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THE

NORTH AMERICAN JOURNAL

OF

HOMŒOPATHY.

A QUARTERLY MAGAZINE OF MEDICINE AND THE AUXILIARY SCIENCES.

CONDUCTED BY

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NORTH AMERICAN

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AUGUST, 1857.

Original and Translated Papers.

ARTICLE I.—*Inaugural Address before the Hahnemann Academy, delivered January 7th*, 1857, by GEO. E. BELCHER, M.D., President.

THE art of applying remedial means to the relief of disease is the accumulated result of the observations, researches, accidental discoveries, and reasonings of ages. When at an early period, a sufficient collection of empirical facts had been acquired, it was in accordance with the nature of the human intellect, that some generalizing theory should have been propounded; not only to adjust in the understanding an idea of their relative importance and adaptation, but to satisfy also the innate desire for the discovery of some principle, which would explain facts already known, and cheer the intellect, by promising to it a more expanded field.

Such was the case with the ancient Greeks, who with their keen perceptions and vivid imaginations, as illustrated in the writings of Hippocrates, made exact observations, that live as valuable lessons; but the theories, which were made subservient to their use, have, by subsequent investigations, been modified into more comprehensive ones.

When I speak of their imaginations, I do not refer to those fanciful powers, that, with scanty knowledge, conjure up be-

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loved dogmas, which further observations prove to be monstrosities; but to that divine power of the human intellect, which, whether free or latent, openly expressed or inwardly hidden, finding

——"Tongues in trees, books in the running brooks,
"Sermons in stones, and good in every thing,"

inspired them to conceive in their minds, and form with their hands, from the unhewn stone, intellectual, moral and physical ideals of the image of man: and which inspires the human mind to create the whole, when only a part is seen; to generate, from the conception of a germ of thought, a perfect form; to grasp, (when appreciating signs unexplained, and unperceived by other eyes,) the *true expression* of disease and its treatment, amidst the confusion of its history and symptoms: that power, which inspired Harvey, when he examined the human body, as others had (*not*) done before him, to shape in his mind and to demonstrate, to the dismay of authoritative dogmatism, the true circulation of the blood: which inspired Jenner, when he observed the milk-maid's sore, that many a doctor had doubtless seen before, to discover—in preventing the loathsome small-pox—an inestimable benefit to man: which inspired Hahnemann, amid crude, confused, and heterogeneous therapeutic dogmas, when he observed the effects of peruvian-bark on the human constitution, to propound and illustrate the great law of cure; which, as true principles always do, opens indefinite fields of labor, cheers the physician to study man in health and disease, and medicines in their relation to both: that power, which has made immortal the labors of Hippocrates, of Sydenham, of Hufeland.

To return, it was natural, so long as men differ in the peculiarities of their powers of observation, and in consequence of their observations being in different localities and seasons, that various dogmas should have been propounded: and that the medical observer should devotedly search for facts to sustain his created image of an immortal principle, whether true or false, and to batter down opinions which threatened to mutilate or destroy it—like the fond parent, who loves a defective child, and strives to see beauties in him and to make others see them too. As a conse-

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quence, mind was rendered active, and new truths were discovered. Art culled truths from any source; and in proportion as science arranged and developed principles from them for practice, did Art cling to Science as her guide.

But as in course of time, the Roman Empire, by its imperial fathers, took from its people their manhood, and made them merely obedient children; who were taught not to see and think, but to look with enervating awe up to authority, and to seek station and respectability by bending the knee to those who administered it: so, following in the wake, physicians, their minds from generation to generation becoming more and more stagnant, unfortunately found it easier to reason than to observe; more comfortable to settle down dreamily in the honorable beds their fathers had laboriously made, than to arouse themselves to examine, to think, to study, to improve; more satisfactory to their self-complacent minds, clogged by high-sounding, but useless and debilitating learning, to inherit than to acquire; more respectable to sustain and acquiesce in the impracticable views of titled dignitaries, than to discover new facts or advocate nourishing ideas, which disturbing the pampered theories of arrogant decrepitude, brought only sneers, suspicion and chilling contempt.

Then dogmas supplanted the spirit of inquiry: then, "the recognized teachings of the schools" fain made disgraceful all inquiries, which implied doubt of the infallibility of their leaders; then, "to sustain the honor and dignity of the profession," was to pay fulsome adulation and servile obedience to those who engrossed and controlled its honors; to know the diseases and treatment they taught; and with pitiable disdain, to question his motives who studied to be useful rather than regular. And, then, until the human mind began timidly to assume its rights, the physician's aspirations were to be the learned *depot* of other men's dogmas; he knew what those dogmas taught, what diseases they recognized, what treatment they directed. He was satisfied, or would be, any how; he would not, even for the love of filthy lucre, do more; he treated diseases "regularly," "rationally," and, after the manner of the noted Pharisee, thanked God he was not like

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the humble empiric, who humanely sought from the accumulations of medical experience the means of cure, and branded him as quack. His learning not being appreciated by those who needed the physician, caused his wig to be big; his suit of clothes to be peculiar; his cane to be held to his nose, snuffing the gold head of which, brought out respectable, rusty wisdom; and his contemptuous head to dignifiedly nod and shake; his words were learned, profound, tremendous; and he was happy, and his dignified eye, as if illumined by the moon, lighted up when he quoted the authority of great names, or showed how some famous cotemporary thought as he thought; he loved to call a black and blue spot, ecchymosis, and a pain in the back, lumbago; and when he would scornfully, at times, smother a practical sense of his own imbecility, he found peculiar satisfaction in sneering at and scandalizing the good names of those who questioned the perfection of his knowledge; and, continually narcotizing his conscience, he struggled to elevate the character of his profession, by obtaining laws, which made it illegal for pain to be relieved by any but himself. Unmerited respectability, with malignant jealousy then tyrannized over medical art—

> ——"Like a cloud along the sky,
> "Which would not let the sunbeams through,
> "Nor yet descend in rain and end;
> "But spread itself, 'twixt heaven and earth,
> "Like envy between man and man,
> "An everlasting mist."

Such was the dogmatic physician, who for over one thousand years obeyed authority; who loved antiquity, and the diseases and treatment it taught; who despised the present, when its diseases did not correspond to what he was taught they ought to be; who spent his time in swallowing commentaries upon some foggy writer, and spurned as beneath his notice the disgusting small-pox and the undermining measles. He indeed loved authority; measured the character of others by its standard; saw diseases as it saw them; and passed by on the other side, when the black death and other epidemics more than decimated the population of the known

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world, left their treatment to his overwhelming competitors, mountebanks and old ladies, and their description to poets and historians.

Such was the degraded state of medical art, when medical authority taught what disease was, not how to observe it, and dictated corresponding principles of treatment. It was the natural consequence upon enervated intellects of the assumption that to treat a disease rationally, it was necessary to understand it perfectly; and not disease only, but also the laws of physical, moral and intellectual existence, and the causes of their disorders; and that the application of remedial means was to be governed by reason, based upon such knowledge, not by further observation. Science then, uncorrected by elementary studies based on certain foundations, ceasing to be merely an aid to art, assumed authority to direct it; and discouraging those, who, feeling its deficiency, sought outside of its conclusions, further aids, haughtily forbade other investigations, limited observation—and thereby proved itself recreant to its duty, and therefore impracticable and false. To understand perfectly the infinite laws of health and disease, is to comprehend God; and he who presumes at the bedside to apply those laws safely, virtually assumes a divine prerogative. Assumption of the knowledge of what in the nature of things is an impossibility, is disturbed when questioned, and loves to be admiringly and quietly obeyed: begets "blindness of heart;" which begets "pride, vain-glory and hypocrisy;" which beget "envy, hatred, malice and all uncharitableness." Therefore it is not surprising, that all now left of physicians, who taught and obeyed authority, is the slime they trailed from pathless wanderings through miry bogs upon the fruitful earth; musty curiosities of unreadable nonsense: standard food for comedians: and records of bigoted combinations and self-interested unions, to exchange such scientific investigations as *they* deemed respectable; to decide upon courteous rules between themselves and for themselves; to define the sources and limits of medical knowledge; to pass resolutions virtually denouncing the characters of those, who seeking every means of cure, obeyed higher laws than theirs; and to allay each others' mortifying heart-burn-

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ings by counter-irritating confessions and morbid congratulations. Like comforts like. *Similia similibus curantur.*

But again, following in the wake; as political and religious power became divided into smaller principalities, so medical authority, amid the din of surrounding activity, drowsily aroused by Arabic authors teaching it the diseases that prevailed at its own door and by the reclaimed study of Hippocrates, began to look, to think, to see; and as it saw, it was confused; and in its confusion, it was disruptured. But each separate division, however petty, became the empire of a separate dogma, and quarreled and encroached or was encroached upon by its neighbor: and consequently men's minds again were active, new truths were again discovered, and medical science, so far as it kept in the path of, and aided medical art, again progressed. Then, frigid facts, encrusted in decaying dogmata, were reached by the reviving sun of observation; and escaping, returned as the enriching dew from heaven, and nourished the fruits of the diligent cultivator.

At the present day, the science of medicine has in consequence, in many respects, progressed; and bearing in mind that science is "knowledge arranged and employed in the manner best adapted for the attainment of its ends," i. e. "for practice,"* we will briefly review its state. We find in all its elementary branches, a growth that could only have followed a truthful investigation. Anatomy and Physiology —the first the empirical observer, as it were, of the human frame in health; the second, its illustrator and expounder,— modestly acknowledging their imperfections, as modestly exercise the noblest faculties of the human intellect, to learn the laws of God in man; and, acquiring therefrom wisdom, with cheerful assiduity and hopeful perseverance, renew their widening labors. Chemistry, which released from the control of its vain, dogmatic and mysterious ancestor—alchemy —, has indeed discovered the philosopher's stone, and become the mathematical aid to medical art;—Chemistry has, avowing with exultation its boundless prospects, by inspiring and

* Oesterlen's Medical Logic, page 12. Sydenham Society Publications.

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searching labors, developed more certain signs of disease, discovered the atomic natures of old and also new remedies for the medical investigator, and given new ideas how to regulate diet for the preservation and restoration of health. Morbid anatomy, by its pains-taking and minute investigations of the effects of disease, has enabled Pathology to compare with their results, its symptoms and phenomena; and, in consequence, to furnish more discriminating notions in regard to diagnosis, prognosis and indications for treatment. Even the Materia Medica of the school at present predominant, in spite of an imperfect science of therapeutics, has discarded with some valuable, many more trashy remedies, and laboriously accumulated empirical observations from every source: and, as if anticipating the time when the effects of medicine on the healthy constitution will be the basis of its science, it has of late begun to gather in such knowledge.

But in practice—in the art of adapting a proper means of cure—in the art of discriminating the action of remedies in their application to disease, the school assuming to be legitimate—probably because of its legitimate succession from its respectable progenitors—has not advanced at all in proportion to the progress it has made in the sciences above mentioned. Indeed, there is scarcely a doubt that legitimate physicians of the present day have far less confidence than those who preceded them, in the means they use of aiding the restoration of health. Dr. Williams, in his able work on the "Principles of Medicine," in the introductory chapter, headed :*— "On the need of the study of general pathology, as the *foun-* "*dation* of practical medicine :" —says:—"Compare the state "of the practice of medicine with that of anatomy, physio- "logy, chemistry—the great fundamental or preparatory stu- "dies. How minute, how precise, how connected and defi- "nite are these! Yet how loose, indefinite, uncertain, uncon- "nected, is the practice of our art. To the public it appears "altogether vague—without any acknowledged principles. "Is there any wonder then that quackery should triumph? "that the public show their want of faith in legitimate medi-

* Page 13. (Bell's Medical Library, 1844.)

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"cine by their ready belief in any novelty that is not legiti-
"mate? Thus, one year, St. John Long's plan; another
"year, homœopathy," (which on the same page, he under-
stands to propound "that the best cure for a disease is the
"influence which *caused* it"); another Morrison's pills; an-
"other the water-cure—rules the fashion. The public may
"show their ignorance by such credulity, but they show,
"also, the want of something plain and trustworthy in
"regular medicine. The public will not believe that the secret
"of the art is with a faculty, which professes to follow ex-
"perience only." The last sentence hints at what he consi-
ders the cause, i. e. the treating of the sick by experience
only. He may be partly right in this respect; but does not
the necessity, which compels the physician to trust to this,
show there is need of correcting other deficiences in medical
science? And I would suggest that one, and no doubt the
principal cause of the low state of medical art, is the theory,
which makes a correct pathology the necessary basis of the
art of cure. Dr. Marshall Hall (in his work on Diagnosis)
says:—"The diagnosis of diseases constitutes the first part
"of the office of the physician, in his actual visits to the sick.
"With the diagnosis must be associated *correct views* of the
"*nature* of the disease, or the *pathology*, and a just appreciа-
"tion of the powers and condition of the patient, or, to use
"a neglected phrase of great practical value, the "*constitu-*
"*tion.*" It is in this manner *alone* that we can be led to the
"ultimate object of the physician, the correct appropriation
"and adaptation of the remedies, or the *therapeutics.*"* The
physician is trained that to treat, or teach the treatment of
disease, "he must *know* the healthy function of the organ or
"organs, the history of development, the influence of other
"organs, i. e. systems, the changes produced by disease, and
"as far as possible, the action of all external or internal
"agents."† Consequently when attending the sick, he is to
exert all his knowledge of the history of his disease, of its
symptoms, of the supposed effects of medicines previously
used, in order to conclude in his mind what its nature is:
having obtained a conclusion, he is taught upon that, to base

* Page 149, 2d edition. † Stokes (and Bell's) Practice. 1840, p. 18.

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by induction, a rational treatment. In other words, the physician is proudly, and with contemptuous disapprobation of all other plans, virtually taught, that to treat disease correctly, he must comprehend the infinitely varied deviations from the infinitely complex laws of God in man, and upon the correctness of that comprehension depends his ability of deducing a proper indication. Having comprehended, his examination ends, for as Marshall Hall says, "the most perfect know-"ledge of symptoms would be entirely useless, unless consi-"dered as signs and indices of the internal disease."* If he err, either through lack of industry or unavoidable lack of knowledge, in obtaining a correct view of the disease, he can only ascertain his error by the injury it has caused his patient. On a proper theory of disease depends the success of treatment, says the legitimate school—so also, say others, who are not of the legitimate school. What ennobling quality can be aroused in the mind of him, who goes to the sick-room with the impracticable idea of deciding the correct nature of a disease, before he can prescribe? Is it not natural that, while physicians stake their patients' safety upon their knowledge of disease, they should, seeking self-justification, be irritable as to any doubts of the correctness of their conclusions? that they should disagree? and be uncharitable toward any other theory of practice, of which they are, or would be ignorant? What poignant suffering must be his, who guided by medical science as it now legitimately, rationally exists, discovers, after the use of means often too sadly powerful, that he had mistaken one disease for another? A neuralgia perhaps for an inflammation? Can deductions, based upon the knowledge of disease, afford a ground of safety or of reasonable certainty, when the sciences, which support that knowledge, are continually bringing and will continue to bring to light new truths, and are therefore continually changing men's views of its nature? Can we found upon the best knowledge of disease, which can be acquired at the present day, any pathological indications that do without experiment, guide us to vary

* On Diagnosis, page 28.

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treatment with the varying phases of different epidemics, or with the varying shades in the symptoms of the same epidemic? Practical medicine based upon pathological knowledge, neglects the minute study of symptoms when it cannot explain them; and does not consider it important, when a condition of disease is diagnosed (rheumatism for instance) to ascertain whether the pains are aggravated from rest or motion, from cold or warmth, at evening, night or morning: do not these facts—these deficiencies in *directing observation* or in taking into view the *totality* of *symptoms*, which every practitioner of any school realizes at the bed-side, prove it as lacking in the elements for the foundation of scientific—of rational medical treatment?

