action.

Moreover, the various organs of the body have not only their own drugs for the seat of action, but also their own doses of these drugs for the kind of action.

From these considerations it is evident that the question of dose is a very complicated one. It is not surprising, therefore, that it has hitherto remained in great darkness, and that the notions and opinions which have been formed and expressed upon it have been confused and contradictory.

Two years ago, at the Congress at Leamington, I had the great pleasure of announcing to you the discovery, I believe, of a universal or general fact of great value, namely:—

The kinds of action of comparatively large and small doses of the same drug are opposite, or in directions contrary to each other.

Proof of this fact was given in a series of experiments upon myself and others.

That large doses and small doses of the same drug have actions in contrary directions is not hypothesis but fact. Of this fact no explanation has been offered, but it has had given to it the name of *Antipraxy*.

Suffer me to repeat. One range of doses of every drug has an action on the living human body, whether in health or in disease, the tendency or direction of which is contrary to that of another range of doses of the same drug. The larger doses act in one direction, the smaller ones in the opposite.

It is not meant to imply that there are not other causes which will interfere with, and more or less change, either of these directions, after the manner of a composition of forces; but, for the present, these interfering influences are put out of sight, for the sake of obtaining a clear notion of the action of different doses of drugs. It is best to study one problem at a time, and in its simplest form. The present problem is the kind of action of different doses of the same drug.

The kind of action, or its direction, is, for each drug, twofold, according to the dose. This twofold action of large and small doses is always of an opposite kind, or its tendency is always in the contrary direction.

It may, perhaps, be permitted me to remind you of a few examples of this action in opposite directions of doses of the same drug which are to each other comparatively large and small:—

Large doses of opium stupify the brain; small doses excite it.

Large doses of aconite quicken the action of the heart; small doses retard it.

The action of digitalis on the heart is the reverse of that of aconite: large doses enfeeble, small doses increase its action.

Large doses of veratrum, rhubarb, and many other drugs produce diarrhœa of various kinds; small doses of these drugs cause constipation.

While doses of opium, lead, and other drugs act reversely; so that large doses constipate, and small ones open the bowels.

Some drugs, as squills and turpentine, in large doses increase the action of the kidneys, and in small ones diminish it.

While others, as aconite and digitalis, act reversely on these organs: large doses diminishing, and small ones increasing the secretion.

Some drugs, as sabina and ruta, in large doses increase the catamenia; in small ones diminish them.

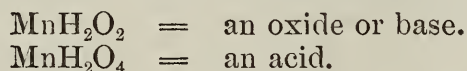
Belladonna applied topically to the eyebrows in large doses dilates the pupil, and in small ones contracts it.

While calabar bean (physostigma) acts on the pupil in the reverse order: large doses contracting the pupil, and small ones dilating it.

These examples of the contrary action of different doses of the same drug in *health* will suffice to illustrate the kind of proof the proposition admits of. Every medical man, if he will experiment upon himself, may add to the number.

In the Essay on this subject* some facts were given, which show that other branches of natural science are not without analogies or examples of this contrary action of different quantities. Perhaps a few remarks may be permitted on the facts so mentioned.

In the Essay referred to, one of the examples from analogy is taken from chemistry, and deserves a few words of explanation. The facts stated are the combinations of manganese and oxygen in different proportions. The compound containing a small quantity of oxygen being a base which combines with acids to form salts; and that containing a large quantity of oxygen being an acid which combines with alkalis to form salts. The notation of these combinations was given in the language used twenty years ago, because this was most familiar to me; but the facts are equally true if stated in the terms used to-day. The present formula is as follows:—



Here we have the same number of equivalents of manganese and hydrogen in both compounds; but the oxygen is doubled, the acid having twice as many equivalents of this element as are contained in the oxide. The opposite characters, therefore, of the base and the acid appear to be due, not to the absence of hydrogen, in the one case and to its presence in the other, for it exists in both, and in the same proportions in both, but to the less quantity of oxygen in the one, and the greater quantity in the other.

* *Essays on Medicine.* Essay XXIV, on "Antipraxys."

Another example might have been given which in one respect is better. Manganic acid has not yet been isolated, and is known only in combination as existing in salts. The oxide of chromium, which forms salts with acids; and chromic acid, which forms salts with alkalis, are both well known as separate bodies. Their contrary properties are connected in some way unknown to us, with the different quantities of oxygen which are respectively contained in them.

It is to be remembered that these and other analogies were not given as proofs. Analogies are not proofs. Even if correct, they are of no value in this sense; and if erroneous, they are not damaging. Their use is to facilitate the conception of a new idea, and sometimes to render its truth probable.

To return from this digression:—

Suffer me to call your attention to the fact, that this contrary action of different doses of the same drug is quite distinct from those effects which have been called *primary* and *secondary* actions of drugs. It may, or may not, be true that *each dose* has these two actions in contrary directions, but this contrariety or opposition is not what is meant by Antipraxy.

It is worthy of notice that Antipraxy, by which, in one word, it is intended to express the universal or general fact of the contrary action of great and small doses of each drug, is an induction from experiments with drugs only, and with their action upon the healthy bodies of men. There may be some phenomena in the actions of the imponderable agents or physical forces of nature on living beings which are analogous to these actions of drugs, but they cannot be adduced as proofs of them. Moreover, the actions of these forces—of electricity, for example—are so varied, so complicated, and so little understood by us, that they must be left to be further investigated for a long time to come, before any general conclusions can be drawn from them in reference to the treatment of disease.

Let it also be noticed that this contrary action of large and small doses is a higher induction or a wider generalization than Homœopathy. This will appear from the consequences or deductions which flow from it. We shall find that Homœopathy is one of them.

We proceed, therefore, now to consider, very briefly, the

DEDUCTIONS FROM ANTIPRAXY.

1. *A law for the choice of the Dose.*

The first consequence or deduction from the contrary action of large and small doses is a law for the dose.

In the Address already referred to, the law was thus stated:—

“When a drug is prescribed as a remedy for a diseased organ, upon which it acts when taken in health, and for the kind of diseased action which, in certain large doses it produces in health, the dose must be small enough to be within the range of an action in the opposite direction.”*

* *Essays on Medicine.* Essay XXII.

Suffer me to offer a few remarks upon this law : —

It is a fact, not a speculation, nor hypothesis, nor a transcendental imagination. It is a fact easily verified ; any medical man of ordinary powers of observation may prove it upon himself. No hypothetical explanation of it is offered.

It is simple and easily understood. The youngest student of medicine can have no difficulty in apprehending it.

It is of the most practical importance. Every prescription may be governed by it, and with great facility. If a dose of a drug is known to excite the brain, another dose of the same drug will soothe it. If a dose of a drug quickens the action of the heart, another dose will slow it. If a dose of a drug increases the secretion of the kidneys, another dose will diminish that secretion. If a dose of a drug acts as an aperient, another dose of the same drug will act as astringent. If a dose of a drug produces spasms of the muscles, another dose will tend in the opposite direction, or towards paralysis. If a dose of a drug dilates the pupil, another dose will contract it. This is practical knowledge which admits of daily application. It is to be remembered that the remedial action of each drug is that of the small dose, not that of the large one.

2. *A law for the choice of the Remedy.*

The second deduction from the contrary action of large and small doses is Homœopathy. You know that Homœopathy is the giving of a small dose as a *remedy* for a disease which arises from another cause, but which resembles that which a large dose of the same drug produces. The disease in its seat is the same as in its kind is similar to that of the action of the drug in large doses ; the cause of it is different. To this method of treatment Hahnemann applied the motto *similia similibus curantur*, and gave the name of Homœopathy. The action of small doses being in the opposite direction of that of large doses, it is evident that the motto *contraria cantrariis curantur*, and the name of antipathy may with equal justice be given to it. This system of therapeutics may be received as a direct inference, consequence, or deduction from antipraxy.

Allow me to remark upon this law for the choice of the remedy that, taken in this light, and free from any hypothetical explanation, it is, like the preceding law of the dose, a fact, not a speculation. It is also, like that law, a fact easily verified ; every medical man may test it in his own practice.

Like that law it is simple and easily understood. Every practitioner may without difficulty, though not without labor, learn to obey it in his daily practice.

Like it, also, it is of the highest practical importance. Every prescription may be governed by it, and with great satisfaction.

It is very easy to invent hypotheses ; it is very difficult to establish a law of nature. Hahnemann attempted both. He succeeded in introducing a new method of medical treatment, and in setting up a new sect of medical practitioners ; but his hypotheses are already

almost universally rejected; and his attempt to establish a law of nature has not succeeded. It is to be hoped that success will crown the labor of some other man.

3. *A law for the choice of the Antidote.*

Your attention is now called to a third deduction from the contrary action of large and small doses. *Small doses are antidotes to the injurious effects of large ones.* Here, not only is the disease the same both in its seat and in its kind, but the *cause* of the disease and its *antidote* are the same also.

The subject belongs to toxicology; and this is a principle upon which toxicology, as a branch of science, may in future rest.

The thought was expressed in the address at Leamington two years ago, in the following words:—

“For a drug to be a medicine it must have two actions in different doses; the action of the small dose must be contrary to the action of the large dose. This suggests the idea that for the virulent poisons, such as snake-venom, arsenic, opium, etc., for which no antidotes are yet known, the best antidote *may* be very small doses of itself. The only opportunity I have yet had of putting this thought (an hypothesis in the useful sense) to a practical test is in respect of mercury. In a case of poisoning by this metal the third trituration of itself (the millionth part of a grain) was manifestly beneficial.”*

For this I was rebuked at the Congress last year in London. It had been expressed the year before merely as a suggestion or hypothesis.

Now it is repeated, not as a suggestion, but as a consequence or deduction from the contrary action of different doses. It is given, not to form a new chapter in the science of toxicology, but to be the foundation of the science.