And what is the treatment, by induction, for instance of inflammation, that science teaches? Perhaps, regarding the "increase of heat in the part" as "analogous to that of fire, and the blood," as "the fuel by which that flame is kept up,* it is to allay the tumult of inflammatory reaction, by taking blood, and thereby, so long as its effects may last, to palliate it. Suppose there is doubt whether that reaction be inflammatory or irritative? Can that doubt be settled, according to the physician's notion of what inflammation or irritation is? which notion may, by new study or new investigation, dogmatically displace a notion previously held. Or shall he be guided by the plan of Marshall Hall? who suggests in his truly scientific work on Diagnosis, as follows:—"In cases in "which it is doubtful whether the pain or other local affec- "tion be the effect of inflammation or of irritation, the ques- "tion is immediately determined by placing the patient up- "right and bleeding to incipient syncope: in inflammation "much blood flows; in irritation very little. The violence "of the disease, the powers of the system, and the due mea- "sures of the remedy, are determined at the same time. "*There is*," he italicizes, "*in my opinion, no single fact in "physic of equal importance and value, in the diagnosis of "acute diseases and the use of an important remedy.*"† And what other indications are deduced? To reduce the tumult

* Quotation from Laurence: Watson's Practice, page 123.

† On Diagnosis, page 26.

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by Antimony, because of its powerful depressing effect: by Mercury, because as Dr. Farre says, it "destroys red blood as effectually as it may be destroyed by venesection: or by Colchicum, or Digitalis, or Opium,* which the diligent student is benignantly told, have a powerful influence over the pulse, &c., and consequently would be indicated scientifically: or, it may be, as inflammations more frequently occur among the weak and debilitated, that they might be sometimes treated successfully by Quinine and Brandy—he can find out when he comes to treat the sick—but to be very careful or they will do harm—they are, improperly given, very dangerous indeed—he can not be too careful: he must study to acquire a correct knowledge of inflammation. Indications, by induction, do indeed sometimes confuse; and it is consequently no wonder that their study is neglected by the practitioner.

Again, in saccharine diabetes, science has within a few years past deduced, that its seat might be in the kidneys—again might be in the liver or stomach—again, in the medulla oblongata: and consequently the poor patients have been scientifically treated for diseases of the kidney, liver, or brain, according to the latest conclusions of physiological researches. Scientific deductions do therefore sometimes delude the practitioner.

A fashionable notion, for the last two or three years, has been, to regard that protean cluster of morbid phenomena, rheumatism, as the effect of a preponderance of lactic acid in the blood: and therefrom has been deduced the treatment of curing by neutralizing the acid by Rochelle salts. Gout is owing to a preponderance of uric acid, as may be ascertained by careful diagnosis, and is to be cured by the same Rochelle salts. Wonderful cutting of the Gordian knot! Such a scientific horror of treating symptoms! Such a killing of two birds or rather two flocks of birds with one stone! Such a labor-saving indication to rational brains! Does the treatment by such gross routinism of diseased conditions, variable in proportion to the number who suffer, rank as high as the grossest

* Watson's Practice, Lecture xiv.

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empiricism? Can the profession, which complacently presents to the world the above record of scientific induction, complain that quacks, who reduce their science to a complicated mixture of legitimate, Indian, and matronly remedies, displace its members in the estimation of the public. Quackery is no doubt a public curse; but its existence proves that legitimate, rational treatment is radically defective.

So much for the present science of legitimate medicine, doubted by the public, doubted by itself. While all the other departments of medical science have improved as to their practical operations, it still exists as formerly, dogmatic and irritable. Degraded, by comparison, in its own estimation, it has so far trammelled medical art as to cause it to look up to its mechanical departments for the chief sources of its honor. Consequently the medical man, who can amputate a limb with tact, or dexterously extirpate an eye, assumes, by general consent, the head rank in his profession.

The impossibility of fulfilling the aims of medical science, founded on pathological conclusions, the unsatisfactory results obtained by the effort, the instability of its inductions or deductions, the lack of elasticity in adapting its ill-jointed system to the varying diathesis or conditions of disease, cause its study "to be generally considered by students as the "heaviest, most repulsive, most tedious of all subjects."* Readily interested in anatomy, physiology, chemistry and pathology—and also in the more glittering and beneficial results of obstetric and surgical arts, they regard the practice of medicine, as taught, as an enormous mass "of dry detail; "its science, mere glimpses into an unknown land; its rules, "irregular tracks through a wilderness of confusion."†

But medical art—practice—clinical medicine, tramelled, deluded, disappointed as it constantly is by imperfect indications, unacquainted with and uninstructed in medicines, excepting by their use and effects in disease has, its mind, so to speak, being trained by the more certain elementary sciences, investigated minutely the symptoms and phenomena of disease; and condescendingly trusting to empirical observations, has

* William's Principles, p. 14. † ibid. p. 15.

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sifted and gathered together the practical results of judicious observers. The physician depends upon it for his comfort, his strength, his satisfaction.

Perhaps we can illustrate the value of medical science based upon pathological knowledge, by reviewing or referring to the influence it has upon the physician.—

I do not mean the miserable person, who swallows any dogma, because he esteems the source from which it came: whose mind, weakened by his habit, makes him impracticable, inefficient, irritable, envious, jealous, malignant! He is an annoyance—a pest in any profession.

Nor do I mean the man, whose ambition is to be "respectable"—in the sight of other men: who respects the honor and dignity of his profession,—because he respects its honors and its dignities: who believes honesty is the best policy—if it is policy; and who therefore fulfills his duties to the sick and strives to save life by any and every means—providing his standing in the profession is not endangered thereby. He is a *bear* in the medical Wall-street.

But I mean the sincerely honest, plodding physician of the legitimate school. Trained by a preceptor, whose whole professional life is an ambitious effort to reconcile his science and his art, who avows with pride, that correct practice must be founded on the knowledge of disease; he goes to the bedside, trammelled by the wish to sustain his science, and, to satisfy his wishes, he makes it, if possible, submit to almost any contortion. He really imitates the practice, and abstractly believes the science of his preceptor; and he uses either, as they serve his purpose. Observing by practice, new shades and varieties of morbid conditions, uncertainty in legitimate indications, and in the effects of medicines in legitimate doses, he gradually acquires thereby a more discriminate knowledge of disease and of remedial action,—and as he does so, does he neglect his science. That worries him, confuses him, frightens him. He feels more at home, when he trusts to his acquired tact in examining phenomena, in weighing them, and in adjusting to them the accumulations of observations empirical or rational (according to his notions), and of hints culled from books and journals, from conversations

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with other physicians, from old ladies, from chance hits, newspapers, almanacs, advertisements—from any body or any thing. He becomes a gleaner, a picker-up of empirical or practical knowledge from any person and every field—and does not hesitate to own it—excepting from one, the suggestion of an idea of taking any thing from that makes him nervous—vexes him. He acquires an art peculiarly his own, and has theories which he cautiously believes, so long as they suit his practice. He dreads a new scientific induction in treatment, as a burnt child dreads the fire; and leaves its glory to some scientific professor. Feeling at heart, and at times discouragingly, that medicine is an uncertain—very uncertain science, he practically realizes that he has no law, and becomes a law unto himself. Like the mass of his contemporaries, he is irritable and incredulous as to any radically new suggestion: and using his present acquirements as the basis, he seeks in the sick-room, like a right-minded man, to adopt any means that have to him a show of practical reason, to alleviate the sufferings of the sick. He boasts that he depends on his acquired experience—limited, as it necessarily is; and that he does not treat by books—in other words is not guided, aided, directed by the records of his science: and thereby he preaches to the world that it is defective, treacherous, inefficient.

The chemist, the physiologist, the pathologist, the mineralogist, all alike, know that when their art neglects its science, it neglects the sources of its truth. But of all the sciences, of all the arts, of all the professions, legitimate medical art is the only one at the present day, which boasts it has no rule, no fundamental principle. And, contrary to the practice of any other art, it gives no encouragement to acquire any preliminary knowledge of the remedies it uses; and trusts the safety of the sick solely to the uncertain empirical knowledge of medicines, obtained by their good or bad effects, when administered during disease.

Taking the ground that empirical observation—practical experience—is the foundation of medical science; and that science is perfect and true in so far as it meets the demands of its practitioners, and constantly *sustains* and *encourages*

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them to make further investigations, rational or empirical: we will now examine the claims of Homœopathy.

It propounds the theory, that like cures like. *Similia similibus curantur.*

In accordance with the nature of man's constitution, it advises the mourner to be comforted among those who mourn; the joyful to seek relief among those who rejoice; the intellectual student, to find rest and vigor among those who think; the pious, to gain strength among those who are seeking the right, in a manner corresponding to his sincere desire; and the investigator of science, to be enlivened and enlightened among its investigators.

Medicines will cause disease. Lead, for instance will induce colic and paralysis; and imponderable fumes from lead will do it quicker than the pure metal itself.

Morbid poisons, whether visible or dynamic, ponderable or imponderable, appreciable to the senses or inappreciable, will produce disease, as all will appreciate, whether the sufferer gets the itch or the ague.

And medicinal and morbid poisons induce diseases, the diagnosis between which it is not always easy to decide. Can physicians diagnose, to a demonstration, without being informed of previous treatment, an intermittent kept up by over-dosing with Quinine, from that kept up by morbid causes? Can he, in the same way, readily diagnose a mercurial from an idiopathic iritis? Can he positively diagnose—especially by any rational symptom—a lead from a bilious colic? Are not the phenomena of typhus-fever and drunkenness often very similar? Is it not "of the utmost importance to appreciate the effects of" venesection, and to "distinguish them from those of the disease, in the course of inflammations?"* Does not honest Iago sometimes find it convenient, when called to see a patient to express the fact, when he says that the greatest difficulty is to cure the diseases induced by "rascally poisons?" Has it not occurred, that an intelligent physician has treated what he supposed was primary,

* Marshall Hall, on Diagnosis, pages 110, 198–202.

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and afterwards discovered he was treating a medicinal disease?

Medicines or medicinal poisons, like morbid poisons, act specifically or directly on certain organs and systems of the body—in health as well in disease. Tartar-emetic will vomit, by its specific action on the stomach, a well man at least as promptly as a sick one.

Homœopathy is based upon the principle that in order to cure a disease directly, it is necessary to give a remedy which acts directly or specifically upon the organ diseased. The old-legitimate school adopt the principle in a general, not a discriminating sense; and classify various medicines, according to their specific actions, into narcotics, emetics, diaphoretics, cholagogues, sialogogues, &c. Homœopathy goes still further, and teaches how to choose, to discriminate a proper specific remedy: for instance, a man has disease of the liver. In order to select, the physician is taught to compare all the symptoms of the disease, both general and local, and to adapt a remedy, whose general and local effects are similar to it: and that a remedy is more applicable than another, because *acting on the liver in the way and manner the disease does, it, of necessity, produces its effect on the exact seat of disease.*

This constitutes the basis of homœopathic practice. The duty of the physician is to study the symptoms and phenomena of disease by the elaborate records and other aids of science, and to investigate the effects of medicines on the healthy constitution in the same manner. The art is to discriminate nicely, minutely, the history, nature and phenomena of disease, also of medicinal action; that they may by comparison, be adapted to each other as exactly as possible. In other words the art is that of diagnosis and prognosis, in order that the nature and course of a disorder may be calculated upon, and, also beyond that, that a remedial means may be selected.

The principle is shadowed forth in Marshall Hall's work on Diagnosis, thus.—"When *experiments* have been carefully "instituted, and the results collected by an assiduous *obser-* "*vation*, we may expect to become acquainted with the real "effects of those agents which we consider as remedies—both

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"good and bad. An investigation conducted in this spirit "would, I feel convinced, lead to some important results. "We still want an essay on the morbid effects of remedies."*

Hufeland, in his day the chief of old-school German physicians, acknowledges the principle, thus.—The selection of remedies may be made——"in an empirical way, i. e. "through the knowledge, acquired by experience, that such "or such a remedy has a particular relation and curative "power, as regards a certain organ or morbid condition of "the system; such are the effects of Cantharides on the urinary organs, of Mercury on syphilis—*specifica.*—Also the "principle: "*Similia similibus curantur*," the knowledge of "medicines, which produce in a healthy state symptoms "similar to the disease, may be very well profited of, in order "to discover such remedies."†

That the art of discriminating exact features in disease, or shades of symptoms, may be based upon careful observation, Homœopathy, assuming that a perfect knowledge of disease is unattainable, teaches to decide an indication of treatment by comparing the totality of symptoms both of disease and medicinal action, and adapting them to each other. By the totality is meant simply *all* the symptoms, *all* the signs—those which are readily perceptible to the senses; and those which are developed by scientific investigation. And the relative appreciation of these is that which sustains the art of the physician above referred to. A knowledge of disease, obtained from any and every source, aids him, but does not control him in understanding the therapeutical drift of symptoms: and, in proportion to the perfection of his acquirements, is he more competent to arrange his perception of them into a definite idea. But as scientific knowledge may not take in all the symptoms, that idea is modified in a manner by conscious or unconscious observation of other symptoms, which cannot always be expressed:—inward knowledge may grasp their meaning practically and efficiently;—and that inward knowledge constitutes the skill and ability of the physician. The physician is therefore great, in proportion as

* p. 30. † Hufeland's Practice, page 73.

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he has the power, outwardly expressed, or inwardly hidden, of weighing nice shades in the expression of disease, and in the expression of medicinal action, beyond what science does elucidate. So the accomplished student of human nature, because by scientific cultivation of his faculties, he improves his power of observing more discriminatively the whole—the totality of conduct, grasps essential points of character by little turns or expressions in conversation, manner, &c.

This is the quality of the human intellect which goes before science, before reason: it is purified and developed by them, and they in turn are enlarged and corrected by it: before which, as before a judicial tribunal, every theory is weighed in the balance: which culls the grain of truth from the chaff of error; which makes the practical man the highest order of man. Stunted and trammelled by natural infirmities; cramped, smothered, and overwhelmed by cherished infirmities; its vitality aroused only by a sincere desire for truth, it observes all things according to its individual power, and selects therefrom their essence, their quality, their strength. It is, indeed, the spirit of truth, of consciousness, of rectitude; and its power realized is that which exalts man above the beasts, above another, and which inspires him with the idea of God. Nourished by truth, it knows the truth by the vigor it acquires in comprehending and in developing it;—it consequently decides that science to be in truthful development, in proportion as it lays open to its view the *totality* of things.

Taking totality as its foundation, it recognizes the comprehensiveness of a theory, by its enlarging its range of observation and investigation. It teaches the practitioner to neglect his science in proportion as its principles are false: and also to rest upon his science in proportion as its teachings constantly aid, correct, guide and enlarge the scope of its power —and that not with the irritability of impaired health, but with the conscious freedom of normal vigor. The homœopathist acknowledges his constant dependence upon the records of his science, in cultivating, and pointing his powers of discriminating indications, and thereby extols his science by his art. The old-school, the legitimate physician proudly

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boasts that his art is independent of his science, and thereby condemns his science.

As to doses,—they are matters of observation—empirical, if you choose. As Hahnemann was lead on and confirmed in his belief of the principle, by cures with moderate and even ordinary old-school doses, *that of itself is sufficient proof that they are not necessarily incompatible with the principle.* But as it can be easily imagined, that a nauseous stomach would be sensitive to the influence of Ipecac., such doses would often aggravate injuriously. Reducing them, consequently, by dilution and trituration, led to the practical discovery that medicines have inherent, innate, dynamic powers. The proof is in their effects; on the same principle that the existence of morbid poisons is proved by their effects. Observation—further observation, may discover a more certain guide, than is known at present, by which the size or extent, and the repetition of doses may be determined, but the natural tendency of all who favor the principle, is, of course, to give medicines in such doses, as will act without causing perturbation. In the legitimate school, alteratives are always given in small doses, because exciting reaction of the system against larger, precludes the sought-for effects from smaller doses: and this principle, so limited in the old-school, shadowed forth the idea, so compatible with nature's indication, so accordant with the comfort of the sick, that disease is more naturally, rationally, cured by means that do not disturb the patient's rest and quiet.

In making the above imperfect statement of the main principles arising out of the law—*similia similibus curantur*—it will occur to any candid observer, that it aids, develops, and extends the scope of medical science and art.

It makes a minute study of disease in all its details, and by all the means the elementary, or the collateral sciences, or empirical observation can produce, the basis of an examination of the sick.

It makes the effects of medicines or other agents upon the healthy constitution, a knowledge of which is obtained by the same means, the basis by which the scope of their actions can be ascertained. What other theory encourages such ex-

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aminations? What other theory even furnishes a motive for such investigations?

It teaches the physician that as one part of his noble art is to discriminate the essential symptoms, explained or unexplained, rational or empirical, by which he may acquire a knowledge of the course of disease, its diagnosis, and prognosis: so another and more important part is to discriminate, by comparing the pathology and the extraneous symptoms of disease, with the pathology and extraneous symptoms of medicinal action. Pathology, unsafe as a foundation, because always progressive, assumes its natural position as the principal elementary science of medicine; and aids empirical observation, by guiding it with the elaborated conclusions derived from previous experience and investigation.

Can there be a nobler study for the human intellect? Can the human understanding be better developed, than by the exercise of nicely discriminating the course, diagnosis and prognosis of disease, and of minutely scrutinizing shades of morbific and medicinal influences?

It discourages routinism in the diagnosis of disease, and in its treatment; because its essence is to define particular indications.

It suggests new remedies, and the scope of their actions. Does any theory, heretofore propounded, do as much as this?

Its study necessarily assists the mind to grasp the results of purely empirical practice; because it necessarily trains to discriminate.

It corrects and extends the knowledge of disease; because its indications, as a rule, discourage any treatment that perturbs the system in its struggle against disease.

It corrects the conclusions, so far as treatment is concerned, of pathology; because it requires over and above any scientific inductions, a nice symptomatic adaptation of remedial to morbific influences.

It aids the science of pathology; because while it studies the effects of medicines on man and animals, it can investigate their phenomena, from the beginning to the ending of the diseases they cause: and so, by analogy, illustrate the effects of morbific influences.

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It proves itself to be a development of science; because it requires a constant study of the accumulated records of disease in any and every manner; and because it as strongly requires a constant recourse to the accumulated records of medicinal action.

Fellow-believers in the homœopathic law of cure, this is a hasty review of the science, which teaches the art of directly acting by remedial agents upon disease. Whether it is exclusively true or not, is to be ascertained by observation—empirical observation. Reasoning or authority cannot overturn it, nor sneers, nor ridicule;—nor can it be established by reasoning or authority. Founded upon observation, observation can alone do it. And upon the honest endeavor of its disciples—having in view solely the relief of the sick—to adapt its teachings to practice; and that, with more safety and certainty than by any other theory, is its recognition by the medical world to be anticipated.

There is one thing, gentlemen, which shows that the whole profession is prepared for a radical change;—and that is, the growing skepticism of the legitimate school in regard to the efficacy of medicines as curative agents. We have been informed that pneumonia and typhus-fever, for instance, have been treated by them more successfully without than with medicines: and in our daily rounds, we hear the unseemly boast, that the legitimate physician treats his cases of scarlet-fever better, if he gives nothing. Belief in medicine is innate—is not even confined to man: skepticism is therefore unnatural, and must be based on its improper or imperfect use. And we may reasonably expect that, in another generation the learned and conscientious teachers of the predominant school, who, by their position, are necessarily conservative, will listen to a suggestion, which is founded upon and furthers observation.

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ARTICLE II.—*Diseases of the Veins*, by HENRY C. PRESTON, M. D.

Continued from page 252, vol. 5.

PHLEBITIS.

WE have thus far considered only some of the graver forms of suppurative Phlebitis. Its adhesive form, to which we have barely alluded, although not as generally fatal in character, involves consequences of the highest moment, and is equally important on account of its influence in the production of dropsies, and other secondary diseases. The whole subject of Phlebitis is one of engrossing interest both to the physician and the surgeon, but it is too vast in its connections to be treated with anything like completeness, within the limits of this article. We must rest satisfied, therefore, with a mere glance at its past history, and confine ourselves to the results obtained by many years of patient toil and scientific investigation.

As early as the years 1823 and 1824, Velpeau maintained the doctrine of purulent infection, but without any necessary connection with Phlebitis. Schœnlein in 1840 and M. Dance in 1841, insisted upon the necessity of venous inflammation to produce the distressing and fatal symptoms consequent upon purulent absorption. M. D'Arcet, in 1842, corroborated the opinions of the latter by a series of physiological and pathological experiments which we cannot now notice, but which led him to the conclusion, "that pus is never deposited metastatically without previous process of inflammation, but, on the contrary, that a red spot always precedes its appearance, and where pus is actually present, coagulable lymph is deposited around it, which becomes organized and resembles a cyst, the internal surface of which is as flocculent as that of the chorion." He demonstrated by chemical experiment, "that the healthy pus of phlegmonous inflammation absorbed through living intestine a volume and a half of oxygen gas, producing only a fifth of carbonic-acid gas, and that the pus-globules then ran together, and formed an amorphous coat, or layer, floating on the subjacent liquid. By exposure to air the whole became offensive and putrid, without the layer becoming redissolved, which last, separated by the filter, left a yellowish-green fluid, blackening silver, and evidently containing sulphureted compounds, upon which a portion, yet not all of the

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poisonous properties depend, seeing that these remain when the former have been removed by mixing litharge with the fluid." Now in experimenting upon animals, he found upon injection of the above insoluble, inert amorphous layer, after it had been repeatedly washed, the effects, where it did not kill immediately, were hurried respiration, hard, frequent pulse, and death within forty-eight hours, quietly, without diarrhœa or vomiting. Phlyctenæ were found in the lungs, sub-pleural ecchymoses penetrating into the parenchyma, with a nodule of well-marked hepatization in their centre, and in some cases circumscribed purulent deposits identical with those in man. There was disease and death, but none of those terrible symptoms seen in man. The effect was always a local lobular phlegmonous inflammation in the part, corresponding to the effects from injection of quicksilver by Cruveilhier and Gaspard, of charcoal by Magendie, of cerebral substance by Dupuy, and of particles of gold by D'Arcet himself, all which he attributes to a common cause, viz., the insoluble, amorphous and pulverulent nature of the substances injected, rendering them incapable of elimination, and, from their size, of circulating in the capillaries. On injecting, however, after freeing it of all insoluble matters, the *yellowish-green, putrid fluid* which resulted from the spontaneous decomposition of the pus, the results were first hiccough, vomiting, diarrhœa, rigors, fever, dyspnœa, followed by marked adynamia, depression, stupor, involuntary evacuations, pale appearance of the mucous membranes, hæmorrhages, abdominal pains, with the most complete prostration, terminating in death in five hours. These effects, he says, "show a general *diathesis*, and disease of the whole system, the *poisonous liquid* having communicated its deleterious properties to the whole blood."

From these and other experiments, and from pathological observations in man, M. D'Arcet comes to the conclusion that purulent absorption, phlebitis, purulent infection and purulent diathesis, or by whatever name it be called, forms a complex malady of two distinct classes of phenomena often confounded:

"One—a disease of the respiratory, hepatic or other organs: a local inflammation dependent on a mechanical cause, the capillary tissue being embarrassed by insoluble, or pulverulent principles developed in the pus by its exposure to the oxygen of the

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air, in the lungs, and not producing other constitutional effects than those of phlegmonous inflammation of *the same organs.*"

The other, "a miasmatic poisoning, caused by the absorption, and circulation of some principles of the pus, itself becoming putrid, acting on the blood in a special manner, and producing grave general symptoms, especially characterized as adynamic, —such as indicate a class of diseases where the entire organization is intimately deranged, as the plague, typhus, purpura, glanders, &c., &c."

The chemico-organic mechanism of this process is thus explained by M. D'Arcet: The purulent matter in the vessels, reaching the lungs, undergoes such changes, by the action of the oxygen of the *air*, as would happen to it as an unorganized substance out of the body. Its elements separate into two parts: the globules absorbing oxygen *increase in size by their reunion* and become incapable of traversing the capillaries, the calibre of which they obstruct in the same way as mercury, gold, and charcoal, thence the phenomena arising from the introduction of those substances into the circulation. The liquid part, under the same influences, acquires putrid properties which produce effects as described above. He says that pus in substance cannot be absorbed by the capillaries, the laws of *endosmose* allowing only soluble substances. But the purulent serosity of the pus, deprived of its pus-globules, is readily absorbed, and hence, in addition to inoculation, there is another road opened for putridity entering the system.

Another fact, mentioned by M. D'Arcet in this connection, deserves notice before we leave the subject of phlebitis, because it gives a chemical reason why all abnormal collections of pus in the body are not necessarily fatal: viz., that where purulent deposits were found to have existed, he had noticed that the urine, during life, had been albuminous, and to this last organic process he imputed the dispersion of such abscesses without producing harm. This may account for the serous or largest portion of the pus, while the pus-globules are supposed to remain in the part, constituting the greasy, putty-like substance met with by Dupuytren and others in the seat of chronic abscesses which had spontaneously disappeared.

But our limits will not allow us farther to pursue this inter-

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esting subject, and reluctantly leaving it, we pass to the consideration of other affections of the veins, not necessarily dependent upon the presence of inflammation. Of this class are the *varicose veins*, so common in the superficial vessels of the lower extremities, as well as in other and more internal parts.

Varicose Veins.

Varix is the term used by surgeons to express the permanently-dilated state of a vein, corresponding to a similar condition of the arteries called aneurism. Their definition of varix, however, comprehends more than mere dilatation. "There must be, also, an accumulation of dark-colored blood," says Cooper, "the circulation of which is materially retarded in the affected vessel," and as the term was originally derived from the Latin *varius*, it also implied that the vein must be not only dilated and elongated, but that its course must be irregular, studded with knots, winding about in a serpentine manner, and forming actual tumors. This, however, is a mere description of the condition of the vein affected, and can hardly be called the name of a disease.

Modern pathology has shown that varicose veins are not mere dilatations occasioned by mechanical obstruction, because they occur where there is no such obstruction: in fact the whole venous system is susceptible of the affection. It is true that mechanical compression will retard the course of the blood in the veins, and produce temporary dilatation, and the distention will probably be the greatest in the situation of the valves. It is true that varices of the lower extremities frequently occur in pregnancy, and the pressure of a fœtus on the large venous trunks may, and in all probability does, assist in their production. But then varicose veins, although common, do not occur in but a comparatively small number of cases of pregnancy, or if they do, are quite as apt to make their appearance at the commencement of it, and long before the uterine enlargement can impede the free return of the blood through the pelvic veins. Besides it should be remarked that the use of garters is extremely common, while the presence of varicose veins is infinitely less frequent: that very large varices are met with in persons who have never used any kind of ligatures to which the origin of the complaint can be imputed; that when the dilatation of the veins extends

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to the thighs and abdominal walls, no causes of this description can be even suspected; that varicose veins are observed around several kinds of tumors, particularly those of a schirrus nature, where there is no chance for any mechanical obstruction to the circulation of the blood; that a varicose condition of the veins of the lower extremities, in consequence of swellings of the abdominal viscera, is more often the exception than the rule; and lastly, that the knots of the dilated veins are far too numerous to admit of being ascribed to the resistance of the valves. Hence it follows, that there is something more than mere mechanical obstruction to the current of the circulation necessary to produce that condition which we call varix, or varicose vein, and *that something more* is the sum total of all the morbific forces employed in its production: it is the disease which we call *varicosis.*

Varicosis of the veins, therefore is a disease causing not merely a dilatation of the walls of the vessel, and consequent accumulation of venous blood in the distended portion, but it produces also either a preternatural thinness of the distended walls, or, what is more common, a decided thickness and hardness of the coats of the vein. There is more or less of local inflammation, sometimes demonstrated by the presence of strings of coagulum within the varicose veins and upon its sides, rendering it incompressible, hard and firm to the feel, and diminishing the calibre of the vessel until the circulation is arrested and the whole vein below becomes varicose. Or the local distention increases until the vessel bursts, causing more or less severe and dangerous hæmorrhage, according to the seat of the disease. If the adhesive form of inflammation prevails, the coagula accumulate to such an extent that the canals of the vessels become obliterated and spontaneous cure ensues, the collateral veins taking up the office of the diseased vessel, and serving all the purposes of circulation. In many cases, however, particularly in the superficial vessels of the lower extremities, the local inflammation goes on to suppuration, and the process of ulceration finds its way out through the skin, forming what is improperly called a varicose ulcer. This is an affection always exceedingly difficult to cure, because the obstruction to the venous circulation causes very considerable œdema of the limb, which renders the

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skin tense and keeps asunder the edges of a solution of continuity, and besides by keeping the divided parts constantly irritated by this painful tension, cicatrization is rendered almost impossible.

This disease may affect any or all of the veins in the body. Instances are recorded of its occurrence in the *vena azygos*, the right subclavian, the internal jugulars, the vena-cava, and other large venous trunks, but its appearance in the veins of the trunk or of the upper extremities is very rare. The deep-seated vessels of the extremities, also, seldom become varicose. The superficial epigastric veins are sometimes affected in this way, but the most common seats of this disease are the *venæ saphenæ*, the *spermatic*, and *hæmorrhoidal veins*.

Varicosis of the saphena veins rarely happens before the adult period of life, and its progress is extremely slow, except where it occurs during pregnancy. One or more veins of the same leg are usually at first affected with a slight degree of dilatation, without pain or marked uneasiness, until gradually they become more and more distended, lengthened, coiled-up and tortuous. The patient then begins to complain of a sense of heaviness, numbness, or itching and soreness, of severe cramps in the legs, particularly at night, and sometimes of very acute neuralgic pain through the whole limb. In more advanced stages, as the varices increase, the dilated veins actually form tumors, which pulsate and distend with the least exertion, or, in some cases, even on assuming the erect posture. A case was recently related to me of a man, about fifty years old, whose legs are so completely covered with varices of such enormous size, that he dare not rise from his bed until both legs are tightly encased in a buckskin stocking so laced as to make firm and equable pressure on the veins from the ankles to the thighs. Without this apparatus he has alarming hæmorrhage, producing syncope and great exhaustion, and on several occasions the attempt to rise and walk, without the lacings, has very nearly cost him his life.

In the treatment of this disease, scarcely more than mere palliatives have been resorted to, and the profession has very generally agreed with Delpech, who says "Experience proves that there is no certain mode of curing varices." The radical cure of varicose veins by excision, or the actual cautery, has

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hardly been changed since the early ages of medicine, and is now rarely attempted, but, on the contrary, is generally denounced by surgeons, on account of the greater danger of fatal suppurative phlebitis, and because experience has shown it at best a very uncertain remedy.