It is a principle by which the use of medicinal antidotes may be regulated. This does not exclude other methods of treatment in cases of poisoning,—such as the use of *chemical* antidotes where these are known, sulphate of soda or of magnesia for sugar of lead, chalk or magnesia for mineral acids, albumen for corrosive sublimate, common salt for nitrate of silver; or such as the use of *mechanical* means of relief, the stomach pump.

This principle is not the same as the principle of Homœopathy, nor is it opposed to or inconsistent with it. It is a new groove of experiment running parallel with the groove of Homœopathy. One belongs to therapeutics, the medical treatment of disease; the other to toxicology, the antidoting of poisons.

Neither is it identical with what has been called isopathy. This, so far as I am acquainted with it, seems to consist mainly in the use of the products of disease as remedies, and which, I think, ought to be rejected.

As a principle of toxicology it has been learned by reasoning. It is a deduction from the general fact, that the action of large and small

* *Essays on Medicines.* Essay XXII, page 733.

doses of the same drug are contrary, which has been called antipraxya. There remains the duty of verifying it by experiment.

These experiments have been begun, and I have no doubt that, before any considerable time has passed, a sufficient number of proofs will be made known, and the principle now expressed will be established, not only as a necessary consequence of a previous induction, but also as a practical fact.

In the early part of last year (1874) I wrote to Dr. Mahendra La'l Sircar, of Calcutta, the editor of *The Calcutta Journal of Medicine*, requesting him to test the hypothesis suggested at the Leamington Congress, in 1873, by experiments with snake poison. This suggestion was immediately acted upon by him, but his experiments were interrupted by a serious illness which compelled him to leave Calcutta for some time.

In the number of the *Calcutta Journal* for June and July, 1874, a report of these experiments is given, entitled "Pathogenetic Action of the Cobra-Poison." (Vol. VII, p. 230.)

Referring to my letter he quotes this sentence from it, "I do not think that experiments with animals are justifiable or useful as a rule, but perhaps this subject is an exception." And he adds, "We heartily concur with this expression of opinion on the now much disputed question of the advisability and justifiability of experiments with the lower animals, so as to entail suffering or loss of life, or both. We think it is nothing but impatience, a mistaken idea of progress, a vain desire to advance knowledge, which spurs us to do many things which we ought not to do. Experiments on living animals, however carefully conducted and performed with the aid of anæsthetics, cannot but inflict pain and shorten the duration of their lives. Such experiments should, therefore, never be wantonly resorted to. They are only justifiable when the object is not the mere advance of knowledge, but of such knowledge as will lead to the alleviation of suffering much greater than we inflict, and the saving of many more and much more important lives than we destroy. In their performance we should observe the strictest economy as regards suffering and loss of life."

Dr. Mahendra La'l Sircar refers to former experiments of his own with the cobra poison, and also to those of Dr. Fayer and Dr. Lauder Brunton, which, however, had no reference to the inquiry now instituted, and afterwards he details seven new experiments.

In a letter written to me in January of this year (1875), after alluding to his long illness and consequent weakness, he says he has resumed the experiments, but in consequence of the snake-man absenting himself, he has not been able to make much progress. After referring to these experiments he describes the following:—

"In one of these experiments recently made (with the *daboia*), different degrees of bite inflicted upon the same animal at short intervals, appeared in one particular to be antidotic. A *daboia* was made to bite a full-grown cock. It appeared to inflict the bite, but the cock was unaffected. A few minutes after the first ineffectual bite, the snake was made to bite again and it did so twice, after which the

bird dropped down dead. In the autopsy made the following day, the blood was found *coagulated* instead of fluid, as is characteristic of *daboia* as distinguished from *cobra* poisoning. The only explanation I can offer of this anomaly is, that the first bite was too trifling to cause death, but was antidotic, so far as the condition of the blood was concerned, to the second bite which, from the quantity of the poison injected, proved fatal. Further experiments are needed to confirm or nullify this hypothesis, which is in principle the same as yours."

Other experiments might be mentioned, but the time allowed me has been exceeded. Suffer me, however, to give one, for it and the comments upon it are remarkable and very interesting in reference to this subject. It shows, I think, that snake-venom is subject to the law of antipraxy, and, therefore, may with propriety be experimented with as an antidote to itself.

In the "Proceedings of the Royal Society" for Feb. 18, 1875,* is given a paper "On the nature and physiological action of the *crotalus*-poison as compared with that of the *naja tripudians* and other Indian venomous snakes," etc., by T. Lauder Brunton, M.D., F.R.S., and J. Fayrer, C.S.I., M.D. From this paper the following sentences are extracted:—

"From observations which have been made by Mr. Richards and ourselves, we have arrived at the following conclusions.

"The blood appears to remain *fluid* after death under the circumstances noted below:—

"1st. When a *large quantity* of the cobra-poison has been directly injected into the circulation, as, for example, into an artery or vein.

.

"The blood undergoes either partial or complete *coagulation* under the following conditions:—

"1st. When a *small quantity* only of the cobra-poison has been injected into a vein or an artery.

.

"Why the admixture of a large and quickly fatal injection of the cobra-virus into the circulation of animals, should produce comparatively permanent fluidity of the blood, or interfere with its ordinary coagulability soon after removal from the body or after death, and why the injection of a smaller and more slowly fatal quantity, should interpose no obstacle to its speedy coagulation, are questions extremely difficult to account for or explain. We can only state the fact that, in the one case, coagulation occurs speedily, and in the other, this coagulation is retarded or altogether prevented by some cause at present unknown."

Here is a special case, and its difficulties, and they are stated by the two men; who are at present the foremost in these researches on the physiological action of serpent-poison. If you have followed me in

* Vol. XXIII, No. 159, page 261.

the observations and reasonings of this Essay, you will, I think, see clearly that the facts here given by Drs. Brunton and Fayrer, are but illustrations of a general law, being individual instances of the contrary action of different doses of poisons. Moreover, I think you will agree with me, that we can avail ourselves of this law in this, as in other instances, in the most practical and useful manner in the discharge of our professional duties, notwithstanding that we have no explanation of it; and I trust that you will also agree with me that it is wise to be conscious that we have no explanation, to acknowledge this frankly, to wait for the discovery of it, and, in the mean time, to abstain from the folly of inventing an explanatory hypothesis.

These Essays were begun nearly twenty-five years ago, by quoting an old Sanskrit proverb:—

“It has been heard of old time in the world,
That poison is the remedy for poison.”

The former Essays have been devoted to the task of showing how one poison may be a remedy for another. In this has been commenced an attempt to show that sometimes a poison may be a remedy for itself.

It is an old proverb:—

“Etiam aconito inest remedium.”

To this in the future may a new one be added:—

“Aconitum aconito sit remedium!”

Let it be permitted me to say in conclusion, that I have been too much an invalid this year, to be in a condition to try experiments with reference to this subject upon myself, or I should have been glad to do so, using for this purpose some of the drugs which furnished me with the experiments reported to you two years ago. If I may again have health, I hope to undertake them, and, if God will that I live, it will afford me great pleasure to give you an account of them at your next Congress. Will any one help me?

The New England Medical Gazette.

BOSTON, NOVEMBER, 1875.

WITHIN the past year or more a series of "Clinical Reflections" by Dr. Lippe have appeared in the GAZETTE, which, in spite of their irritable tone, — arising, as we are free to admit, from a not unrighteous indignation, — possess an undeniable merit even in the eyes of those who find themselves unable to accept Dr. Lippe's conclusions. The

INDEX TO VOLUME X.

The Index to the present volume of the GAZETTE will be published with the January number.

literature, homœopathic literature, —
Dr. Lippe's views. But neither side has been satisfied with the arguments of the other, nor is it in the nature of things that they should be.

Although no perceptible progress has been made in the controversy, we regret exceedingly that it should seem to have come to an end, as, to the shame of American homœopathic periodical literature be it said, it forms almost the sole attempt, within quite a number of years, to examine critically the most vital questions of homœopathic science. Even from its legitimate and time-honored sphere, the presidential and other addresses before our societies, the critical examinations of our principles and practice has been gradually suffered to drop, until the profound and learned addresses of Dr. Holcombe, alone, shine out of the darkness as brilliant exceptions to the general and by no means justifiable tendency. This is to be deplored, as the so-called search for facts which occupies the minds of American practitioners to the exclusion of the scientific relations, and the wider inferences to be

drawn from the mere accumulation of these recorded phenomena, must be taken as evidence of a gradually growing indifference to the reform we have on hand. This is in imminent danger of losing materially in soundness and in force, while it gains in the number of its adherents. We should bear in mind that, although, as physicians, we have no call to waste time and energy upon metaphysical systems developed out of man's inner consciousness. or to advance and uphold any proposition in therapeutics which cannot be substantiated by experiment and observation, we are yet required to do more than merely make memoranda of the phenomena of cure or recovery with which we meet in our daily labors. To shrink from discussing the principles deduced from the classification of facts, for fear of being thought visionary or from other motives, is to relinquish feebly our claims as men of science, and to range ourselves voluntarily among those crass empiricists who, like every old woman who recommends a remedy to her neighbor, interpret their shallow observations according to the vagueist popular theories while they call them "facts," and still cry out for facts and nothing but facts. Assuredly we want facts before all things, but only well-observed facts, and such as are properly explained wherever an explanation is possible, or within the range of scientific probability. Of this kind, however, there are painfully few in the possession of all schools, while ill-observed and misconstrued "facts," bare assertions, and loose statements are obtruded upon the attention of every physician from all sides, giving rise to endless dissensions, irreconcilable views, and countless errors, of which we daily see the evil consequences. To adduce new data and to analyze those which have been observed is the task of scientific investigation; but to separate the real facts from the unreal — to use an illogical but intelligible expression — requires the discipline of logic: and as the evidence with which this deals is deductive as well as inductive, it is neither practicable nor desirable in the study and practice of therapeutics to leave out of sight the consideration of the more abstract subjects which form an essential part of this science.