But homœopathy here, as in many other cases, has directed us to a specific remedy, which in my practice, as well as in that of a number of my colleagues in this section of the country, has been attended with uniform success in the treatment of this annoying disease. Since 1851 I have prescribed Hammamelis-Virg. in upwards of fifty cases of varicose veins of the lower extremity, and in no single instance has it failed to make a decided curative impression, but in the great majority of cases it has, thus far at least, proved a radical cure. My plan is first to bandage the limb tightly from the arch of the foot to a little above the knee, or to the hips if the varices are above the knee, and the best bandage, in my opinion, is an elastic silk stocking manufactured for the purpose. Under this, compresses of linen are laid over the dilated veins, and kept wet with Hammamelis tincture, or "Pond's extract," of which I give the third dilution internally twice or three times per day. Some few cases accompanied with large indolent ulcers on the tibia or malleolus have been under treatment a year, but most of them have been cured, or at least have disappeared in less than half that time.

Varicosis of the *spermatic vein*, or, as surgeons call it, *circocele*, is another form of the same disease, much more sudden in its attack, more painful, more serious in its consequences, and regarded as equally incurable by a large part of the profession. The only remedies which have ever been claimed as successful in the cure of this affection, are tying the spermatic artery or vein, both of which are said to have been done successfully in this country, but these operations are now seldom ever recommended, as they are very generally considered more dangerous than the disease. Sir Astley Cooper says: "Circocele can for the most part be only palliated, seldom radically cured," and he only prescribes a suspensory bandage, blood-letting, catharsis, the horizontal posture, and cold saturnine lotions applied to the scrotum.

Varicosis of the spermatic vein, however, whether considered

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on account of the pain which it occasions, or on account of the wasting of the testicle which often follows it, is by no means an unimportant disease, and the triumph of homœopathy in discovering its specific remedy is proportionately a matter of congratulation. It is often attended with great pain in the back, in the testis, and shooting up in the course of the spermatic vessels into the abdomen, and after these symptoms have ceased there is frequently a perceptible wasting of the testicle, Mr. Pott says, to such an extent that that gland is sometimes hardly discernible. Where the inflammatory symptoms set in suddenly and with violence, there is considerable swelling of the testis, and of the veins of the scrotum, and in such cases the disease may be confounded with orchitis. In other cases, attended with less pain and tumefaction it is very frequently mistaken for omental hernia. It may readily be distinguished from the former by the feel, as well as by the greater pain attending the examination of an inflamed testicle, and from the latter, the only sure method of distinguishing circocele, says Sir Astley Cooper, is: to place the patient in a horizontal posture, and empty the swelling by pressure upon the scrotum: then put the fingers firmly upon the upper part of the abdominal ring, and desire the patient to rise; if it is a hernia, the tumor cannot reappear as long as the pressure is continued at the ring; but if a circocele, the swelling returns with increased size, on account of the return of the blood into the abdomen being prevented by the pressure.

The homœopathic treatment of circocele is very much the same as for varicose veins in the leg, and in a number of cases under my own observation has proved successful. To illustrate this treatment I prefer giving the following report of a case, sent me in February, 1855, by my friend Dr. George Barrow of Taunton, Mass. "A friend of mine, about thirty years of age, a merchant in Chicago, Ill., of scrofulous tendencies, was taken some three months since, with drawing pain in the left spermatic cord, with swelling, heat, redness and pain in the cord and in the left testicle, for which an allopath treated him four or five days with warm fomentations and laudanum applied to the part. The testicle swollen to four or five times its normal size, very hard and painful, was closely enveloped with collodion, frequently applied (*to support the tumor?*), while Seidlitz powders were

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given to keep the bowels open. As this treatment gave no relief, but the symptoms rather grew worse, my friend was easily persuaded to abandon it and try the homœopathic plan. In consultation with Dr. Smith of Chicago, where I happened to be present on a visit, I gave the patient Puls., Bell., Clematis and Rhus-tox., for a week, with very little benefit, when I proposed to try Hammamelis. I accordingly obtained a bottle of "Pond's Extract," of which I administered drop doses every two hours, and enveloped the scrotum in a bandage wet with a solution of the same medicine, one part of the tincture to about two parts of alcohol and water. In twenty-four hours he was free from all pain, the swelling gradually disappeared, and with the help of a silk suspensory bandage (not collodion) he was able to resume his business in a few days, and is now entirely well."

Varicocele is a similar affection of the veins of the scrotum, and may be cured by the same plan of treatment. It commonly forms an accompaniment to circocele and probably proceeds from the same cause.

Varicosis of the *hæmorrhoidal veins* is, perhaps the most common form of the disease under consideration, and the one which is most frequently presented to the practitioner for treatment. It is one whose seat and exact morbid condition can be readily and certainly determined by examination, and yet whose pathology is still a matter of dispute, and whose treatment has always been empirical and unsatisfactory. Sanctioned by long custom, surgeons have called this affection hæmorrhoids, by which term they have generally implied, either a simple bleeding from the veins of the rectum, recurring more or less frequently, yet unaccompanied with any distinguishable permanent tumors within or on the outside of the anus; or else swellings formed by a varicose distension and morbid thickening of those vessels, either with or without occasional hæmorrhages; or, lastly, tumors originally produced by effused blood, but subsequently converted into an organized substance. Many authors still maintain these three varieties of what they call hæmorrhoids, and name them accordingly, while the majority, particularly of later writers, consider them all as but one disease differing in its successive stages of development. Thus, dilatation of the veins, from any unusual pressure or obstruction, may cause

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hæmorrhage of greater or less severity: if the pressure continue, congestion of the venous blood ensues, and the vein becomes permanently varicose; or as the disease progresses, coagulation of the blood takes place within the dilated vein, and the swelling becomes hard, inflamed and very painful. The coagulum is subsequently absorbed, but the thickened and indurated coats of the vein form a solid tumor, which resembles a pendulous excrescence and will not bleed even if cut with a knife. Montegre, in a lengthy treatise on this subject, defines hæmorrhoids to be only a preternatural determination of blood to the extremity of the rectum, because he conceived that hæmorrhage, swelling &c., are only accidental circumstances. Dr. Symonds takes a different view of the disease, and under the name "Hæmorrhois" treats "of simple hæmorrhage from the rectum, and of the tumors which frequently cause it, but which may exist without causing a discharge of blood." The simple hæmorrhage he considers accidental, constitutional, or vicarious, and for the most part salutary. The hæmorrhoidal tumors or piles, he considers according to their anatomical characters, repudiating the division into blind and bleeding, external and internal. The anatomical varieties met with, he says, are six:

1st, The tumor may consist of one or several hæmorrhoidal veins, varicose, more or less thickened and covered with mucous membrane or skin (according as it is within or just upon the margin of the anus), which covering is felt moveable over the elastic swelling beneath. These varicose tumors are often accompanied with thickening of the adjacent tissues, mucous, cellular and cutaneous.

2d, The tumor may comprise one or more cysts filled with coagulated blood. The cysts, he thinks, are caused by the obliteration of the venous pedicles, the varicose parts remaining distended, though others maintain that the cysts are formed at the expense of the cellular membrane, into which blood or serum has been extravasated.

3d, The tumor may be a cellulo-fibrous structure, more or less vascular. A tumor of this kind, he says, is generally a chronic affair, and probably originated in a varicose state of the vein, the changes of the surrounding tissues having obliterated the traces of the latter.

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4th, It may resemble a warty excrescence, growing at the distance of from a line to three-quarters of an inch beyond the anal margin. It is either cellular, fibrous or encysted, and has been formed similar to the one just described. The distance of such tumors from the anus is easily explained. The mucous membrane, being often prolapsed in hæmorrhoidal affections, carries the tumors far away from the anal opening, and in course of time undergoing a cutaneous transformation, gives the tumors the appearance of having grown from the part of the skin in which they are observed.

5th, Another form is an accidental, erectile tissue growing from the mucous membrane. And the 6th and last variety consists of a fold of skin and mucous membrane, the cellular tissue being loose beneath. Tumors of this kind are often numerous: sometimes indeed the whole circumference of the anus is so puffed and lax, that the contractions of the sphincter puckers it into a complete coronet of tumors.

All these varieties may be arranged into three larger groups, according to the same author. In the first the important anatomical character is dilatation of the veins, with or without alterations of the mucous membrane, skin, and cellular tissue. These alterations depend on the age of the tumors, and the irritation to which they have been subjected. The character of the second group is the accidental erectile tissue; and of the third, a puckered state of the integuments. The last two varieties may be called false hæmorrhoids.

All these distinctions, it seems to us, may be comprehended under one name, as they are in fact but different varieties, and different stages of development of one and the same constitutional disease, viz., varicosis of the hæmorrhoidal veins, or as Hufeland and Hartmann call it "the hæmorrhoidal disease." With the latter author, we believe varicosis and hæmorrhoids bear the same relation to each other, as arthritis and local gout, scrofulosis and scrofula, that is, they are to each other as cause and effect. The local manifestation of this disease in the rectum of course differs in different constitutions, and under the influence of the variety of circumstances already enumerated. But, with most of the later pathologists, we believe that if the local symptom be only simple hæmorrhage, without tumor, it is because

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the constitutional disease which is its cause, has so thinned the walls of the hæmorrhoidal veins as to allow of hæmorrhage by exhalation, even under the ordinary pressure of the blood. So, whether the vein be merely dilated, or hypertrophied, or finally become a permanent solid tumor, it is because the disease has arrived at that particular stage of development, in that particular locality. All the predisposing and exciting causes, which are said to be concerned in the production of hæmorrhoids, such as general, or abdominal plethora, obstructions to the venous circulation, accumulation of fæces in the colon, pressing on the mesenteric veins, determination of blood to the arteries of the rectum by the operation of drastic cathartics, in short, all the circumstances that have been supposed to cause this local affection, have existed, and do exist without its appearance in the rectum. Hence we say, something more than all these must be superadded to produce the local symptoms, and that, all authors tacitly or confessedly acknowledge is *the varicose habit*, that is, the constitutional disease we call varicosis.

Hæmorrhage from the veins of the rectum may be vicarious, or may constitute a crisis of more or less regularity, and in both cases be perfectly consistent, or even necessary to health. But in such cases we should say, either, that the hæmorrhagic diathesis prevailed to such an extent that blood must exhale somewhere, or the surcharged vessels must burst, and then hæmorrhage from the rectum is purely accidental, as is epistaxis, bleeding from the ears, and other vicarious or critical hæmorrhages, which, in obedience to the universal and kindly law of nature, seek those outlets which will prove least injurious to the system, or, we must conclude that this specific constitutional disease either has so affected the hæmorrhoidal veins as to render them easy subjects for such hæmorrhages, on the principle that the weakest points of the system are always those first affected by temporary or constitutional disturbances, or else has produced in them a disposition to periodic local congestions which can only be relieved by such occasional discharges.

Varicosis of the hæmorrhoidal veins, however, is never to be considered a trifling affection. It is always attended with more or less pain and inconvenience, often with alarming hæmorrhage, and not unfrequently excites severe inflammation of the adjacent

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tissues, terminating in abscesses, or fistulas, which render life a burden and the sufferings from which are only relieved by death. The hæmorrhoidal tumors vary from the size of a pea to that of an apple, and when they become strangulated by contraction of the sphincter-ani, are attended with the most excruciating pain, preventing the patient from either walking, riding, sitting, or even lying down, except upon the face and abdomen. The hæmorrhage which arises from them is often very alarming, and even fatal, as in those memorable instances of Arius and the celebrated philosopher Copernicus. Indeed this is one of the most dangerous symptoms of varicosis, and it is only remarkable that severe, if not fatal exhaustion does not oftener follow hæmorrhage from blood-vessels anatomically so connected. The hemorrhoidal veins, it will be recollected, return the blood from the rectum and adjacent tissues to the inferior mesenteric, which empties into the splenic vein, but before they terminate in the former they inosculate with branches of the internal iliac, thus establishing an intimate connection between the portal and general venous system, and thus affording greater opportunity for alarming and even fatal depletion. Fortunately the blood which is ordinarily discharged from hæmorrhoids is small in quantity, but it has a peculiar offensive smell and is sometimes very acrid. It is generally bright-red, fluid, and only becomes black and coagulated after remaining a while in the rectum. Sometimes only a few drops are discharged, with a sensation as if a warm fluid were oozing out of the rectum, but at other times, as we have said, the loss of blood is very great and extremely debilitating. Lieutaud mentions a person who lost three quarts of blood, in this way, in the course of two days, and other instances are recorded where sudden and fatal exhaustion has resulted from these hæmorrhages.

The sacral nerves, and not uncommonly the whole lumbar portion of the spinal nerves are involved in this disease. There is usually more or less violent pain and drawing in the small of the back and loins, beating, burning, tearing, stinging and itching, with sensation of fullness and swelling in the rectum, sudden stitches shooting through the pelvis, spasm and tenesmus of the anus, with great soreness and tenderness of the inflamed veins, and the same sensations with troublesome sweat of the perinæum.

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The treatment of *varicose veins* in the rectum has always been considered unsatisfactory, and for the most part only palliative. Indeed, so experienced an homœopathic author as Hartmann, says, "a radical cure is scarcely ever possible." Surgeons have formerly used the actual cautery, the knife, or the ligature for the extirpation of hæmorrhoidal tumors, but the dangers arising from hæmorrhage, or from phlebitis, peritonitis, or severe disturbance of the whole nervous system, have very generally prevented the employment of such measures at the present day. Excision by the knife and by ligature have been known to produce death in quite a number of instances. Petit relates a case which terminated fatally by hæmorrhage in less than five hours after the removal by scissors of two of these tumors external to the anus; another case which died of symptoms resembling those of strangulated hernia, after applying the ligature to the hæmorrhoids; and Mr. Kirby relates an instance of the same operation followed by tetanus and death.

The homœopathic treatment, as far as I can learn from those who have published their experience, has also been more palliative than curative, and the exact correspondence of drug-symptoms with those of the disease in question has yet to be pathogenetically, physiologically, and pathologically demonstrated. The remedies thus far prescribed by authors are Nux.-v. Belladonna, Sabina, Capsicum, Aconite, Arsenic, Carbo-v., Chamomilla, Pulsatilla, Cantharides and Sulphur, with about all the rest of the Materia Medica, under certain circumstances. This wholesale reference to a vast number of different drugs, in my opinion, amounts to about as much as saying, take any remedy you happen to think of, all are indicated under certain circumstances, and no one of them will cure. It surely is as little like treatment by *specifics*, as was that of an aged practitioner I once knew, who said "when he had a case that he could not understand, he put his hand into his saddle-bags, and picked up a handful of the residuum of all the different herbs and drugs which had spilled out of the papers and settled at the bottom, and made a decoction for his patient to drink, "and this," said he, "some how or other always cured them."

Now it should be the aim of the true physician to find out the specific remedy for each and every pathological condition he

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meets, and thus finding out the *punctum saliens* of disease, condense all his artillery into one charge against that single point. It is this endeavor which has pervaded my mind through the whole subject of diseases of the veins, and perhaps rendered me obnoxious to the charge of imitating newspaper puffs, or quack advertisements in their boasting and glorification over a single remedy. But having no interest in the sale of any medicine whatsoever, and only anxious that my professional brethren should confirm or correct my views with regard to the remedy which I think will prove to be the specific for the diseases under consideration, I cannot be considered empirical, except in the scientific sense of the word, and I am free to confess myself ready, gratefully to accept of a specific for any disease, from any, the humblest person in the world, provided only that the remedy be pathogenetically and pathologically proved to be a specific. I think, with Dr. Wilkinson, one of the stoutest champions of progressive medicine in old England, that it is the glory of the homœopathic system, "that having germinated from the scholastic side, it took in, as it grew, and retains the traditional medicine which is found among the people. That the homœopathic law gives specific justification of the popular usage of many herbs and simples, which accordingly now reappear as parts of a scientific system, affording new evidence of the probability that should be acceded to practices which are immemorial, and of world-wide acceptation." In this manner the homœopathic law, aided by the science of pathogenesy, has directed us to most of our valuable specific remedies, and will continue to do so until medicine shall drop the name of an art, and shall deserve the title of a science.

In this way, Hammamelis-virginiana was brought to our notice, and from the pathogenesis we have been able to obtain, and the pathological sphere to which it seems to be adapted, we believe it to come the nearest of any remedy yet discovered, to the specific for diseases of the veins generally. It was found and long used empirically as a remedy for the disease we have just been treating, and under the name "Pond's Extract, for the cure of piles, &c., &c." it was extensively and very successfully used in the northern, middle and western portions of the United States. Pathogenesy has in some degree shown why it was

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successful as a quack remedy, and its scientific application to one pathological sphere has further confirmed its therapeutic virtue. Five or six years' trial is, of course, not a sufficiently long time to pronounce upon the permanency of what seems to be a radical cure, but if an experiment be always and invariably attended with a similar result, it amounts as nearly to an absolute fact as we can expect to find in a world of imperfection. So if the use of a remedy be almost uniformly followed by the disappearance of a certain set of morbid symptoms, and those symptoms do not reappear upon the discontinuance of the remedy, nor for some years after, notwithstanding all the predisposing and exciting causes be at times operative as before, and more than all, if the pathogenesis of the remedy correspond exactly with the morbid phenomena, then we certainly are justified in claiming their disappearance, under the use of the remedy, as a veritable cure of the disease. These are the grounds upon which we claim for Hammamelis-virg. the merit of coming nearest of all other medicaments yet discovered to the specific remedy for the diseases we have mentioned. We believe that it will, in most cases, prove a cure for varicosis of the hæmorrhoidal veins, unless it be in that stage where coagulation of the venous blood has obliterated the canals of the vessels, and rendered them solid cords. In such chronic cases we have not tried its effects, because we have not yet had sufficient opportunity, but in almost every other phase of the disease we have proved its therapeutic virtue. We can recall to mind, and have the record of many cases of long-standing, with and without hæmorrhage, but particularly those acute and painful forms of the disease accompanied by exhausting hæmorrhage, which have soon yielded so far to the treatment by Hammamelis, that the patients cannot now recognize the disease.

One case, of an acute and distressing character, is perhaps worth relating: a middle-aged lady, who had had six children, and with them all had suffered immensely with varicose veins of the legs, even up to the groins, during the whole period of pregnancy, preventing all exercise except riding, with her last child applied to me as soon as she found herself enciente: the veins of the lower extremities had already begun to dilate and to prevent sleep by the crampy pains with which they were

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affected, particularly at night: after using Hammamelis and bandaging the legs, she experienced no further trouble from the distention or pain, and by occasionally taking the remedy, kept herself in as comfortable condition as her situation would allow: at all events, she said she had never before known what it was to see a well day during pregnancy: she remained quite well until the week previous to her accouchement, when she had an attack of piles, as she said, and suffered considerably, but not enough to demand medical aid—in November, 1855, she was confined after an unusually tedious, but natural labor, and got to bed very comfortably: three days after, I was summoned in haste, and found her lying on her stomach and abdomen, unable to move without excruciating pain, and with three large hæmorrhoidal tumors occupying the anus: the tumors seemed about two inches in diameter, as they were rolled up with the convolutions of the skin and cellular tissue, and were of a dark livid hue, full of distended and bleeding veins: the whole mass looked nearly as large as the head of a child, and was evidently strangulated by the contraction of the sphincter ani: all attempts to return the hæmorrhoidal tumors within the rectum were out of the question, as the slightest touch caused intolerable pain, and even the weight of the clothes could not be borne, nor could she endure the approach of the nates, but kept them apart with her hands: I applied linen cloths saturated in Hammamelis tincture, and also gave it internally, diluted six drops to half a tumblerful of water and a tablespoonful taken every hour: this was all the medicine she took, or applied, and in twenty-four hours I found her lying comfortably, in her usual position, entirely relieved of all pain, and with all traces of the hæmorrhoidal tumors removed, and the anus looking perfectly natural. I had seen similar cases, though not as severe, when practising on the old system (or rather without system), but I never saw such instantaneous and permanent relief from all the hot or cold applications, the leeches, astringent lotions, nitras argenti, opium, hyosciamus, lead and zinc ointments, &c., that we formerly used, nor anything like such spontaneous retraction of the rectum and its vessels. I have since seen the patient several times, and as yet there has been no return of the hæmorrhoidal disease in any form. A number of my professional

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brethren have reported similar effects from the use of the same remedy, but time forbids us to dwell upon them, and we hasten to the close of this long, and I fear already tedious article.

In addition to the diseases above enumerated, there are several lesions of the veins, of some pathological interest, but regarding which we can offer no practical therapeutic suggestions, and hence shall merely allude to them by way of completing the morbid history of the vessels under consideration.

The veins are liable to *perforation*, with or without previous ulceration, softening or wasting of their coats. The vena-cava has been known to be burst during violent muscular exertions, and falls from a height, and so of other large trunks.

The *valves* of the veins are likewise found *lacerated* or *perforated*, but in such cases appearances generally indicate previous inflammation of the lining membrane.

Obliteration of the veins has been known to occur from the pressure of large aneurisms, and other tumors against their external surfaces, independent of inflammation or coagulation within them.

Calcareous depositions, though rare, are occasionally met with in the walls of the veins. Both Morgagni and Baillie mention their appearance in the *vena-cava*; Béclard in the femoral vein, when in contact with the corresponding artery which was ossified; and Dr. Macartney and Andral in the external saphena. Andral relates instances, in which concretions of this kind, formed in the walls of the vessel, push the lining membrane before them, and thus project into the cavity, attached only by a narrow pedicle; and he suggests the possibility of the *phlebolites*, or loose pisiform or oval concretions, sometimes found within the veins, varying in size from a grain of millet to a pea, having their origin in this manner, by the eventual separation of the slight remaining adherence. He also suggests, that they may occasionally have their source in the coagulation of the blood, and the subsequent vital processes carried on within the clot: an opinion ably advocated by Dr. Carswell and others. A small coagulum first forms, and in the centre of it appears a firm nucleus with concentric layers. This becomes gradually denser, the red-globules being absorbed, and calcareous matter deposited in the interior until all the lamellæ have at length

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undergone the ossific change. The most frequent seat of these concretions appears to be the veins of the pelvic viscera, and the sub-cutaneous ones of the lower extremities.

Fatty tumors have been found within the walls of the veins, projecting into and nearly obliterating their passage. I have a preparation of an enlarged heart, which I took from the body of a colored woman who died of cardiac disease in 1840, in which there was a fatty tumor in the superior *vena-cava*, very much resembling a polypus, and which at the time was supposed to have been the cause of the dilatation of the heart. Andral mentions having, in one instance, detected *hydatids* within the pulmonary veins of a man who had died of organic disease of the heart, but was not aware of any similar case on record in the human subject.

This comprises all we have, at present, to say concerning the specific diseases of the veins, and, as far as we can learn, forms a tolerably complete history of their pathological alterations.

Article III.—*Sarcinæ Ventriculi*, by F. G. Snelling, of New-York.

A peculiar affection of the stomach, characterized by frequent acid vomiting, has been ascertained within a few years to be associated with the production in the stomach of certain parasitic formations, termed *Sarcinæ-ventriculi*. The existence of these entophytes was first detected and demonstrated by Prof. John Goodsir, in the stomach-contents ejected by a patient laboring under a remarkable form of persistent vomiting. His attention was first awakened by the fact that the matters vomited, after standing a certain length of time took on active, spontaneous fermentation; and upon a microscopic examination these peculiar bodies were disclosed, mingled with numbers of the *torulæ cerevisiæ, or yeast-plant*. They appeared to be cellular growths, measuring from the $\frac{1}{500}$ to the $\frac{1}{1000}$ of an inch in diameter, generally of a square or oblong shape, and marked on the face by a cross dividing them into four equal portions, giving them a strong resemblance to a *wool-pack* or *-bale*, whence the

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name, *sarcina*; and they were detected in the greatest numbers in the sediment thrown down by the *ejecta*, after the process of fermentation had been going on for some little time.

The novelty of the circumstance, and the interesting pathological questions involved in its elucidation, secured for it a large share of attention from many continental chemists and physicians, but thus far the chemical conditions necessary to their development have not been determined. They have been most frequently detected in the *ejecta*, after the fermentative process has been set up, but that they are also produced *in the stomach*, is proved by the fact that they have been detected *in situ*, (upon a post-mortem examination) in the stomach and also in the lungs and ventricles of the brain. That they are the result of chemical reaction, (much in the manner that the yeast-plant is evolved during the process of fermentation,) appears highly probable, since this latter is frequently found in the matters containing sarcinæ; but that there is some difference as yet unexplained is quite certain, since the sarcinæ are frequently found without the *torulæ*, and even accompanied by other cryptogamic forms. But though the fermentative process, and a high degree of acidity, have most frequently been noticed in connection with the development of sarcinæ, yet neither the one nor the other is necessary to their existence, for in many instances no fermentation whatever has taken place, and in one instance the fluid containing the parasite, (removed from the ventricles of the brain after death,) was *distinctly alkaline*. Virchow also reports a case in which they were found in an alkaline fluid in the lung, and a case is reported by Dr. Jenner, in which during the course of the disease, though the fluid ejected was acid and in a state of fermentation, no sarcinæ were present but numbers of the yeast-plant: and in the same case, in one day when the vomit was distinctly acid, but gave only slight indications of fermentation, the sarcinæ were present, but no torulæ. Virchow, in a *resumé* of his investigations, does not hesitate to say, that the sarcina "is not proved to be a product of decomposition, nor does it stand in any definite relation to the process of fermentation; or indeed to any marked process."

A great diversity of opinion has hitherto existed, in regard to the circumstances under which the sarcinæ may be developed in

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the stomach—many observers agreeing with Dr. Budd, Dr. Ransome and others, that it is pathognomonic of obstruction of the pylorus, or of some kindred organic change, which prevents the stomach from completely or readily emptying itself. But there have been cases where there was no pyloric obstruction; no impediment to the passage of the ingesta; no retention of the food in the stomach and no dilatation of that organ; yet still sarcinæ have been vomited, and a *post-mortem* has revealed, not disease of the stomach, but of some neighboring organ. Thus Dr. Robert Barnes mentions one case in which the only disease found was a fatty liver, and Dr. Bence Jones reports a case where there was peritonitis and Bright's kidney, but no disease of the stomach or intestines.

But however this may be, the presence of the sarcinæ can hardly be looked upon as other than an accidental and exceptional result, supervening in some cases, upon certain forms of organic disease; not in any degree constituting a disease by itself, though when it appears frequently pathognomonic of some structural change of parts: for in almost every instance where an opportunity has been afforded of examining the body after death some organic disease has been found.

Phenomena.—Prof. Goodsir has given a very interesting description of the first case which came under his notice, the symptoms of which were particularly well marked and distinctive. The difficulty was of some four months' standing, and had been previously of such a nature, as to lead the patient to suppose it pyrosis. "He was attacked on awaking in the morning, with a feeling of distention of the stomach; and without any effort of vomiting, a quantity of fluid, varying in amount from two-thirds to a whole wash-hand-basinful," was ejected by the mouth. After this he was relieved, and so continued, until towards evening of the same day, "when to himself and to those around him, a bubbling sound became evident, proceeding from the region of his stomach; and (though resting well during the night,) he was generally attacked in the same manner the next morning." He had no other constitutional disturbance that could be detected. "His tongue and pulse were natural: no headache, nausea, or thirst: no tumor could be detected in the epigastrium, and no pain was felt, on pressure, in the

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region of the stomach. The bowels moved daily; stools normal. Appetite not affected; good complexion, but somewhat emaciated." Dr. Budd gives the symptoms of it thus. "The appetite is generally good, but the indulgence of it is followed by flatulent distention of the stomach, attended by burning and uneasiness, which, if an ulcer of the stomach exists, amounts to agonizing pain. If the disorder is slight the heart-burn or uneasiness at the stomach continues for some hours, and then gradually subsides, as in one way and another the stomach becomes empty: if in a severer degree, it persists until vomiting relieves the patient." The quantity of fluid ejected varies considerably, often reaching two quarts, where pyloric obstruction has long existed, and dilatation of the stomach is present. The bowels are usually costive if the vomiting is urgent. "There is generally absence of fever, but sleep is often much disturbed." The disorder of digestion, the pain, the disturbance of sleep, cause emaciation, and after the malady has long existed we have a dry skin, a slow pulse, and the look of a person with serious organic disease of the stomach. These symptoms are all subject to occasional variations, one or more of them sometimes being absent. *Dilatation* of the stomach has been much insisted upon as a diagnostic sign, especially by Dr. Todd, and it undoubtedly exists to a very marked degree in those cases dependent upon pyloric obstruction, as might readily be supposed; but I am under the impression that it has not been noticed in any of the cases where there was no pyloric obstruction or other impediment to the emptying of the stomach. That seems to be the condition necessary to its production; and as in many instances the disease exists independent of a diseased pylorus, or in fact any disease of the stomach, it would hardly seem justifiable to claim it as a constant symptom, although when it is present it undoubtedly goes far towards establishing the diagnosis. It would seem, however, to be more properly diagnostic of pyloric obstruction, than of the existence of sarcinæ.

These are the main characteristic symptoms, where vomiting is the principal phenomenon, but the sarcinæ have also been found after death adhering to the coats of the stomach, or deposited upon a layer of mucus lining its inner walls, without any symptoms whatever having betrayed their existence during

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life, or the patient having experienced any uneasiness from their presence, thus proving almost beyond a doubt, that the vomiting does not depend necessarily upon their presence, but rather that their presence is induced by some functional or organic difficulty, which may or may not proceed to the acute and distressing degree which ends in vomiting.

Ejecta.—The fluid thrown up from the stomach varies somewhat in its character, and in many cases it will be found to take on spontaneous fermentation, on standing. Dr. Goodsir says, that in his case after standing a few hours, it would become covered with a mass of forth, like a pot of porter: and describes it as being a moderately transparent fluid, of a light brown color, having a sedimentary matter of a ropy, granular appearance, and "with a smell like fermenting wort." It sometimes so nearly resembles yeast, as to be termed the "yeasty-vomit." In consequence of its peculiar character he proceeded to examine it under the microscope, expecting from the signs of fermentation present to meet with some of the vegetable forms which are known to accompany fermentation. "What was my astonishment," he remarks, "to find in the first drop I examined, not the vegetables I was led to expect, but numerous individuals of a form, with allies of which the zoologist is familiar. Drop after drop exhibited the same specific form, with a precision which convinced me that I had now to deal with an organism, which, whether animal or vegetable was closely allied to certain genera of *bacillariæ*, and much more closely to the genus *gonium*, among the *volvocinæ*." The fluid was submitted, in this instance, to chemical analysis, and the presence of a "large quantity of acetic-acid was detected, some acid which was inferred to be lactic, and a minute quantity of hydrochloric-acid."

But the sediment in which they are found is not necessarily of this brown color, which he mentions. In a case given by Dr. Robert Barnes, the sediment consisted of a stratum of green matter, which, when examined, proved to be almost wholly composed of sarcinæ. It is usually described as taking on fermentation soon after it is vomited, but this is by no means a constant circumstance, the sarcinæ often being found in matters which show no disposition to ferment; as well as being often

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absent when the acidity and fermentation would lead one to suspect their presence.

It is sometimes "thick, viscid and adherent as synovia, being with difficulty poured out of a wine-bottle:" the "upper portion being barm- or yeast-like, the lower more resembling gruel," and again in the same patient it may be "diffluent, opalescent, and without any yeasty appearance;" yet both specimens containing the sarcinæ.

In fact no one appearance of the vomit can be stated as decidedly characteristic of the sarcinæ.