At the risk of bringing upon ourselves the displeasure both of those whose propositions we cannot accept and of those who turn with "sour disdain" from all discussions, we propose to examine *sine ira et studio* the tenets of the "homœopathicians," of which formidable faction Dr. Lippe is the spokesman in this country, and to show in what respects they differ from those of homœopathic physicians, and from the eclectic, those medical Goths and Huns, who are invading our territory in ruthless hordes. We are the more disposed to do

this as Dr. Lippe again and again entreats some champion to step forward and show wherein his (Dr. Lippe's) logic is at fault and his way fails of being the only right one. Longer silence might be misconstrued.

CORRECTION — On page 463, line 12, of the GAZETTE for October, for T. H. Woodbury, M.D., read J. N. Woodbury, M.D.

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MICHIGAN HOMŒOPATHIC COLLEGE.

To the Editor of The Chicago Tribune:

CHICAGO, Oct. 2.

In your issue of to-day is a letter from your correspondent at Ann Arbor, Mich., in which mention is made of the so-called "Homœopathic College" which the Regents of the State University established as a branch of the university. It may as well be stated here that it is very doubtful if the Regents lived up to the letter or spirit of the law in establishing the Homœopathic Department.

The law passed by the Michigan Legislature reads as follows: "The Board of Regents of the University of Michigan are hereby authorized to establish a Homœopathic Medical College as a branch or department of said university, which shall be located at Ann Arbor." The action of the Regents in appointing *two* professors, one of "Theory and Practice" and one of "Materia Medica," and calling them the Faculty of the Homœopathic College, is a glaring absurdity, and the action of the State Homœopathic Society of Michigan, in accepting such a travesty to represent a "homœopathic college," was hasty and imprudent. Some of the best legal talent in Michigan and in Chicago do not hesitate to give an opinion that the action of the Regents was illegal and a fraud. It will become a matter of grave doubt whether the diplomas issued to homœopathic graduates will prove of any value whatever. It is also a matter of doubt if the professors can legally draw any salary for their services. If the question should come before the Supreme Court, as it may, no homœopathic or allopathic physician would testify that two professors constitute a medical college.

There are eight homœopathic colléges in the United States, and none have less than nine professors, and the majority have twelve or more.

The Homœopathic College established as a department of the Boston University has a corps of ten or twelve professors.

The idea that these two professors, untried and inexperienced, will be able to cover the whole ground of homœopathic therapeutics and Materia Medica is utterly absurd. In homœopathic colleges, the Chairs of Surgery, Physiology, Chemistry, Obstetrics, etc., are all taught in such a manner as to show the relationship which they bear to homœopathic practice.

The homœopathists of Michigan will sooner or later find that they have been duped, and that the apology for a college will prove a disgraceful failure.

HOMŒOPATHIST.

CALIFORNIA STATE MEDICAL SOCIETY.

A special meeting of the California State Medical Society of Homœopathic Practitioners was held Friday evening, October 29th, in the parlor of the Y. M. C. A. building, 234 Sutter Street. The president being detained by sickness, the vice-president, Dr. J. Murray Moore, took the chair and called the meeting to order. The minutes of the annual meeting were read and approved.

Dr. W. C. F. Hempstead, of Marysville, late Professor of Gynecology in the Homœopathic Medical College of Missouri, was admitted a member of the Society.

Dr. F. Hiller then stated the object of the meeting to be to take some action concerning proposed legislation on medical affairs. He favored the provisions of a law already proposed by another society, with some modifications.

A preamble and resolutions were introduced by Dr. W. N. Griswold, which, after some amendments, were adopted, as follows:—

Whereas, We, the members of the California State Medical Society of Homœopathic Practitioners, believe it gross injustice and inconsistency that the laws of the State should countenance and endow the ignorant and uneducated with the same immunities and privileges which others have won only at great expense of time and money.

Whereas, We believe the law should interpose and protect, on the one hand, the masses of the people from the operations of medical quacks and imposters, and, on the other, the legally qualified medical profession from ignoble competition with ignorant and unscrupulous pretenders:

Resolved, That we sympathize heartily with the movement now on foot, inaugurated by influential laymen and supported by learned and respectable members of the medical profession, for the attainment of these results.

Resolved, That the members of this Society will unite cordially with any and all practitioners of medicine, graduates of colleges in good standing, of whatever school, to procure the passage of a law just to all concerned; but we will oppose placing the medical affairs

of the State under the exclusive control of any single body of medical men representing but one school of medicine.

Resolved, That the president is hereby authorized to appoint a committee of seven, whose duty it shall be to co-operate with similar committees of other medical societies of this State, or to act alone, as the case may be, in determining such legislation as will meet the wants of the community, and at the same time secure our own as well as the rights and immunities of other bodies of legally qualified medical men.

In pursuance of the last resolution, the president appointed the following as members of said committee: C. W. Breyfogle, San José; W. C. F. Hempstead, of Marysville; Lester E. Cross, of Stockton; E. J. Fraser, W. N. Griswold, F. Hiller, and M. J. Werder, of San Francisco.

Dr. Fraser presented the draft of a law differing in some respects from the one proposed by another society, which was discussed, but left without definite action.

Dr. Moore noted some amendments which he thought would increase the fairness or efficiency of the law proposed.

The Society then adjourned.

ITEMS AND EXTRACTS.

ON DIPHTHERIA.—Having alluded to the general treatment of diphtheria and its sequels, there yet remains to be mentioned other minor points, which are of considerable importance to the suffering individual, by which we may alleviate suffering and hasten recovery. For example, where the patient complains of sore throat, *ab initio*, I have found an iron gargle (two drachms of the tincture to half a pint of water) beneficial; but this I have found too cutting when the membrane has disappeared, and then I have substituted one of borax and glycerine (two drachms of the former and one ounce of the latter to half a pint of water), and this gargle I have also found very useful to relieve the sensation of bread-crumbs and tickling in the throat, of which complaints are frequently made during convalescence. Where the denuded surface has proved to be ulcerated, a few touches of nitrate of silver assist the process of repair; and in one case where the tongue and roof of the mouth were so sore that everything that was taken gave pain, I found that great relief was experienced by applying dry trisnitrate of bismuth powder with a camel's-hair pencil just before taking food. In paralysis of the soft palate and regurgitation of fluids through the nostrils, holding the nose during deglutition will be found very much to assist the act; this a patient of mine found out for himself, and I subsequently confirmed his statement in other cases. In these cases, too, I always advise thick drinks, which are more easily swallowed. When the pharynx is also affected, a large bolus is much more easily passed down than a small one, so that I have

advised the collection of all the food in the mouth into one mass before swallowing. This is no doubt accounted for by the weakened muscular fibres of the pharynx being enabled to grasp a large bolus with less contractile effort than would be required for a small one. In one case, I kept a patient alive for some days by giving the yolk of egg, unbroken, and letting it glide down his throat, as it were. These are a few practical hints, which, from what I have seen, I believe to be useful; but the ingenuity of the practitioner will often be put to the test in coping with the anomalous symptoms which sometimes arise during the progress of this horrible, though interesting disease. Much might be written upon this important subject; in fact, a single case will often afford, in its checkered course, abundant matter for a long paper; but I have endeavored to be as brief as possible, and, with that object in view, have entirely excluded the histories of cases which I should otherwise have liked to introduce.—THOMAS PRANGLEY, Esq, in *British Medical Journal*.

DIPHTHERIA AND SCARLATINA. — Some physicians have been led by these points of resemblance to regard them as one disease, the same poison producing different manifestations; but, in spite of their similarity, I venture to think the differences are too important and too numerous to permit so simple a solution of the problem. In the first place, diphtheria is seen to arise directly from scarlet fever. I have never known the converse action. There are other etiological differences. Though both are contagious, diphtheria is less so, and more frequently occurs in single cases. Where several cases occur together, some general cause is probably concerned. Scarlet fever is more frequently conveyed by clothes or other fomites, by attendants on the sick, and it may be conveyed by means of milk. I am not aware that diphtheria has ever spread by any of these means. The two diseases differ in their geographical distribution. Diphtheria is common in India, where scarlet fever is unknown. Colonies and all new settlements seem peculiarly liable to diphtheria; it has appeared in the Australian colonies and in South America, attacking the otherwise healthy town of Buenos Ayres. In Lima, it was noticed that the black races withstand its contagion. It selects high and well-drained districts, when low-lying lands in the vicinity escape. Dr. Blake, in the *Transactions of the Medical Society of California*, mentions a most fatal epidemic at an elevation of 4,000 feet. Many places in England subject to diphtheria are either high or well-drained. Scarlet fever also haunts certain places; but these scarlet-fever fields are not at high levels, nor are they those in which diphtheria is especially prevalent. Diphtheria is often connected with defects in the house-drainage, not always due to imperfection in the house-connection with a general sewage system, but to leakage from private cesspools; so that a question of spontaneous origin may arise in this disease, which is hardly admissible with respect to scarlet fever. Season has a different influence on the two diseases; scarlet fever being most prevalent in the autumn, low barometric pressure and greater humidity in the air favoring its diffusion; while diphtheria may arise at any season, and,

in my own experience, its most virulent epidemics have occurred in the summer months.

Another difference is found in the fact that scarlet fever is not often associated with other diseases, while diphtheritic affections are not uncommon in the course of other pyrexial disorders. It is recorded in the Report of the Diphtheria Subcommittee of the Epidemiological Society, that in the epidemic of 1861 this disease occurred fifty-seven times alone, thirty-four times in association with scarlatina, nine times with small-pox, seven with measles, six with fever, and three times each with ordinary sore-throat, croup, and catarrh. But in the nature and symptoms of the two diseases are points of unlikeness too great to allow us to rank them as varieties of the same species. Thus, the rash of diphtheria is often absent, is very variable as to the time of its appearance; it occurs seldom at the outset of the malady, and I have seen it as late as the third week of its course. The period at which albuminuria sets in is also different, often appearing in severe cases of diphtheria within the first two or three days, whilst in scarlatina it seldom sets in until degeneration of the kidney is commencing. There is, indeed, an entire absence of definiteness about the duration of the symptoms of diphtheria, which of itself marks it off from the regular sequence of events in scarlet fever. I have known it to last for six weeks, and even two months, without any evident affection of the cervical glands, but with constant formation of exudation on the fauces or on other mucous surfaces.

The mode in which diphtheria localizes itself on the mucous membranes, or on the broken surfaces of the skin, would probably be sufficient to separate it from any other disease. I do not know that scarlet fever ever attacks the larynx; but I have seen the diphtheritic membrane appear in different cases upon wounds of the skin, upon blistered surfaces, and upon nearly all the mucous membranes of the body, — the lips, cheeks, nose, ears, pharynx, larynx, trachea, and bronchi, and on the anus and vulva; and different epidemics have differed strangely in this respect; in one, the throat would always be the point selected for attack; and in another, the other mucous membranes. It is somewhat remarkable in the latter case that, although the disease was mild and there were no deaths, the subsequent complications were much more frequent and troublesome.

The last point of difference that I shall mention is the fact that, while scarlet fever seldom reappears again in the same individual, diphtheria seems by its first attack to confer no immunity from subsequent seizures; on the contrary, the susceptibility of the throat seems to be rather increased. — DR. ARTHUR RANSOME, M.A., in *British Medical Journal*.

RHEUMATIC FEVER. — Thus it seems to me, that in the treatment of rheumatic fever, we have, first, to consider the best way to eliminate the acid products of the diseased state; secondly, to relieve pain. Beyond this, the case can be treated as an ordinary one of functional glandular derangement, or febricula; for, when once the sour secretion from the skin is eliminated (no matter how acid the urine might be),

the pain subdued, and the temperature influenced, we need have no fear of heart complication arising. Then comes the question: What are the best means, if there be any, to bring about this condition?

During the past three years I have been in the habit of packing most of my cases in a wet blanket, and afterwards rolling them up in dry blankets, so as not only to promote profuse sweating, but also to increase the temperature. This mode of procedure, which I conducted in a very indefinite manner, gave such good results that I thought carefully over the *rationale* of the system, and at once adopted a course of wet packing after the manner and with the success which I will relate. The procedure is simple. The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot water. The patient is then enveloped in the blanket, and covered with six folds of dry blanketing. By this the temperature is raised and profuse sweating results; the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by giving freely warm milk and water. If the temperature exceed 102° , then the stimulant is unnecessary. My plan is to continue the treatment for three successive days; namely, for six hours the first day, four the second, and two the third. After the first pack, the patient is free, or nearly so, from pain; after the second pack, the pain has completely subsided; and, after the third pack, the sour smell usually disappears. In addition to the relief from pain and subsidence of acid secretions, the pyrexial state, with its attendant symptoms, will be found to decrease in direct ratio, and likewise the pulse. The secretion of urine will become more plentiful and the urea will diminish in quantity; yet, although the improvement is so marked in reference to pain, sweat, pulse, and temperature, the urine remains acid and loaded with lithates, and the tongue coated, for some days longer. It not unfrequently happens, especially in young people, when the weather is variable, that transitory pains return in one or more joints; but in almost every instance the pain has been subdued, if not by the first, by the second bath. In reference to cardiac inflammation, I believe that this treatment subdues it more rapidly than any other, rendering the valves less likely to undergo organic change.

But now comes a very important practical question. There can be no doubt that the packing process produces considerable constitutional disturbance. Under what circumstances should this treatment be adopted, and under what conditions is it not practicable? Every one who has had much to do with this disease must be conscious of the anxiety which it gives him when the temperature exceeds 105° or 106° , and especially when it is associated with the least sign of cerebral disturbance; and, as my treatment consists in elevating the temperature, it will be apparent that some care is necessary. Thus, according to my experience, it should not be adopted,— 1. If the patient suffer from incompetency of the aortic valves; 2, If there be much fluid in the pericardium from previous inflammation; 3, If the temperature be over 104° ; 4, If the skin be hot, dry, and harsh, without the least tendency to sweating; 5, If there be extreme nervous

prostration from habits of drunkenness or other vitiating cause; 6, If the patient be pregnant.

Again, during the time the patient is packed, the following points must be observed:—1, If, after two or three hours, the patient become very restless, with a dry, non-perspirable skin, I should advise the treatment to be discontinued; also, when the temperature exceeds 105° ; 2, If the temperature do not rise, and the patient be sweating freely, give half an ounce, or even an ounce, of brandy every hour in warm milk and water. Thus we have to secure profuse sweating and a mean temperature of 104° ; we have to guard against a dry skin and a temperature over 105° .—DR. THOMAS S. DOWSE, in *British Medical Journal*.

ON THE RELIEF OF TOOTHACHE BY BICARBONATE OF SODA.—I once read somewhere, but cannot now refer to the passage, that toothache might be relieved by holding solution of bicarbonate of soda in the mouth.

A very severe case in the person of a boy came before me lately, and an open molar tooth was the source of the trouble. I tried to afford relief by rubbing chloroform outside the cheek, and by putting some on cotton-wool inside the auditory meatus. These procedures failed. I next placed a plug of cotton similarly saturated into the cavity of the tooth. This also failed to give any relief. I was surprised at this, as I had frequently thus used chloroform with success.

I next saturated a small plug of cotton-wool with pure carbolic acid, and inserted this into the tooth-cavity. No abatement of the pain followed. I again tried chloroform, but in vain.

As a last resource I employed a solution of bicarbonate of soda, and to my astonishment the pain ceased almost suddenly, and complete relief was secured. I suppose I put about half a drachm into an ounce of water.

This solitary case seems worthy of record, as it may lead others to try the method adopted here. The remedy is within easy reach, and is very simple. It is difficult to offer an explanation of the *modus operandi* in the above case.

A mouthful of cold water will sometimes prove sufficient to remove the pain in toothache. I cannot now remember whether I tried this plan before using the solution of soda. Bicarbonate of soda is, however, a decidedly sedative remedy in certain conditions, and in proof of this may be mentioned the relief afforded by it in irritable conditions of the stomach, and in the itching of eczema.

It struck me as noteworthy that a somewhat feeble alkaline solution should produce so decided an effect after the application to the sensitive dentine of a powerful agent like carbolic acid. If the toothache is excited by unhealthy (acid) saliva or buccal secretion, it becomes intelligible that an alkaline solution should rectify this.

In a future case I shall at once employ a *warm* solution of bicarbonate of soda, and thus I shall look for an unequivocal result. It would also be well to test the reaction of the saliva and of the buccal mucus in cases of toothache, with a view to ascertain their possible influence upon the surfaces of carious teeth.

The pathology of saliva is as yet, so far as I know, an uncultivated field, but I believe, if it be looked for, that this secretion will be more often found to possess an acid reaction than is generally believed or taught; and I also think that useful therapeutical hints may be gathered by the employment, at various intervals, of litmus paper in the mouth in many cases of dyspepsia and chronic disease.—DR. DYER DUCKWORTH, in *Practitioner*.

DEATH OF URI CARRUTH. POST-MORTEM EXAMINATION. — Uri Carruth, the Vineland editor, who was shot on the 19th of March last by C. K. Landis, has finally succumbed to the injuries then received, and died on the 24th of October, of cerebral abscess, having thus lived over seven months with a bullet nearly a half inch in diameter lodged within his cranial cavity.

The history of this case, from the time of the shooting until it passed from the hands of Dr. Tuller, has already been given in the pages of the *Journal*. From that time until death, the case was in charge of Dr. Brown, of Vineland, and no history of the symptoms or treatment during this period has yet been given. Under the internal use of arnica, with care in keeping the external wound open, and persistent horizontal posture, for securing perfect drainage, the case progressed with few unfavorable symptoms until the 26th of May, when "it was decided that the patient had so far recovered from the immediate effects of the bullet as to be in a state of convalescence, and that the primary dangers arising from the wound and from the presence of the missile in the cranial cavity were passed."

From this time the patient continued to improve in strength, and some time in the summer went up into New York State, where he spent several weeks, finally returning to Vineland, apparently still in an improving condition. While in New York State negotiations were commenced with Mr. Landis for the settlement of any claims for damages to which Mr. Carruth might be entitled. After his return these negotiations were continued under circumstances calculated to keep Mr. Carruth in a continued state of worry and excitement. Under this his health rapidly failed, and, seized with convulsions on the evening of the 23d of October, he died early on the morning of the 24th.