Microscopic appearances: As has been already mentioned, they appear, under the microscope (with remarkable uniformity, considering the great number of cases which have been reported,) very like minute wool-sacks or bales, bound with cords, crossing in the middle of the face, giving them a bound or corded appearance, and they are to be seen lying separate or agglomerated into masses. They are square, or slightly oblong plates, their thickness being about one-eighth the length of one of the sides. Dr. Goodsir described each of these secondary squares as being again, (in the perfect individual) divided into four ternary squares, similarly arranged, but more faintly marked: but it is probable that the quadruple cell is the perfect individual, going on by fissiparous development, to reproduction of itself: and presenting, more or less distinctly traceable, the faint lines of demarcation, where separation is about commencing, or the deeper lines after fuller development. Their tint is sometimes a pale green, sometimes a brown, and occasionally approaches a flesh tint. They are to be seen either as single cells floating free with a minute rudimentary crucial marking; or in the quadruple form with the distinct and well-marked cross, or as an aggregation in the form of a flat square, consisting of 4, 16, 64, or 256 squares or cubies, the division between each quadruple cell distinctly marked, and apparently only clinging together by the attraction of cohesion. Each quadruple cell appears fully and entirely formed, and separates upon the slightest touch. The edges of the outermost cells in these aggregations, appear somewhat bulged from the absence of pressure, greatly increasing the peculiar *wool-sack* appearance, from which their name is derived. Dr. Durkee has a most admirable paper on their de-

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velopment and microscopic appearances in the Amer. Journal of Med., Science, for Jan. 1854, and he records as the result of his observation, that their mode of propagation is by clearage, or cell division, each cell containing the germ of reproduction within itself." This is much the most simple, reasonable, and probable hypothesis, although it is not precisely in accordance with the views held by Virchow, Simon of Halle, &c.: the former contending that its cellular nature is not proved. But Robin and Frerichs, both of whom have given much time to the investigation of the subject, speak unhesitatingly as to its cellular nature, and Frerichs, who established a fistulous opening in the stomach of a dog, for the purpose of watching the process of development of the sarcinæ, insists upon a nucleated point in each cell, upon the tint of which the color of the mass depends: but this needs confirmation.

Dr. Durkee also gives numerous instances of the process of cell-growth, in the lower vegetable forms, and it would appear from his observations, that the process of the development of the sarcinæ, as observed by Frerichs, is analogous to that obtaining among the simpler algæ—most of them increasing by cell-division in regular order, producing groups of 4, 16, or a multiple of these, thus presenting a strong argument in favor of the vegetable nature of the sarcina.

The specimens which he obtained (removed from the surface of a syphilitic lupus of the nose), varied in size, ranging from 0.007 to 0.002 of a millimetre, or in English inches, the largest quadruple cell measured $\frac{1}{3600}$ of an inch, the smallest $\frac{1}{11000}$, making the average size $\frac{1}{4000}$ of an inch. The average size of each *ultimate* cell was $\frac{1}{17000}$ of an inch, or about one-sixth the size of a human blood corpuscule.

Habitat: That they are not peculiar to the stomach, or necessarily dependent upon gastric derangement, as was at first supposed, is now very evident, since they have been found in other animal excretions, in a state of decomposition: and though they are *most frequently* found in the matters vomited, yet they have been known to occur in the urine, in the lungs, in the ventricles of the brain, upon the Schneiderian membrane, and in one case in carcinoma of the rectum: and that they originated in these positions there is no reason to doubt.

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The stomach, however, has been the most fertile and prolific in their production, the cases in which they have appeared elsewhere being rather exceptional than otherwise; and when found *in situ*, after death, they have been observed, either floating free in the matters contained in the stomach, or attached to a layer of mucus lining its walls. Dr. Zenker says, "the sarcinæ of Goodser are most frequently found in the matters vomited or discharged by stool, or found in the stomach or intestines after death. Heller has noticed them in the urine in three cases, and although some doubt was expressed as to these observations, Hughes Bennett has lately also detected them in the urine. Virchow has found them in a gangrenous portion of lung. In a patient dying with encepholoid disease of the lungs and abdomen, in the lower lobes of both lungs, both in part collapsed and in air-holding parts, were numerous small yellow patches, made up chiefly of sarcinæ, which were contained also in the serum pressed out of the lung. In Virchow's case sarcinæ were found at one point only in the lung, and from such an immense quantity being found at a single point, an actual growth of them in that situation can hardly be denied."

In the cases given by Heller, though the fact of the sarcinæ having originated in the urine was at first disputed, an accidental admixture of vomit with the urine being suspected, subsequent observations have set the matter at rest, the urine in one case having been examined for many days in succession, and a sediment observed in it sometimes of an inch in depth, almost entirely composed of sarcinæ.

In a case in which they were found in a fluid occupying the lateral ventricles of the brain, occurring under Dr. Jenner's care and reported by him (*Med. Chir. Rev. Oct.* 1853) the fluid containing them was *alkaline* instead of acid, and gave no signs whatever of fermentation. The disease was acute tuberculosis, but the cerebral symptoms were such as to denote some disturbance also of the brain.

Dr. Durkee has removed them from the nose. His patient was suffering under a syphilitic *lupus exudens* of the nose, and after having subdued the fetor arising from the sore, by appropriate remedies, he proceeded to its examination. He says "a smooth glass rod was passed one inch and a half up the right

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nostril, for the purpose of ascertaining the condition of the parts and of procuring any matters that might be lodged upon them. Upon withdrawing the rod, its end was loaded with a thick white caseous substance, not unlike what is sometimes found upon the ulcerated tonsils of a scrofulous subject. This was the appearance to the naked eye. Upon subjecting it to Spencer's microscope, with a power of 500 diameters, we readily perceived something in the field unlike what we had ever before seen in pathological specimens. We found great abundance of what proved to be masses of sarcinæ ventriculi, mixed with epithelium, free epithelial nuclei, and mucus; but no pus-globules."

These instances are sufficient to prove that the sarcinæ are not confined to any one locality, as was at first supposed, or dependent upon any one disease for their production.

Theory.—In regard to the theory of the disease medical writers differ, and the subject is yet open. Many (Dr. Budd,* Dr. Ransom of Norwich,† Dr. R. B. Todd, hold that it is consequent upon obstruction of the pylorus, and that this is necessary to the production of Sarcinæ: others again, (Dr. Robert Barnes,‡ Dr. H. L. Lindsay, of Dumfries, Dr. Seaton, (Lancet July, 1855) insist that it is not *pathognomonic* of pyloric obstruction, though it may *coëxist* with this and many other organic lesions of the digestive apparatus. Dr. Budd unequivocally says that the disease consists primarily and essentially of some organic change which prevents the stomach from completely or readily emptying itself: this causing a secretion from the coats of the stomach which when mixed with the ingesta is prone to excite this peculiar fermentation. On the other hand, Dr. Lindsay of Dumfries says, "Sarcina appears to me to be of interest chiefly as indicative of a disordered condition of the intestinal mucous membrane, as showing its proclivity to become a nidus for the development of certain entophytes. I have met with it in such a variety of circumstances that I am almost compelled to regard its presence in the stomach, as a result and not a cause of disease. I have found it alike in most severe cases of dyspepsia, attended with chronic vomiting, and *in cases*

* Budd on the Stomach.

† Med. Times and Gaz. No. 12 and 19. 1853.

‡ London Lancet, Jan. 7, 1854. Med. Times and Gaz, Aug. 5, 1854.

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where the general health was in no appreciable degree affected, or where there was a total deficiency of evidence of gastric disturbance. * * * I believe therefore, that

1st, Sarcina is not a cause of many cases of obstinate vomiting of a peculiar kind, but is only a sign of a disordered condition of the stomach or general system.

2d, It does not denote pyloric obstruction, gastric dilatation, or other lesion of parts of the digestive apparatus, although it may occur very frequently in those pathological conditions.

3d, When it does occur in connection with these or similar lesions, it is as a concomitant or result."

But in contrast with a part of his second conclusion, that it does not denote "any lesion of parts of the digestive apparatus," we have the fact, (almost undisputed I believe,) that a majority of the post-mortem examinations have shown structural change,—generally of some portion of the digestive apparatus, or of the organs of nutrition; only a few cases occurring to me at this moment where the vomiting was connected with fatal enlargement of the heart, diabetes, &c.,—but some organic lesion has, I believe, most generally been found, where an opportunity has been afforded of making the examination.

If this be the case, it is strong presumptive evidence that organic visceral disease may produce sarcina, and that it is more prone to occur in connection with such a pathological condition, than in any other; but that the sarcina *is* occasionally produced under totally distinct circumstances unconnected with organic disease we can hardly doubt, since according to Virchow "it has been found at autopsies in stomachs both healthy and diseased, in anatomical conditions entirely different, and even in the stomachs of those who have not vomited."

But if as Dr. Lindsay asserts, sarcina "is only indicative of a disordered condition of the intestinal mucous membrane," or "of a disordered condition of the stomach or general system," how is it that they have been observed in an *alkaline fluid* removed from *the ventricles of the brain*, in the case of a child dying of *acute tuberculosis*?

In the Am. Journal of Med. Sci. for 1854 a resumé is given of thirty-three cases (somewhat imperfect because not including the latest cases) which is instructive, as showing the

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circumstances under which, in some cases, the disease has shown itself. "Of the thirty-three cases the sarcinæ were found in the alimentary canal, or in its discharges in twenty-six instances; in the lung in two instances; in the urine in four, in the ventricles of the brain in one."

"Of the twenty-six cases where they were found in connection with the alimentary canal, they coëxisted with disease of some part of its course, in twenty-two instances; with disease of some other organ in two instances, and without any evidence of disease in two cases, one a dog, and one a rabbit. It must, however, be mentioned that Frerichs states he has found sarcinæ in the stomachs of persons, after death, who have not vomited, but he gives no numbers.

In twelve cases pain was said to be present at the epigastrium; in fourteen this point was not noted; in seventeen vomiting was present; in four cases the details of which were not given, it is not mentioned; in five it was not present; two of these were rabbits, one a dog.

Of the seventeen cases where vomiting was present, it was acid in twelve, and the reaction not mentioned in five.

Acetic-acid was present in the vomited matters in five cases (with the normal-acids,) and butyric-acid in two cases; in ten cases it was not mentioned; in ten cases a scum was noticed on the vomited matters; in one of these the gas was shown to be carbonic-acid, by Prof. Graham, but in this case torulæ were also present; in eight of the twenty-six cases, torulæ coëxisted with the sarcinæ; in fifteen cases they were not mentioned; in three they were not present.

The bowels were confined in eight cases, regular in two, and not noted in the remainder.

In nine cases wasting was present; in two it was unimportant, in one it was not present. In the twenty-two cases, the duration of the symptoms varied from four months to twenty-three years. The ages of the patients have varied from one to sixty-three years. The urine was found to be alkaline in three cases, normal in two, not noted in seventeen.

Of the twenty-six cases, eleven gave post-mortem results: one a healthy rabbit, one rabbit with marasmus and ichthyosis: one case of diabetes, one of rupture of the diaphragm, one of

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pleurisy with vomiting, two cases of cancer of abdominal organs, two cases of non-malignant ulcer of the stomach and perforation, one case of simple stricture of the pylorus, and one details imperfect."

Treatment. "The heartburn and uneasiness of the stomach," remarks Dr. Budd, "may be lessened, by neutralizing the excess of acid by carbonate of soda, or some other alkali: but the readiest, perhaps the chief means we have of relieving the disorder, are the agents which tend to check the fermentative process." One of the most of efficacious of these, and of which continual mention has been made in the medical journals in connection with this disorder, is the "*bi-sulphite of soda*," and instances are not wanting of its beneficial effects on all hands. It is a powerful antiseptic, having been latterly much used in preserving bodies for dissection; and has also been used to prevent the fermentation of vegetable juices. It owes its virtues to the circumstances that it is decomposed by almost any vegetable acid, liberating sulphurous-acid, which has great power in preventing alcoholic and acetous fermentation. From a half to one drachm of it has been given, dissolved in water, two or three times a day: smaller doses, however, would prove quite as efficacious.

The next most successful remedy would appear to be Creosote, from its remarkable power in checking fermentation of various kinds.

The sulphite of soda would appear to act merely as a palliative for the time, however: the symptoms returning under its use occasionally, and sometimes resisting its action altogether. Dr. Ransom remarks, "the relief afforded by the use of sulphates is great and indisputable; and as they at once destroy the sarcinæ, it appears strong evidence in favor of the opinion that sarcinæ are the cause of the symptoms: however, when we remember that the relief is but temporary, and all the symptoms return under the use of the sulphates, though the sarcinæ are still absent, the evidence becomes weaker: and when we further reflect that sometimes as much benefit is derived from carbonates of alkalies, which do not destroy the sarcina, as sulphates produced, the action of these latter can no longer be adduced as evidence of the active agency of sarcinæ." Dr. Todd says of the sulphite

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that though it was clearly destructive to the sarcinæ, it did not alleviate in any degree the sufferings of the patient. Some cases also have been very much benefitted by the exhibition of certain bitter herbs—a case reported by Mr. Amyott being invariably checked by the administration of a concentrated infusion of columba. It seemed to master both the fermentation and the vomiting. Infusion of quassia and bicarbonate of soda have also been given with marked benefit in one case with the view of neutralizing the acid of the stomach.

But where the presence of the sarcina is announced by copious and distressing vomiting, the most efficacious and reliable means of relief *will be found to be the regulation of the diet*, and especially the administration (if there be reason to suspect pyloric obstruction) of such articles of food as are capable of being absorbed and assimilated by the walls of the stomach, without passing the pylorus. This was recommended by Dr. Todd in a lecture upon the subject, and he says that "milk, meat and the gluten of bread admit of being thus dejected; and it may be stated generally that all azotized or proteinaceous food, if due regard be paid to quantity, need not go beyond the pylorus for its digestion." In the stomach it meets with its proper solvent, and being once in solution, it may be readily taken up by the vessels of the stomach. But great regard must be paid to the quantity of food given: we must take care not to give more than can be readily disposed of by the stomach. The patient must also *limit* himself to proteinaceous food, and take liquids in very sparing quantity. "If he takes starchy or oleaginous foods, which it is now clearly proved are not digested in the stomach, there will accumulate in that organ a quantity of matter upon which it can exercise little or no influence, and which, not finding an exit by the pylorus, after undergoing certain changes, must in time excite vomiting."

This mode of treatment has been found by experience to be the most successful; and whether the disease proceed from obstructed pylorus, ulcer of the stomach, or mere functional derangement is totally immaterial to this part of the question—the rule of diet prescribed being equally efficacious and beneficial in each of these affections.

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ARTICLE IV.—*Mental Derangements—2d Article. Morbid Depression*—by ROGER G. PERKINS, M.D., Physician to the Central Homœopathic Dispensary. Late Lecturer on Insanity at College of Physicians and Surgeons, N. Y.

Having in a previous article spoken of the class of mental diseases which are included under the head of morbid *excitement*, we next proceed to those of which abnormal *depression* is the characteristic.

There is a form of insanity in which morbid excitement and depression alternate with one another, which will be considered in a subsequent paper.

The term *depression* is here used to indicate the absence of excitement, that we may include under this head certain forms of derangement in which depression is a concomitant, rather than a leading, symptom.

Delusions and hallucinations may both be present in morbid depression: we may have the first without the second; and cases sometimes present themselves in which neither are found.

The first and perhaps the most important form of depression which demands our attention, is called *dementia*. From dementia upward to the standard of health the varieties in this class of mental derangements are very numerous. We shall make a division of dementia into *three* stages, arbitrary to some extent, but useful for purposes of description.

These three stages may be considered as marked—the first by the loss of memory—the second by the loss of comprehension and reason—and the third by loss of instinct. These different conditions often merge into one another, and it sometimes happens the transition is unnoticed.

In the beginning of the first stage, the memory is affected only in its *integrity*. At first there is not a total absence of the function, and by the aid of associated surroundings, the faculty is more or less complete. From the fact that memory is the first organ affected, as well as from many other circumstances, it would seem that this mental function is weaker than the others. The most susceptible portion of the mental organism, thus exhibits the evidences of the loss of general nervous tone, which takes place in all cases of depression, prior to the infection of the rest of the mental faculties, while the others are as

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yet, relatively to one another, the same. Thus it happens that in this the first stage of dementia, provided the premises are constantly before the patient, he may still reason with a portion of his former skill. A game of draughts or even of chess, may be played by a patient, whose memory is sadly diseased, from the fact that the men, and the object of any movement, are constantly before his eyes. Personal experience has taught us that a respectable chess-player may be very thoroughly beaten by a patient in the first stage of dementia, who can not answer if he has breakfasted this morning, or where he slept last night.

But if two points are presented at once for the consideration of this patient, he must forget one in the study of the other.

It may thus happen, in old people, that, reminded by the presence of certain members of their family, of their relationship, and expectations, other persons, whose claims are equally good, may be neglected in the division of the property to be disposed of by will. This state must not be confounded with the natural decay of the mental process incident upon age.

In patients advanced in years the first stage of dementia is generally followed by the second, and the case becomes incurable from the absence of reactionary power in the constitution. In young and vigorous persons, however, nature makes a strong effort to throw off the disease during the first stage, and the other two stages are never reached. Should the disease continue, the duration of the first stage will be dependent on the constitution and habits of the patient, and in great measure also upon the means brought to bear in curative directions.

The *second* stage of dementia is almost always very gradual in its approach. The involvement of comprehension and reason in the effects of the morbific influence becomes slowly evident; and at this period the therapeutical efforts of the physician in charge are to be redoubled. It must be remembered there is no fixed course for any form of mental disease, as for scarlet-fever or small-pox. It is to be borne in mind that remedies are influential in *shortening* the attack as well as in lessening its intensity.

In the second stage the patient is seen no longer to take interest in those things, which formerly engaged his most earnest attention. With hands in his pockets, or with arms folded across

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his chest, he stands stock-still, his chin resting upon the top of the sternum, and his eyes cast to the ground. All day, perhaps, through all kinds of weather, he would remain in this position, unless moved by his attendants. The most amusing incidents, the most moving events, pictures, music, games, fail to rouse him, except with great difficulty. If the head is raised from its forward inclination by a friendly hand, and the patient is addressed in a loud voice, the expressionless features do not respond, though the lips may move in inarticulate or silly reply.

The extremities are swollen and œdematous; the circulation is languid, bowels are more or less costive; appetite variable, passing from one extreme to the other; skin dry and hard, lips swollen, cracked and rolled outward; eyes dull and suffused; hair coarse and dry; and general expression indicatory of the desperate inactivity which has settled upon the whole mental and physical man.

During the commencement of this stage the physique is sometimes not so much involved as to prevent the objectless wanderings and continual mutterings of incoherence. The patient is then seen walking about the enclosure, in which he may be placed, now and then stooping to collect all kinds of trash lying upon the ground, which he carefully bestows away in his pockets, as if of exceeding value, muttering meanwhile in disjointed sentences, and often repeating mechanically the same words. His gesticulations are not generally violent, but consist of simply affirmatory inclinations of the head, with now and then a wild flinging about of the arms. The silence and immobility of this stage are impending and should by looked for with great anxiety.

This stage is governed in its duration and intensity by the same circumstances as is the first: it is followed by the third, but in a more rapid succession, and is always the proper subject of treatment.

The third stage of dementia, marked by a loss of *instinct*, places the man at once below the level of the brute. No regard is paid to the taking of food or to the passage of the natural evacuations. Seated in his filthy corner, among his rags and straw; sometimes almost devoured by vermin; the saliva slowly dripping from his fallen lips; his knees drawn up to his chin, and his dull eyes fringed with red and rheumy lids, the poor patient

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becomes the most loathsome and disgusting object in nature. It is wonderful how long this state of vegetation may continue. Indeed, I have the records of two cases of recovery from this state, after having been two years considered hopeless.

It is not to be understood that the condition above described as pertaining to the third stage is at all exaggerated. A patient in such a state has been personally observed in one of our public institutions. Cases in the third stage of dementia, when found in asylums, are not generally considered subjects for treatment. The institution is looked upon as more custodal than therapeutic. That these cases should not be considered hopeless, the remarkable results which have followed in some of the instances subjected to homœopathic treatment, sufficiently demonstrate.

These are the lowest states of morbid depression. Patients also who have at some time been in a condition of considerable morbid exaltation, are apt to sink into, and die in dementia. In fact, all mental disease tends toward recovery or the third stage of dementia.

In the form of depression we have thus described, the mental tone has so far deteriorated as not to admit the presence of delusions. Delusions are *fixed* ideas, and there must be a power of persistence remaining to the mentality, or they cannot exist.

As we ascend a grade higher, however, we find a state of mental disease, in which the delusions are prominent and numerous. The same is true of hallucinations, and as to these last, it may be said, so long as the tone of the *external* senses is sufficient to respond to external influences they may exist; but so soon as this power is lost, or nearly so, there are no impressions and therefore none to be misunderstood.

Passing upward to the form of mental depression, properly called melancholy, we find delusions and hallucinations in great variety. Perhaps the most common of these are those connected with the power of self-appreciation.

This disease, beginning in a general loss of nervous tone, finds its first external utterance in the weakest portion of the organism, and we have the delusions connected with self-esteem manifesting themselves in two directions, radically different from one another. If the organ is *large*, the delusion will show itself, (if the balance of the other organs permit) in exaggeration of

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ability, combined with despair of the world's justice, and a conviction of failure in case of exertion, not on account of the patient's lack, but as a consequence of a system of *persecution* waged voluntarily against him. If self-esteem in any patient is *small*, the delusions are those of insufficiency for any good or useful purpose. He is entirely hopeless of any good result from any thing he may do, and a conviction of complete unworthiness takes full possession of his mind.

If this love of approbation is large in a given character, and circumstances have not been such as to gratify it, the tone of the melancholy is deepened by delusion of the fitness for the world's struggle, and the patient sinks into hopeless despair, with scarcely an effort.

Delusions of conspiracy are very frequent and are often the cause of homicide. The insane man has in some manner connected with his delusion the person whom he sacrifices to his insane resentment. Impressed with a thorough belief of the ill intent of one who may be his best friend, the deluded man seeks to rid himself of his injurious plots in the most summary manner. He resorts to homicide as a means of accomplishing this riddance. The result is natural. Hence the most quiet and apparently harmless lunatics, who seem only depressed, and possessed by some few mistaken ideas (as the phrase goes) may in fact be the most dangerous to the peace of the community. It is quite impossible to say when the moment may come, in which the strength of the delusion shall overbear all other considerations, and bring death in its train upon the head of an innocent person.

A case of this kind, the particulars of which may have passed from the recollection of most of our readers, may be aptly cited here.

A man, Kane, who has been for several years confined in the New-York Lunatic-Asylum, having become mentally diseased and melancholy during the year 1852, was the subject of the delusion that his wife had sold his blood to a certain doctor in the neighborhood. The constant presence of his wife added intensity to his delusion, which perhaps might otherwise have in some manner changed its form. On a morning following a rest-

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less night he rose and, under the insane conviction above alluded to, beat his wife's brains out with an axe.

The last time I saw this patient he was in the second stage of dementia. His physical condition was anæmic. He was subject to intermittent diarrhœa, and the case presented to those in charge, small hope of recovery.

Another instance of equal interest is found in the case of a well-educated gentleman who is now understood to be in Europe. Under the delusion of his wife's infidelity he twice attempted her death. One morning at the breakfast-table he quietly rose passed round to his wife's seat, and taking a powder of arsenic from his vest-pocket, placed the drug in her coffee and insisted on her draining the cup. The wife precipitately left the room, and no more came of the affair, the patient passing it off as a joke. A few nights after he attempted to choke her while sleeping. I believe the patient is at *present* considered free from mental disease.

Melancholy is often found having the complication of delusions as to matters of religion. The patient may suppose himself guilty of the unpardonable sin, and past all hope of the future on that account. It may be, also, that his morbid conscientiousness has taken alarm at the most trivial lapse from virtue. In either case the mental agony endured is past all power of description. Eternal damnation stares him in the face at every turn of his mournful walk. His tearful eyes, wan cheeks, and melancholy tone are sufficient indications of his utter hopelessness. It may be, that constantly fearful of increasing the load of guilt already unbearable, he refuses to engage in the most harmless amusements, and spends his hours in the most miserable idleness.

The case of a clergyman, affected in this manner, may not be uninteresting. Naturally a man of good talent, he had received a thorough education in the tenets of the orthodox church. He had been the subject of two attacks of depression previous to the time of our acquaintance. To the most amiable disposition he united the most agreeable manners; and had led a life of unusual purity. He believed, however, he had sinned against God, and against light, and that on this account his future damnation was sure. He was constantly engaged in finding texts in the

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Bible, which proved this fact beyond cavil. The eagerness with which he adduced and magnified the most trivial circumstances in proof of his extreme sinfulness was curious. He was by no means content with the reputation of a very wicked person, but insisted that a worse man never lived. Cain himself, and even the Jews who crucified Jesus, were blameless when compared with him.

This patient had during the hours of darkness hallucinations of fire about his bed, and seemed to himself often sinking down, down into the deepest pit of hell. He was sometimes more cheerful than at others; but the slightest reference to his delusion, would call it back in full force.

Change of air and scene, with the use of tonics and a generous diet, seemed to promote the recovery, which took place in a few months.

In the form of insanity we are describing, the delusions are sometimes of a nature ridiculous to a second person, but extremely painful to the patient.

A woman would not bend her finger, because she fancied the world was supported on its point.—Many persons imagine they are transformed into another person, or into an inanimate body, or that they unite in themselves two or more individuals, one of whom may be healthy, and the other diseased. Again they may suppose that toads, frogs, serpents, nay, even men on horseback are within them.

One man was willing to take his bible-oath any time, day or night, that a whole train of railroad-cars was in his belly; and often stopped me, that I might hear the engine-whistle. The torture of this poor fellow was extreme. He was a martyr to dispepsia and enlarged liver.

It sometimes happens, that the very funny character, or the very improbable nature of the delusion, forces itself upon the mind of the patient himself, and then, though acknowledging the absurdity and unlikelihood of the idea, the patient insists upon the impossibility of doubting its truth. Such phrases as these.—"*I know it is not so, but I cannot help thinking it is true.*"—"It is the silliest of all stories; no man need believe it—but *I cannot help feeling its truth*"—are not unfrequently heard.

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It is quite useless to *argue* with these delusionists; and all stories of the sudden cure of hypochondriacs, by an appeal to their sense, either internal or external, may be put down as "wonderful, if *true.*" No well-educated psychologist believes them.

A woman, who was living at the city lunatic asylum, while the writer was senior assistant there, who had been insane but a short time, in passing one of the male patients, on her way to chapel, suddenly conceived the idea that the said patient sprang into her stomach. Nothing could convince her to the contrary, and, when as a means of proving the thought delusive, the male patient was shown her throwing dirt into a cart, within sight of her window, she screamed out in her peculiar tone: "Ah, Sir, you can't deceive me. You have dressed up a man like Hugh, and put him at work out there, just to try me. But you see, Sir, I feel him jumping about within me, and how can I doubt he is there.'

There was in this institution a young woman who believed herself possessed by devils. She thought forty-nine, (exactly forty-nine, for she had counted them) forty-nine little fiends were hopping about in her; all of whom were in magnetic relation with Satan himself. There was at the same time, though in another part of the house, a girl who fancied she had the "*real* devil" in her. This was the creator of the original sin, the real, genuine, original Beelzebub himself, according to her story. To give this devil his due, we sometimes half thought the girl was right; for a woman more persistent in her wickedness, more intensely disagreeable in her manners, or louder and fiercer in her silly complaints, I seldom if ever met with.

The man with glass legs, pumpkin head, and wax nose, is traditional; and is still found wandering through the corridors of our lunatic asylums.

A story is told of a gentleman who fancied a cobbler was at work on his bench, with his "whole kit," in his stomach. That a gentleman had this fancy may be readily believed, but that he was cured, by an emetic, which operated while he was blindfolded, as the story goes on to describe, is impossible. It seems the extremely astute physician, (we believe Mr. Abernethy has the credit of all such funny tales) hired a cobbler to spring at a

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given signal, into the bath-tub into which the hypochondriac was vomiting. The son of Crispin did as he was ordered, with a great splashing, and thus discovered himself to the suddenly uncovered eyes of the nauseate patient; from which time the gentleman no more believed the cobbler *within* him. Here was no *cure*, as the delusion was merely *changed:* the gentleman, believing the cobbler *in* him, or that the cobbler *had been* in him, was equally the subject of delusion.

A friend of the writer who was kind enough to supply his place in hospital where illness forced an intermission in his labors, undertook the cure of an old woman who believed a lizard to be inside her. Assafœtida had generally kept the animal quiet; but the unexpected arrival *of a real* lizard in a glass jar, presented, as it seemed, too good an opportunity for a radical cure of the patient, to pass unused. Certain drugs were administered, and at the proper time, the lizard, which had been carefully secreted beneath the bed-clothes, was produced in triumph. "Ah," said the patient, "*I told you there was one there*," and so saying she turned herself to the wall, and died in a few hours.

Popes, emperors, kings, presidents, and generals without mitres, globes, crowns, congress or armies, but sunk in gloomy despair at the deprivation of their legitimate grandeur, sit in melancholy state or cower in lonely misery in the institutions appropriated to their cases. The Earl of Warwick is pulling his handkerchief to pieces in yonder corner; while the inventor of the flying machine, sitting near him, broods over the wrongs of unappreciated genius. The poet, thumbing his worn manuscripts, anxiously waits the expected Mæcenas, whose coming is to raise him to the pedestal of Virgil, and whose delay fills him with grief. The unhappy lover dreaming of his mistress, building a thousand castles in the future, bursts into tears at the mention of her name, and hopelessly refuses to be comforted. She is dead, or living in the happy arms of another, and he is left to mourn her absence.

A very talented girl, in whose family mental disease was hereditary, sits during warm summer-days on the rocks by the shore of the East-river, now and then waving her kerchief to passing vessels, that the lover she has lost, may recognize her

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presence. Every new vessel brings a new hope, and its unanswering passage adds a new despair.

As has been said, morbid depression may exist without delusion. Verging very nearly upon delusion, though not properly so called, is a mental state, in which there is found a *predominant idea*, which colors the whole mental action. The idea itself being true, or but slightly exaggerated, is therefore not delusive, but it is a question if a patient subject to the control of such an idea is not as much an object of commiseration as if the victim of delusion.

Extremes of love or hatred may sometimes take such full possession of a mind, particularly a female one, as to produce insanity; and morbid *depression* is the form most common. The object of affection is in no wise connected with a delusion. The fancy is warmed and perhaps warped by a partiality independent of any ideas radically false; and there is often an intenseness of feeling, and a glow of the imagination, in singular contrast with the general depression of the patient. Witness the case of Werther, who could think of nothing but Charlotte; and whose sorrows have called forth so many tears from boyish and girlish eyes. Werther, who is now known to have been a real character, as in fact are most of Gœthe's supposed creations, fell in love with Charlotte, while the betrothed of another. She became his *predominant idea.* He knew his case was hopeless, but from an innate weakness of character was unable to purge his sick soul of her image. Filled with sadness, becoming sleepless, but yet with *no delusion*, he became more and more depressed until he could endure his misery no longer; and with the most consummate dramatic art, shot himself after the approved French and German fashion.