In answer to a telegram we took the early train for Vineland on Monday, the 25th, for the purpose of making a post-mortem examination. We found present many of the physicians of the surrounding country, with Dr. S. W. Gross, of Philadelphia, who made the first critical examination and dressing of the wound of Mr. Carruth. The post-mortem examination gave the following results:—

Body in good, plump condition; fair muscular and adipose development. Posterior surface of body showing gravitation of blood beneath skin. Cornea of right eye slightly collapsed from absorption of aqueous matter; left eye more plump. Point of original wound still open, and exuding bloody serum. Upon turning aside scalp, blood-vessels in posterior position, and in neighborhood of wound, much congested from gravitation. A portion of the ball was then

found about two inches below wound, between scalp and bone (it was a flattened strip, about one half inch broad by three quarters long). Original hole in skull partially filled up with fibrous matter. On opening the skull it was found of average thickness, pierced by a round, smooth hole at entrance of bullet, one inch to right of occipital protuberance, and one half inch above groove of right lateral sinus. Vessels of dura-mater much congested; opening in dura-mater made by the passage of the bullet closed over by a thin membrane; inner surface of dura-mater closely adhering to pia-mater about the region of the wound. Softening of gray portion of brain in region of the wound. Wound in brain substance firmly closed up. Vessels of pia-mater much congested; adhesion of the falx and upper surface of tentorium to posterior lobe. The removal of upper surface of right hemisphere of brain opened into an abscess, filling up the greater part of the posterior lobe with about two ounces of thick, greenish-yellow pus. A second abscess was then found near the point of entrance of the bullet into brain substance, smaller, and just below the other. A third abscess, lower still, was then found, all being lined by dense pyogenic membrane, and entirely isolated from each other. Just here the bullet could be felt in the dura-mater, and was found immediately after, incysted in the tentorium, beneath the posterior lobe of right hemisphere. It bore its original shape of a conical bullet, the cavity being still shown where the charge lodged. One of its sides was ragged and deficient, from having lost the portion found in the neck, which had been torn off in its passage through the skull. The missile was found about one and a half inch from point of entry, a little below it in direction, and more to the left. Marked congestion of the pia-mater was next noticed about the floor of the fourth ventricle, particularly on the right side. Right optic nerve smaller and of less consistency than left. No injury to base of skull. The cerebellum was found entirely uninjured by the ball; moderate softening of the crura of the brain, and of the large ganglia at base was also noted.

The examination of thoracic cavity showed muscular walls of heart flabby; otherwise, heart normal. Blood feebly coagulated. Lungs unusually healthy, free from adhesions at any point, but showing great hypostatic congestion of posterior portions. Abdominal organs all healthy.

The result of this examination explains several features of this case that could not otherwise have been well understood. *First*, the extreme ecchymosis about the right eye was not the result of fracture of the orbital portion of frontal bone, as was thought might have been the case, but was caused partly from the fall on the face, and probably largely from a diffusion of blood beneath the tendon of the occipito-frontalis muscle, from the wound at the back of the head. *Second*, the direction of the ball was not directly forwards from the point of entrance, but a little to the left, its course being arrested at the union of falx and tentorium, at which point it was found encysted. *Third*, the fragment of bone removed at the first dressing was probably driven forwards in a direct line, lodging in the posterior lobe, and

was the principal cause of damage to the brain substance. *Fourth*, the impaired sensibility of the left half of the retina of each eye was the result probably of *increased pressure* rather than of any injury of the optic ganglia or tracts of the right side. *Fifth*, the injury being confined to *one side* of the brain, as that organ is *double*, either hemisphere acting independently, although in harmony with the other, the intellectual operations were merely embarrassed, not destroyed.

The coroner's jury, which held an inquest immediately after the post-mortem examination, returned a verdict, in effect, that Mr. Caruth met his death from the effects of a gun-shot wound received at the hand of Chas. K. Landis. The trial is expected to come off in January. — *Am. Jour. of Hom. Mat. Med.*

ONE of the soda lakes of the Laramie plain presents a crystallization five feet deep, over ninety acres of surface.

AN apparatus for washing smoke, and so depriving it of its character as a nuisance, is in operation at a factory at Menilmontant, Paris. A fine shower of water, travelling in the direction of the smoke, and at five times its velocity, is projected into the chimney, where it mixes with the smoke, taking up the soluble gases and precipitating the impurities carried up with the smoke by the draught. The foul water is discharged into a cistern where it is collected and a fine black paint is got from it.

VIENNA YEAST — The Vienna bread is reputed to be the best in the world. It is said to owe its superiority to the peculiar yeast employed, which is also used in the manufacture of the celebrated Vienna beer. This Viennese yeast, according to the *London Chemist and Druggist*, is prepared in the following way: Three kinds of grain, namely, Indian corn, barley, and rye (all sprouting), are powdered and mixed, and then macerated in water at a temperature of 65° to 75°. In a few hours saccharification occurs. The liquor is then racked off and allowed to clear, and alcoholic fermentation is set up by the help of a minute quantity of yeast. As fermentation progresses the globules of yeast reproduce themselves by a species of budding, engendering at first very small globules, but these rapidly increase in size. Carbonic acid is disengaged during the process with so much rapidity that globules of yeast are thrown up by the gas, and remain floating on the surface, where they form a thick scum. This scum is carefully removed, and constitutes the best and purest yeast. When drained and compressed by a hydraulic press, it can be kept from eight to fifteen days, according to the season.

PROGRESS OF HOMŒOPATHY IN LIVERPOOL. — Last night a conversazione of homœopathists was held at the Homœopathic Dispensary, Hardman Street, for the purpose of meeting Dr. Talbot, of Boston, and Dr. Ludlam, of Chicago, United States of America, who are on a visit to this country, and during the last two or three days have been visiting the medical institutions of Liverpool. Amongst those

present, in addition to the two gentlemen already named, were Drs. Drysdale (who presided), Moore, Burnett, Hayward, Simpson, Hudson, Skinner, Flint, Hawkes, Proctor, Mahony, Ricketts, Mr. J. C. Thompson, etc. Drs. Higginson, Carter, Smith, and others were present by invitation, though not homœopathists. Dr. Drysdale and others exhibited microscopes, and Dr. Hayward exhibited the fangs of the cobra and rattlesnake, and showed the methods of preparing snake venoms for medical purposes. Mr Isaac C. Thompson (of the firm of Messrs. Thompson and Capper) exhibited in the microscope some preparations of lycopodium sporules, illustrative of its therapeutic value as brought out by long trituration.

Dr. Talbot gave a long and interesting account of the progress and present position of Homœopathy in America, and he also alluded to its progress and position in Liverpool. He said he was delighted to find that there were so many homœopathic physicians in Liverpool. When he visited Liverpool seventeen or eighteen years ago there were only three or four, and now there were some seventeen. In speaking of America, he said there were nine homœopathic colleges there, five of which were for men only, three for men and women, and one for women only. It was a great question how far and how much women should aid in the profession; and he might state that there were 2,000 women in practice in medicine in America to-day, who had been properly placed in it. They took a department, and it was contended by some that they succeeded better in their particular department than men. In the nine colleges there were nearly eight hundred students, and about two hundred graduated annually into practice. After giving the history of some of the American homœopathic colleges, and the struggles there had been to obtain an equal footing for Homœopathy, he alluded to his visit to some of the Liverpool medical institutions, and with one he said he was much pleased. It was a very nice idea to have a reading-room to which medical men could go and find all that was new in their profession; and he was much delighted with the lecture halls and the collections and the library. He wished they had such a place in Boston, and he asked a lad to give him some statistics in relation to it. The boy handed him a little pamphlet, and one of the first by-laws that he read was that no homœopathist should be allowed the privileges of the institution, and if any one already a member became a homœopathist he should be removed from the institution. He did not know that he should come here to criticise, but he found that there were narrow minds elsewhere than in America. He had also visited the Homœopathic Dispensary, and he had the pleasure of assisting the physicians in prescribing for and examining some of the cases, and was both surprised and delighted. One morning, over two hundred poor people came to be prescribed for. The homœopathic physicians, who were doing so much for the poor of Liverpool, ought not to be cut off from the benefits of an institution because they did not think exactly as others, and it seemed to him that they had a work to do in letting it be known that they were doing a good work, and were entitled to the same rights and privileges as others. They had also another work to do, and that was

if they properly used the means that were in their hands, it ought not to be long before that dispensary was made into a hospital. He felt that they were progressing, and that another seventeen years, with the rapid strides of the last seventeen, would make Liverpool one of the headquarters of Homœopathy. (Applause.)

Dr. Ludlam next gave an account of the medical societies and the medical journals belonging to the homœopathic school in America. He reported the flourishing existence of one national medical society, viz. the American Institute of Homœopathy, which is thirty-two years old, meets yearly in the various large cities, has about 1,200 active members, and publishes an annual volume of transactions of 1,000 pages. There are also sixteen State societies, nearly all of which have been incorporated by act of legislature. These also meet annually or oftener, and are all in a flourishing condition. In some of the States, the county and local societies are quite numerous, New York alone having forty of them. Both the State and local societies are auxiliary to the American Institute, which is, in fact, the parent society. At present there are nine periodicals published regularly in the interest of Homœopathy in America. Of these, six are monthlies, one a semi-monthly, and one quarterly. Although the last of these is not as old as the *British Journal of Homœopathy* (now the oldest medical quarterly in Great Britain), still it has been published regularly for twenty-five years.

Afterwards a conversation followed, in the course of which Dr. Skinner said the reason that Homœopathy was not more adopted in England was because there was no possibility of gaining a knowledge of it. There was not a school or a university and scarcely a dispensary where it was taught. He believed that one or two private dispensaries in London, and also a homœopathic hospital in London, were the only places where a man could get the slightest knowledge of the subject. He was in hopes that the matter would be taken up by some one, and he should be most happy to assist in clinically instructing any man who wished to be informed on the subject.

Dr. Moore moved a vote of thanks to Drs. Talbot and Ludlam, and wished them a safe voyage home. He quite agreed that they ought to have clinical lectures; and if Dr. Drysdale, who had been writing for the last thirty years on homœopathic subjects, would consent to deliver them, he believed a great number of the medical profession would attend them.

Dr. Talbot, in replying, again alluded to the by-law at the institution in Liverpool he had referred to excluding homœopathists. He said he could not help feeling that such a by-law was an insult to the liberal minded allopathists more than it was to the homœopathists, and must be repealed.

AN INTERESTING RELIC. — The *Wiener Fremblenblatt* contains the following: We are informed by good authority that the skull of Mozart, whose grave was not hitherto positively determined, is now in the possession of Prof. Hyrtl (professor of anatomy, Vienna), who preserves it like a holy relic under glass, and who has avoided public

mention of his treasure, that he might escape the crowd of the curious. It seems paradox to say that Mozart's grave is unknown, but that somebody is in possession of his skull. But the following will explain how Prof. Hyrtl obtained the interesting relic. He inherited the same from his brother, who had it from a sexton of the St. Marx cemetery. It happened thus: Hyrtl's parents died about 1830, in Vienna, and were buried in that cemetery. The professor's brother, an engraver, was in the habit of frequently visiting the grave of his beloved parents, usually at a time when others had left the place. This attracted the attention of the sexton, who formed an acquaintance, and eventually an intimate friendship, with Hyrtl, which lasted for several years. In a severe illness the sexton was visited by the engraver, and, fearing his end, related to his young friend the following history: Many years ago the sexton, when a boy, visited St. Stephen's church, where a mass, composed by one Mozart, was being performed. The music impressed him so profoundly that he was moved to tears, and the name of Mozart became indelibly fixed in his memory. Years passed, and again a funeral cortége of modest pretensions entered the St. Marx cemetery. He who was to be buried was called Wolfgang Mozart, and had been a composer of music. The coffin was placed in a common pit with others, which was filled with earth,—the sexton assisted in this labor,—and since then but few, and of late nobody, seemed to inquire for the illustrious dead. But the sexton had never forgotten the music at St. Stephen's; and when after many years the graves were dug over, according to custom, he went to that particular grave and took from the coffin, which was the third in the first lowermost tier, the skull, which he preserved as his most sacred treasure to that day, for it was the skull of the Mozart whose music had so powerfully affected him in the dome of St. Stephen's. And it was this skull that he presented to his young friend, the engraver Hyrtl, who, in his turn, preserved it as a sacred relic until his death. Where the common grave had been was not mentioned by the sexton, but, according to Hyrtl, the anatomist, who obtained the skull from his brother, it corresponds exactly with the cast of Mozart's features taken after his death to such a degree that Hyrtl, who possesses other documentary evidence, vouches for the genuineness of the skull. He intends to leave this precious relic to the Mozarteum of Salzburg; for the present it remains a priceless treasure in his possession. [*Konler Zeitung*, Oct. 29, 1875.]

Now that science neglects nothing which will illustrate the history of man, it behooves scientists to be careful as to their authorities and wags to be merciful in their demands on human credulity. Our readers will doubtless recollect the currency obtained a few years ago in both hemispheres for a wild story of subterranean chambers opened in the excavations made for the St. Louis bridge. Some weeks since we observed in a Western paper a burlesque account of a cave discovered on the upper Mississippi, so grotesque in its details that the joke appeared too broad even for its object. Yet in so grave a periodical as the London *Lancet* of Oct. 9, the story comes back to us treated

with all seriousness. How far it has been disseminated it would be difficult to say, for the *Lancet* gives the *Union Médicale* of Paris as its authority for the statement "that in an island in the Mississippi a human skeleton has been found supplied with a wooden leg. The latter was fixed to the trunk with leather straps and some bronze-looking metal which had turned fossil," and it adds the sage remark, "Thus it would appear that oak as well as metal were [*sic*] used in prehistoric times." In the next editions of the researches of M. Lartet and Sir John Lubbock and Mr. Tylor we shall look to see extensive deductions drawn from this "fossil" metal and this "prehistoric" leather. — *Nation*, Oct. 28.

WE are pained to find the *Boston Journal of Chemistry* copying the *Lancet's* item without a suspicion of its origin. — EDS. GAZETTE.

CORRESPONDENCE.

THE SITUATION IN SAN FRANCISCO.

SAN FRANCISCO, Nov. 10, 1875.

Editor Medical Gazette:

A document appeared in your journal of October or September, signed by J. A. Albertson and fifteen others.

It was to have been expected that *some* of these men, after having done acts more contemptible even than those which they condemned in others, would come forward and certify to the high character of their motives, and induce all the good-natured gentlemen they could find to do so for them.

But good motives are seldom found behind bad deeds.

Some of those men, *without present cause*, beslimed the name of a fellow practitioner, Dr. Fraser, before the whole country. To do this, they unearthed a fault which they knew had been put away, and which two of them had (or pretended to have) decently buried years before. To make this fault conspicuous, and create the false impression that it was still being enacted, they clandestinely counterfeited an old circular, which they ought to have destroyed, and distributed the counterfeit in every direction.

On this old circular (and its counterfeit and other matters) they preferred charges in the State Society against Dr. Fraser.

A trial was had, and on the report of committee, Dr. Fraser was exonerated by the Society and the right hand of fellowship extended to him.

In an anonymous pamphlet they maliciously attacked the Society for its action in the case, and predicted — virtually proclaimed — its demise to the profession. All this, as they aver, for the love they bear the cause of Homœopathy, and the honor of the medical profession!

Does *love* or *honor* of any kind lead to such deeds? Does *love* or

honor herald to the world the knoweldge of a blot, *now erased*, which years before had affected the reputation of the loved and honored object? Would not love to, or jealousy for, the cause of Homœopathy, or a regard for the honor of the medical profession, have permitted the remembrance of a reproach, known only to a few, to have died away, rather than needlessly to have heralded it abroad in the most conspicuous way?

There are too many men who imagine they love and champion some great cause, when in reality they love and champion only their *selfish* interest in that cause, and the bad passions within them, which have been aroused in attaining and maintaining that interest, they are fain to make themselves and others believe are good.

As to their statements or implications: In the first place, Dr. Fraser did not write or issue the pamphlet referred to. It was written by one who has the facts and documents to support them; and it was issued by direction of the California State Medical Society of Homœopathic Practitioners.

Next, that it had damaged the "good name" of some homœopathic physicians, it is feared is true. It was written to *repair damages* which those physicians had done to others. If the good name of Homœopathy has suffered, it is because of their own previous acts, which called the pamphlet into existence.

Next, "it contains statements *utterly devoid of truth.*" Statements often stand thus: A asserts a fact, B denies it. The strength of the statement or denial rests upon the credibility of the witness. There may be some such statements in the pamphlet, but they are few, and as bearing on the main facts are of little moment. The principal facts rest on *most undoubted, personal, and documentary evidence*, a large part of which has been furnished by these men, and published by them in the committee's Report.

Next, their argument against the charge of anonymous publication does them no credit.

Their pamphlet consisted of the Report of the Committee and *other matter*. The committee's Report was printed by them, as signed, all *five* names being attached. The *other matter*, which alone made the pamphlet anything *but* the committee's Report, was *unsigned*.

Their argument is, *three* names are attached to the committee's Report; *ergo*, the pamphlet was not anonymous! Why did they say *three* when all *five* were signed and published?

Did they expect to deceive those at a distance not posted? The truth is, if there had been a *hundred names* in the same place, they would have attested only the correctness of the committee's Report, and not the authorship or origin of the pamphlet.

Next, those men have evidently intended to produce an impression by marshalling numbers. Numbers are very well to achieve appearances, but actualities, without numbers, are even better. Had there been a thousand men here during the investigation, it would have made no difference. The only parties who *know* anything by being here at that especial time, were the committee, three witnesses, and the opposing counsel. As the investigation was *conducted privately*,

no resident at that time would have had any advantage over any reader of the testimony here, or three thousand miles away. Those who had been here during the *origin and growth* of the troubles (a period extending as far back as the early part of 1871, perhaps farther) were alone cognizant of the facts in the case.

They *alone* were competent signers of such declarations, and *not* men who had been here merely during the investigation.

There are now here nearer *thirty-three* than twenty-three homœopathic practitioners, who, having *read the testimony*, are as *competent* signers of such declarations as the twenty-three who are alleged to have been here "during the investigation." Of that number (say thirty), sixteen signed the document in your journal. Of that sixteen, about half (eight) were here during the origin and growth of, and were parties to, the troubles. Strange as it may seem, out of this eight not more than *four* have taken an active interest in stirring up these matters: and stranger still, among the *most active agitators*, are two or three new-comers, who, of course, know personally *little or nothing* about these affairs.

Among the latter is G. M. Pease, M.D., who, after expressing the hope that he might become instrumental in bringing about a greater degree of harmony in the profession, has been, perhaps unwillingly, a persistent promoter of renewed discord, meddling with matters of which he could have known nothing himself, and assisting to add fuel to a fire which, ere his arrival, had wellnigh gone out. His short career here (about two years), connected with these matters, has been entirely without adequate excuse, either of a personal or professional nature, and it is felt, circumstances all considered, he deserves an open rebuke for the purely partisan position into which he has allowed himself to be drawn, or which he has knowingly and willingly assumed.

This public ventilation of what began in, and ought to have remained, private quarrels, does not suit our taste, but as those men have first attacked us directly, in the columns of a medical journal, and as our veracity is involved in a sweeping and meanly indefinite statement, we feel called on to reply.

Against *some* of these men there is little to be said, except that they should have been over-persuaded to sign a document which they did not thoroughly examine, or the merits of which they were not in a position to judge.

There is no wish to do injustice to the others, but I will take this opportunity to say that if they had had the moral perception of the man they have maligned, when they had gotten their *counterfeits ready for circulation*, they would have seen the *atrociousness of the act* they were about to consummate, and, like him, would have gathered them together and burned the whole batch.

And now, as they seem to be reaching out for the respect of the profession, I would suggest that, instead of cherishing and defending the wrong, and covering it with the thin claim of *noble and virtuous motives*, they would do better to turn with candor to the profession and say, "Gentlemen, we have done wrong; we have chosen to do it

no more. Let the past be forgotten, and the future shall not disappoint you."

In this way they would sooner reinstate themselves in the respect they desire, and terminate the more recent phase of a quarrel which has done more to "damage the good name of Homœopathy" than the individual acts, however disgraceful, of any of its practitioners.

Respectfully,

W. N. GRISWOLD,

*Recording Secretary California State Medical
Society of Homœopathic Practitioners.*

NOVEMBER 8, '75.

To the Editor of the New England Medical Gazette:

Dear Sir, — In your number for September, I read a "letter from San Francisco," signed by sixteen homœopathic practitioners, concerning some proceedings of Dr. Fraser of that city, and alluding to a communication in a contemporary by "H. N. M." I feel constrained to ask a small space in your valuable journal for a brief statement of a personal kind, which will justify "H. N. M.'s" expressions, and will show your readers east of the Rocky Mountains what sort of a reception any new medical settler here is likely to meet with, should he at all interest himself in local "squabbles." I came here in September, 1874, to establish myself in homœopathic practice, previously carried on for eight years in Liverpool, England, and became acquainted by letters of introduction from Drs. Lilienthal, Thompson, E. M. Hale, and others, with Drs. F. Hiller, Sen., Eckel, Alberton, Beakley, and Fraser, from all of whom I received a polite reception. Hearing there was some unpleasantness between certain physicians, I also spontaneously called on Drs. Geary, Dinsmore, Pease, Ingerson, and Cushing, just as I should have done in any British city. Of these gentlemen, Dr. I. F. Geary showed me the most marked attention, professed interest in my success, proffered to make me his *locum tenens* when he took a holiday, etc. etc., all the while abusing and denouncing most of his colleagues, and giving a very minute account of Dr. Fraser's "misdeeds." As Dr. Dinsmore had given me a similar character of Dr. Geary, I resolved to treat both stories with indifference, and as Dr. Fraser had then (and has since) behaved to me as a gentleman and a confrère, I attended the fall meeting of the California State Homœopathic Society, by the latter's invitation, and was, much to my surprise, elected vice-president, and knew of no other society's existence at the time. Now mark the result. On my next friendly visit to Dr. Geary, he broke out into a passionate harangue on the folly and mistake of joining a society of which Fraser was secretary, roundly calling that gentleman a "liar, scoundrel, quack, abortionist," etc., and winding up a torrent of invectives by informing me that "he would refuse to meet me in consultation unless I resigned from that Society." Not satisfied with this outrage on professional ethics, he immediately proposed to Drs. Eckel, Pease, and

Beakley to join him in declining to meet me, a preposterous piece of spite, in which those gentlemen, to their credit, declined to conspire with him. With further malice he has endeavored to depreciate me in two families with whom I am intimate. Now could the bitterest allopathic rival have acted in a more ungentlemanly and unprofessional manner? I call the attention of the American Institute of Homœopathy, of which Dr. Geary is a member, to this conduct. I take no side in these quarrels, but this is the consequence of simply affirming myself to be a genuine homœopathist by joining the *society representing Homœopathy on the Pacific Coast*.

Dr. Pease has since organized a new society which shows considerable vigor, but he seems disposed to stir up the embers of discord which I thought had smouldered away, and to join Drs. Geary and Dinsmore in raking up the muddy pools of the past. Such a course does not show, in my estimation, nor to any calm outside observer, a "jealousy for the cause of Homœopathy, and the honor of the medical profession." If Homœopathy were represented here by men of the mental calibre and genial disposition of Drs. Eckel and Cushing, it would now possess its hospital, dispensaries, and college, corresponding to the other rapid developments of this go-ahead city; but now it has none of these. I would not advise any new-coming physician here to do more than mail his card to the physicians on the list of Böericke and Tafel; and should any of them call on him, not to listen to any stories discreditable to the others, but to "take a man as you find him," in homely English phrase.

I have just learned that three or four of the signers of the letter have withdrawn their signatures on a careful consideration of the matter.

I have the honor to be, yours fraternally,

J. MURRAY MOORE,

M.D., M.R.C.S., etc.

410 KEARNY ST., San Francisco, U. S.

Editors of Gazette:

Will you permit me to say in response to inquiries from students and others, that "Angell on Diseases of the Eye" is out of print temporarily, but that an enlarged and illustrated edition is being prepared and will soon be published.

H. C. A.

Nov. 15.

REVIEWS AND NOTICES OF BOOKS.

**Books sent to THE GAZETTE for notice will, after suitable examination and criticism, be presented to the College Library, where they will be accessible to the profession under the rules of the library.

A SERIES OF AMERICAN CLINICAL LECTURES. Edited by C. C. Seguin. Vol. I. New York: G. P. Putnam & Sons.

The first four numbers of this series are already at hand, and we are glad to be able to say they fully come up to the promises of the publishers, and to the expectations with which the profession looked forward to the best instruction of the foremost American clinical teachers. It is Dr. Robert Barnes, unless we err, who remarks somewhere that no text-book can well be up to the standard of the actual practice of the most progressive and skilful practitioners, and points out that even in the best manuals in all languages too much of the teaching is conventional and traditional. Every practitioner must have felt the truth of this proposition as he passes through the process of painfully and laboriously acquiring his best knowledge and skill from his own experience. It is clinical teaching by the best masters, and that alone, which can be looked to to raise the general standard of practice from year to year, and its effects will be all the more marked if it can be made to reach the practitioner as well as the student. This series of lectures, modelled on the plan of Volkmann's *Sammlung Klin Vorträge*, is designed to fill the hiatus left by the imperfection of text-books and the slow growth of individual experience, and we are persuaded that the practitioner who is already conscious of certain therapeutical desiderata will derive much more profit from these thoroughly practical teachings than the student who as yet knows no difference between teaching and teaching. To be able to read in half an hour a number of well selected and clearly drawn typical cases, with the practical rules and suggestions for their treatment, is a blessing for which the present generation of practitioners cannot be too thankful, and we know of no serial publication which we could recommend to our readers more heartily than the one before us.

The lectures already received are:

No. 1. On Diseases of the Hip Joint, by Dr. Sayre, of Bellevue Hospital, New York.

No. 2. Acute Rheumatism in Infancy and Childhood, by Dr. A. Jacobi, Professor of Diseases of Children in the College of Physicians and Surgeons, New York.

No. 3. The Pneumo-Thorax, by Austin Flint, of Bellevue Hospital, New York.

No. 4. Rest in the Treatment of Nervous Diseases, by S. Weir Mitchell, M.D., of Philadelphia.

INFLAMMATION OF THE LUNGS: TUBERCULOSIS AND CONSUMPTION. By Dr. Ludwig Buhl. Translated by permission from the second German Edition by Mathew D. Mann, M.D., and Samuel St. John, M.D. New York: Putnam & Sons, 1874.

No greater service can be rendered to the profession than that of presenting in a readable and condensed form any of the results of those minute and laborious investigations which are the characteristic feature of modern pathology. They are the pride and glory of the medical science of our day, and it is by their aid alone that those inveterate traditional notions can be overcome which still are the bane of all practice from having become generally accepted and glib on the vulgar tongue, although the age of purely speculative, non-experimental pathology is said to lie several generations behind us. In this country, especially, we have need of works designed to draw the mind of the practitioner from the empty phrases and platitudes, introduced in a great measure — and inadvertently, we may say — by Rush, Rey, and other followers of Brunonianism, and now become so thoroughly a part of all thought and language relating to disease and remedies, among both doctors and people, that nothing will avail to establish the needed reform but the most determined efforts to rear the rising generation in the discipline as well as the phraseology of modern science.

Dr. Buhl's little work is among those which should be eagerly welcomed, and its translation is a most hopeful sign, especially as coming from two American physicians familiar with the needs of our literature. It represents faithfully, within its own sphere, the character and drift of the most modern school of pathology, built up within the last thirty years or more, and founded mainly by Rockitan-sky, Skoder, and Oppholza on the ruins of the French school, its predecessor in the reign over medical science. To understand the object of the treatise, and to appreciate its importance, a familiarity with histological pathology is indispensable. It is, therefore, a book especially for the younger generation of physicians, and to these we recommend it for the great interest and practical importance of the subject with which it deals, for the light it throws upon this, and for the rigorously scientific and objective method it follows.

To Prof. Buhl belongs the merit of having originated the infection theory of miliary tuberculosis, as stated in the translator's preface, and of having laid, in this way, the foundation for a sound ætiology of this most acute and most destructive of all the forms of consumption. But he must also be credited with having resuscitated the doctrine of constitutional predisposition to tubercular or cheesy inflammation, a doctrine which the teachings of Niemeyer and other leading pathologists had wellnigh suppressed in strictly pathological circles, although it has never been wholly relinquished by the majority of practitioners. The merit of Buhl in this lies not only in his having revived a highly important and most sound practical view of a particular disease, but more especially in the emphatic protest it implies against that one-sided method of pathological investigation, which shuts out all wider views, and confines itself almost wholly to

the analysis of concrete cases. That a great *lumen pathologicum* like Waldenburg can "rise in his place," and declare that the local, abnormal condition of the thorax alone fully explains the disposition to cheesy pneumonia must remain a mystery to every observant physician, and can be only partially explained by the fact that the majority of great pathologists spend their lives almost exclusively in hospital practice, where the more remote history and other anamnestic circumstances of their patients are rarely available.

There is one point in this book concerning which we cannot refrain from expressing some surprise; namely, the declaration of the author's present position in the chronic controversy on the lining of the air vesicles. In this controversy he, with Colberg, F. G. Schultze, and others led the van on the one side, upholding the existence of a true epithelial lining throughout life in the human being, against the opposing party led by Henle, Bennett, Bowman, and our own Bakody, who contend that this true epithelial lining exists only in the embryonal and foetal lungs, and in those of the batrachians, amphibia, etc. The weight of evidence has been all along in favor of the last named views, and now Buhl weakens the position of his own side still more by declaring that the alveolar epithelium is no epithelium at all, but an endothelium, identical with that of the lymphatics. This must be considered as no small concession on his part, as epithelium and endothelium differ so widely in structure, in function, and in their histological relations that to all intents and purposes he yields the point, without, however, adopting the inferences of his opponents. In this way, it must be said, many of his conceptions of the histogenesis of catarrhal, desquamative, and other forms of pneumonia are made to suffer no little confusion.

But these are points of minor importance. The aim and object of the work is to draw accurate distinctions between the various morbid processes occurring in the lungs and between the various stages through which these processes pass; and this object has been as fully attained as the science of to-day will allow. In the small compass of one hundred and sixty octavo pages, which may be read through with ease in a couple of evenings, we have the pathology of lung diseases in a form which is the model of completeness.

Of the translation we can say that, on the whole, it is fairly done, but hardly with the care that should have been bestowed on a resumé of the life-long labors of a man like Prof. Buhl. The English is too often very faulty and involved, in consequence of the continual occurrence of the German construction, with endless periods, and the literal rendering of untranslatable idioms, not to mention an utter disregard of all German, Greek, and Latin grammar where terms are used taken bodily from these languages. Besides this, the proof-reading and punctuation are truly execrable, the references to other authors are continually given in the German form "*a. a. O.*" and "*seiner cit Abh.*," instead of *l. c.* or *loc. cit.*, being so many hieroglyphics for the English reader; and the names of authors are as often misspelled as given correctly. Waldenburg is called Waldenberg; Biermer is most disrespectfully translated into Beermer, or

occurs as Bierner; and the same with many others, all of which seriously mars the pleasure and the profit in reading the book, and should have been avoided out of respect to the author as well as the readers.

HEADACHES AND THEIR TREATMENT.

A little book with the above title, by Dr. E. B. Shulldham, of Dublin, has just come to our notice. We are glad to see occasionally something of the kind, for though, as the doctor says, "it is not deep enough for a scientific treatise," yet it does furnish some valuable hints, which may be easily taken and retained, and from which one may derive decided practical aid. And, after all, it is not so much the great amount of scientific literature that may greet our intellectual vision, or meet with a chance perusal at our hands, as it is the proper digestion and advantageous employment of a comparatively few practical points that is to make us useful to our fellow-men in the practice of our profession. Taken as a whole, we consider the production worthy of the highest commendation, but we cannot, if we rightly interpret his meaning, fully endorse the author's idea respecting the use of *stimulants*. He says, on page 29, after carefully stating a case, that his *prescription* was, "Less business and a *little alcohol*!"

Now, we are not one of those who believe that stimulants *never* should be employed, neither do we vote the "Prohibitory" ticket; but we do believe that the cases calling for the use of alcoholic liquors are *very, very* few; and even where they are prescribed, with, seemingly, no alternative, we are fully persuaded that a more thorough knowledge of our homœopathic *Materia Medica* would lead, oftentimes, to an entirely different method of treatment, a method more successful in its working and promotive of far happier results. Again, on page 31, after referring to the tender and delicate question of *teetotalism*, he says, and we fully and heartily endorse his statement, "There are thousands of individuals guided into a happier state of morality by adopting its principles"; again, "There are thousands of individuals whose physical health is rather improved than injured by abstaining from the use of alcohol"; and on page 32, "By total abstinence from alcohol we gain the happiness and health of the majority, and this is a great gain truly, but we lose the higher principle of unfettered self-government; for the individual who can restrain his desires whilst using a gift to man is a nobler sort of animal surely than the individual who can only practise restraint through the medium of written and spoken pledges to his fellow-men." Doubtless the good doctor belongs to the former much-to-be-envied class; but how about the multitudes who are not so fortunate as to be possessed of those qualities which entitle them to a rank with the "nobler sort of animal"? Shall we allow them to drift down the broad stream that leads to inevitable destruction, or shall we, actuated by a noble resolve,—and here we again quote from the doctor,— "forego the delicate bouquet that hovers round a flask of fine Rhenish wine, or the healthy, mellowed sharpness of a bottle of Chateau Morgaux or Lafitte," and endeavor by precept and example to throw about all such with whom we meet an influence that shall be to them a safeguard, and feeling which they shall, 'mid the

adverse currents of an uncharitable world, take courage to battle manfully for the right, and thus be saved from the wretched and miserable end which would otherwise be theirs. In short, accepting the truth of the doctor's own words, that "the lighter and less alcoholic the general drink of the country the fewer cases of intemperance and brutality are met with," and heartily sympathizing with the sentiment expressed, let each one adopt for his "general drink," *not* "light wine," *not* "good bottled stout," *nor yet* "sparkling Moselle" even, but far rather the pure, unadulterated, life-giving beverage, freely furnished and bountifully supplied by Nature's own brewery and liberally dispensed on every hand — "ADAM'S ALE." A. L. K.

PETTET'S DIRECTORY OF HOMŒOPATHIC PHYSICIANS. 1876.

A revised and enlarged edition of "Pettet's Directory of the Homœopathic Physicians in Ohio" is now ready for press, and is as nearly correct as such a work can be made on account of changes constantly occurring. Additions and corrections will be received up to the very hour of publication.

The size and value of the work has been largely increased by the addition of a list of the physicians in each county and town in the State, and in each town in Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Dakota, District of Columbia, Florida, Georgia, Idaho, Indian Territory, Kentucky, Louisiana, Mississippi, Montana, Nebraska, New Mexico, North Carolina, South Carolina, Texas, Utah, Virginia, West Virginia, Wyoming Territory, and Washington Territory, so far as their names can be ascertained. As many more States will be added as the support received from the profession will warrant.

The price of the book will be fifty cents, and a copy, together with the compliments of the author, will be presented by mail, postpaid, to every homœopathic physician on the continent whose address can be obtained. Addresses in New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island, Quebec, Central and South America, as well as corrections, will be thankfully received.

Suitable advertisements are solicited. Terms: Inside pages, \$25 00; half pages, \$15.00; quarter pages, \$8.00; pages next reading matter, \$40.00; last page of cover, and fractional pages of reading matter, \$50.00. Professional cards, \$2.50.

BOOKS AND PAMPHLETS RECEIVED.

STEIGER'S CLASSIFIED CATALOGUE of American, British, German, and French periodicals in the departments of medical sciences, chemistry and pharmacy, natural science, architecture, engineering, mathematics, etc.; technology, commerce, finance, etc.; agriculture, domestic economy, arts, sports, fashions, etc. June, 1875. Single copies will be mailed free on application to E. Steiger, 22 and 24 Frankfort Street, New York.

THE CHOLERA EPIDEMIC OF 1873 IN THE UNITED STATES. The Introduction of Epidemic Cholera through the Agency of the Merchant Marine. Suggestions for measures of prevention, by J. M. Woodworth, M.D. Supervising Surgeon, United States (Merchant) Marine Hospital, Washington, D. C. Surgeon-General's Office.

DIRECTORY OF THE HOMŒOPATHIC PHYSICIANS OF THE STATES OF WISCONSIN, IOWA, AND MINNESOTA, FOR THE YEAR 1875, by Lewis Sherman, Milwaukee, Wis. Boericke and Tafel's Quarterly Bulletin of Hom. Literature.

PLAIN DIRECTIONS FOR ACCIDENTS, EMERGENCIES, AND POISONS, by a fellow of the College of Physicians of Philadelphia, distributed by the Mutual Life Insurance Company of New York; also

ON THE RELATION BETWEEN DIABETES AND FOOD, AND ITS APPLICATION TO THE TREATMENT OF DISEASE, by Arthur Scott Donkin, M.D., Edin. New York: Putnam & Sons

MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES. Fourth edition revised and enlarged. Vol. I. By Edwin M. Hale, M.D. Bœreke and Tafel.

MEDICAL CHART OF TEMPERATURE, PULSE, RESPIRATION, AND REGIONS FOR RECORDING CLINICAL CASES. Cincinnati: Case Record Co.

A MANUAL OF MINOR SURGERY AND BANDAGING, by Christopher Heath, F.R.C.S. Philadelphia: Lindsay & Blackiston.

HUMAN PHYSIOLOGY FOR STUDENTS AND PRACTITIONERS OF MEDICINE, by John C. Dalton, M.D., etc. Philadelphia: H. C. Lea.

THE PHYSICIAN'S VISITING LIST FOR 1876 Twenty-fifth year of its publication. Philadelphia: Lindsay & Blackiston.

DIRECTORY OF THE HOMŒOPATHIC PHYSICIANS OF NEW ENGLAND. Boston: Otis Clapp & Son.

MANITOU, COLORADO. Its mineral waters and climate, by Edwin Solley, M.R.C.S. St. Louis: 1875.

RECORD OF THE WORLD'S HOMŒOPATHIC CONVENTION, TO BE HELD IN PHILADELPHIA, JUNE 26, 1876.

A STUDY OF THE NORMAL MOVEMENTS OF THE UNIMPREGNATED UTERUS. By Ely Van de Worker, M.D.

RAUE'S ANNUAL RECORD OF HOMŒOPATHIC LITERATURE. 1875.

EXPERIENCES IN GALVANO-SURGERY. By John Butler, M.D.

CARE OF THE SICK AND RECIPES FOR SICK PEOPLE.

NASAL CATARRH, by F. Seeger, M. D.

PERSONAL.

DR. E. H. STILSON has removed from Keokuk, Iowa, to Jefferson City, Mo.

DR. H. W. BOYNTON has removed from Wolfboro, N. H. to Dover, N. H.