There is one form of mental depression, the exclusive inheritance of the rich and indolent. Its nerveless tread moves slowly across the Turkey carpet; its languid form sinks unresistingly into the cushioned chair; its dull eye gazes vacantly upon its white and jewelled hand. There is ever the same expression upon its full pale face.—The sense of weariness, has made its black mark beneath the sad eyes,—and this is all. Here is a disease. "*Ennui,*" dressed in silks and laces, or broad-cloth, it may be, seated before the sea-coal-fire, with half-closed eyes and

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listless air, is the daughter of Luxury and Fashion—the sister of idleness and dissipation—the foster child of excitement and reaction. It has but to raise its hand to effect any wish, to gratify any appetite, save the very want for which it is dying, the want of a new sensation.

Let those who have *work*, thank God! Let them rejoice that in a daily employment is found a prophylaxis and a medication for this dire disease. This weariness of life will never come to him who is in earnest to *do* something; many of those who are *blasé* will do well to remember this.

As we pass on, the transition to the subject of *suicide* is easy and proper; as forming a frequent termination to morbid depression.

This accident may occur from a delusion of fancied unworthiness, or as in the case of Werther, under the impulse of despair. Discovered criminals who have, until this lapse from virtue, led blameless lives, are sometimes so overcome at the consciousness of their disgrace, as to lose their mental-balance, and while thus in a state of insanity, put a period to their existence. As an instance of suicide from a delusion of unworthiness, the following case is cited from a private record.

This young lady possessed the most remarkable physical beauty, the rarest accomplishments, and the greatest amiability of character. Such a combination of loveable qualities is hardly ever met with. No one could be envious of the delighted attention she had received, for united to her other charms, was a surpassing modesty, which disarmed all malice. There were, however, beneath all this beauty of person and character, the germs of a hereditary insanity, and in the midst of the full tide of her attractions, she began to droop. It was observed she began to take less pleasure than formerly in the society of the many friends whom her loveliness had called about her; and to seek the quiet of her own apartment in preference to the pleasant gaieties which solicited her enjoyment. She became gradually more and more depressed and soon adopted a delusion of her own unworthiness. She believed herself the undeserving recipient of all her possessions; and utterly useless to herself or any one else. She lost her energy and her wit; and nothing remained to her, but her gentleness and melancholy beauty.

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The sights and sounds of nature and art, which before had spoken so much to her had lost their power to charm or even to interest. She became more and more gloomy, and finally perished by her own hand. Such cases are not rare. Insanity, like death, would seem to love a shining mark.

It can hardly prove uninteresting to dwell a few moments upon this part of our subject. Suicide is by many considered a disease under *all* circumstances, and is generally acknowledged to be an *epidemic* of not unfrequent occurrence.

In regard to the theory which demands a preëxisting mental disease as a cause of suicide, it is proper to say a word. As will be seen hereafter, when speaking of medico-jurisprudence, the diagnosis of mental disease, is not founded upon evident aberrations from an *arbitrary standard* of mental health, which the *world has set up*. The patient is not to be compared with any fancied *standard of human* mentality: but simply with himself. His *own past*, is alone to be compared with his *own present*, and it is from the fact of a *morbid change* alone, that insanity is to be inferred. Now, in regard to suicide, it may be said there are some minds so conformed, that the horror of death, so common to most of us, is quite unknown; and there are doubtless people who have always, at least since youth, looked upon death, as the least of many evils; and who have determined to put an end to their own lives under certain contingences. It is by no means unnatural, or in discordance with the normal mental condition of *these* people thus to think and act, and suicide under these circumstances is *not* indicatory of *insanity*. It cannot be denied, however, that self-murder is in most instances the result of a loss of mental balance, the consequence of disease.

The oldest writers on medicine recognized this fact and were accustomed to treat this disease as if caused by a torpor of the liver. Some time since while reading for another purpose, I came upon the following case of the eloquent and enthusiastic Porphory, as related by himself in his life of Plotinus, his master.

"I once thought to kill myself, of which Plotinus having gotten a wonderful presentiment, was instantly with me as I was walking in my house, and said, that inclination and purpose of mine was by no means an indication of sound mind, but rather of one

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under the weight and pressure of *black bile.*" Porphory took the advice which this diagnosis of his case seemed to imply, and under the influence of change of air and scene, combined with the *white hellebore*, after a while, recovered.

The influence which religion and refinement have in the production of suicide may occupy our consideration here. It was frequently stated by the best heathen philosophers and others since their time, that a belief in immortality must conduce to suicide. This idea is advanced by Lactantitus in his Divine Institutes, Liber III., Sec. 18. "De falsa sapientia." He thinks the believer in the future must hurry from this world into the next, to enjoy his happy future the sooner. It must be remembered, however, that with the conviction of immortality within us there is not *necessarily* found an equally strong belief as to the *happiness* which awaits us. We are hardly so certain of the latter as of the former, and the doubt in the one case may well enough neutralize the effects of the certainty in the other. It is that philosophy in which death is an eternal sleep, which leads its votaries to shield themselves from earthly ills by suicide. It is a dark mantle with which they cover their faces, but the eyes which despair has filled with tears, may well hide themselves, if they can, in the bosom of annihilation, no more heartless than the world they leave.

Mad. De Staël, the greatest woman of her age, has said that those refinements of life which contribute to make the world the most delightful, render it also the less desirable, for the reason that with the progress of intellectual culture, those passions and affections which constitute the principal bonds of this life, are weakened and finally overcome." This seems true enough, and it may in some manner account for the increase of suicides with the progress of civilization.

Starting in life with the purely animal instincts of life-loving, family affection, natural passions, and early instilled prejudices, we are at once the happiest and most unreasonable. All subsequent culture tends to the suppression of instinct, and the refinement of soul. When the refinement of soul has gone far enough to deaden instinct, but not sufficiently far to supply its place, there is danger of suicide: and there are doubtless few personal histories, which if truly written, shall not contain

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an episode of suicidal tendencies, at that period of life when the soul and heart having unequally expanded, each contends for the mastery, and original instinct is entirely lost. Spiritual refinement must receive its proper coronation in a full sense of duty to God, the world, and one's-self, before the dangers of its way are passed.

These are the considerations which render the French statistics of suicide so much more valuable than those of other nations, and which in some measure account for the frequency of this accident among that people. With no further reference to the character of the French, there is thus implied, it is well known their cultivation is of the mind rather than heart. There are in the manuscripts of the writer a large amount of statistics, taken from the "Annales d'Hygiène," Vol. XVI. et. al., exhibiting the rate of increase in suicide, during the last half century, as also the effect of civilization upon it. It is hardly worth while to repeat them here.

The suicides in New-York City during the year 1842 were one to every 12,000 inhabitants (about). In 1855 there were one to every 9,600 nearly. This evident increase is in some degree accounted for by the severe winter, high prices of provisions, and enforced idleness of the productive classes in this city, during a large part of the year last referred to.

There also seemed to be an *epidemic* influence at work during the latter part of this year.

From considerable information derived from official sources we have concluded that suicide causes the death of about one in every 10,000 of our citizens *each year*. We are aware that Dr. Brigham who is generally considered authority in these matters, in a paper published in 1844, sets the proportion much higher. He considers the ratio of one to every 8,838 of the population to be the proper estimate.

We are quite sure the means for a proper conclusion, were not so accessible in 1844 as in 1857, and are constrained to abide by our own computation. This proportion is much less than that of Paris; though greater than that of London.

Before leaving this subject we are disposed to present to the readers of this journal the following most singular letter, which is taken from a French Journal, "La Patrie," of the 9th Jan.

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1851. It seems one of the tenants in a house in the Rue Barre de Bec, had not been seen for several days; when the police burst open the door of his room; and found him hanging to the window case. The letter referred to above, was found lying on the table, and runs somewhat in this way.

"I have lived fifty years—I inherited an ample fortune from my respectable parents. I have to the present moment lived a life of the most perfect happiness. I have felt every joy, and experienced all pleasures. Nothing now remains for me to desire, save only an easy death—I shall be found hanging dead at my window case. I pray those who have known me to have no regret. They can say—behold a fortunate man! He has known every human felicity.—I give my fortune to the poor—Adieu."—

We have seldom met anything more thoroughly French, or more evidently the production of a tired man of the world. In regard to the family of this person, it is quite impossible to give any opinion without further knowledge of the case.

There is a form of depression occurring in old people, the importance of understanding which is greater on account of its legal rather them its therapeutic relations. The congeries of symptoms which are included under the term senile dementia often require the closest attention and most philosophical study. The fact that large properties are sometimes subjects of dispute among the heirs of aged patients, whose mental capacity is in question, increases the responsibility of the diagnosis. The extremely delicate nature of the necessary investigations, have sometimes influenced the medical witness to the formation of conclusions, from insufficient premises, and which are at variance with facts ascertained subsequent to his testimony.

The only proper ground of diagnosis, in this as in all other forms of mental derangement, is the *morbid change* which must be proved to have taken place in the patient's mental constitution. It is by no means sufficient that remarkable eccentricities, involving, perhaps, all sorts of peculiar characteristics, are present. These may exist as parts of the *natural* character of the patient, and their absence, rather than their presence may be indication of disease. It is the fact of a *motiveless change in the manner and character of the patient, which change is more or less radical and generally traceable to disease*, that must influence the

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medical decision. Allowance is also to be made for the *natural decay* of the vital and mental powers. Decay which takes place in the natural course of human age is not to be considered *morbid.* It is in accordance with natural laws. Legislation has provided for the protection of such people by a special enactment.

It is from the difficulty of distinguishing between the natural decay, thus referred to, and the morbid change, that this part of our subject possesses unusual interest. It so happens, however, that each individual case is to be judged on its own merits, and only a brief outline of the disease can be given in this place.

The term senile dementia seems to have been employed, like many other terms in medical literature, with but little regard to its true meaning. We have no time to cavil at terms, however, and pass on, saying only that we are to understand by this name, that form of mental derangement which attacks *old* people: it may be dementia, or melancholy, or even some of the milder forms of exaltation. The delusions are often highly important. They refer to the past as well as the present, to the dead as well as the living. It is thus seen how important to the diagnosis is the correct history of the patient's mental habits. He who was once the darling may suddenly become the object of the most bitter hatred: and those formerly the objects of dislike, be at once taken into confidence. A patient laboring under this disease, may sit dull to the influences of his surroundings; or intensely alive to them. An awakened interest is followed by a reaction; and the subsequent depression is the more severe. Oftentimes blindly obedient to the wishes of his more immediate attendants, the claims of others are neglected or forgotten by the patient, and it soon follows that the surrogate's office is filled with contestants of the will he leaves behind him at his death.

This condition will be more fully spoken of in an article on the "legal relations of insanity," which will appear in a future number of this Journal. It will also be our duty to speak at that time of *moral* insanity.

It is understood that the view taken of this form of disease by two distinguished gentlemen who have recently been before the public, is not the one generally held by the profession.

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Any amount of sin cannot be considered as evidence in itself of insanity. There must have been a change of disposition and natural proclivities before mental disease can be even suspected.

Allusion was made in our first paper to the form of depression accompanying the *puerperal* state. There is, at present writing, a woman under treatment at the Central Dispensary in East Eleventh-street, who is suffering from this form of disease. United to a habitual melancholy there is great nervous fear, sleeplessness, indigestion, and a high state of *erythismus*, accompanied by a hardly resisted impulse to kill her child. It is remarkable how rapidly, and so far effectually, *Pulsatilla* 30. has relieved every symptom, in this case.

I am not aware of any *constant* difference existing between puerperal and other depressions, aside from that dependent on anemia and the sex of the patient.

An attack of *epilepsy* is frequently followed by depression, though perhaps not so often as by exaltation. The patient rises from the state of coma, into which he has been plunged by the recent paroxysm, and with a languid and stupid air moves about for a few hours. At the end of that time he may gradually recover his usual mental tone; or may become excited and rave for a day or two. It may happen, the depression, which in this case is of the form described under the second stage of dementia, extends its shadow over the mentality of the unfortunate patient throughout the whole interval of the paroxysms.

"*General paralysis*" is the term applied by psychologists to a form of mental disease accompanied by a palsy, more or less considerable, of the organs of motion. The first evidences of this paralysis are noticed in a difficulty of articulation. The patient perceives this defect and endeavors to remedy the fault, by repeating his words. As the disease progresses, the first stage of *dementia* makes its appearance, to be followed by the two others in process of time. The phenomena herein noticed are the alternation of active excitement, with the usual stupid inactivity; and the highly delightful delusions to which the patient is subject. Immense wealth, unbounded possessions, unheard of strength, unequalled talents are his. Nothing is beyond his reach.

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An unusual accession to the amount of adipose tissue occurs during the advanced stages of this form of disease. Hair has been known under these circumstances to reappear upon the head of a man who had been bald for twenty years. This condition is sometimes known under the name of *softening* of the brain. This pathological condition does *not* exist in the disease under consideration. I have found *fat* cells in the *corpora striata* in three out of five examined under the microscope, but no evidences of any softening properly so called.

The younger Falset has recently published the same discovery.

Having thus spoken of those forms of mental depression which are most frequently met with in practice, this, when taken in connection with the article published in the May-Number of the Journal, furnishes a general idea of the character and manifestations of mental derangements.

These papers properly antecede one on the jurisprudence of insanity, and one on the treatment of this disease, which will appear in the two following numbers.

ARTICLE V.—*Scarlatina.* Read, before the Hahnemann Academy of Medicine. April, 1857. By S. B. BARLOW, M.D., of New-York, Vice-President.

Mr. President. I have not felt called upon to write a formal treatise on scarlatina, to describe its forms and varieties, or to descant upon its symptomatology, or tire your patience in the rehearsal of its species, varieties or subdivisions, all of which has been quite often enough done by authors who have written monographs on the disease; nor yet to enter into a detailed plan of treatment, but simply by way of loose, desultory and disconnected "Notes and Queries" to hint at certain points in the nature and treatment of this fell scourge of the young, which may serve as opening points to the expression of individual opinion and practice by the members of the Academy, my fellows and masters. *And* 1*st*, as to the communicability of the disease. Is it contagious, or infectious, or both? Is it communicated

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through the medium of the air, and to what distance? Is it communicable by clothing, merchandise, books, letters, food? At what period of the disease does it send forth its miasm most forcibly, so as most to expose others to its reception? Is the peculiar odor of the breath of the scarlatinous subject perceived by all alike, or are some persons, physicians as well as others, unsusceptible to its peculiar odor? It appears to me that some persons do not apprehend sensibly the existence of this peculiar property of the disease.

2dly, As to Prophylactics. Do physicians feel prepared from experience to testify in favor of *Belladonna* or any other medical agent as a tolerably certain prophylactic? On the contrary, are we not often impelled by experience to conclude, that the exhibition of *Bell.*, as a preventive, does rather precipitate the attack and intensify the disease when it does invade? May not such a conclusion very well consist with those acknowledged principles of homœopathy in which we all agree?

3dly, Can Bell. be certainly set down as useful or even admissible with safety in all forms of scarlatina? Are not the cases whose most distinguishing characteristic is found in the drawing, lancinating, shooting pains, which prevail in the head, the sides, the limbs, infinitely more under the control of *Rhus-tox.* than of *Bell.*? Does not *Bell.* in those cases, whether in high, low, or medium doses, usually aggravate without any apparent corresponding benefit? Such is my conclusion, derived from a tolerably extended and tolerably close observation spread over at least two thousand cases. Others may conclude differently, if so, I shall be gratified in the extreme to hear their reasonings as well as their facts, the basis of those reasonings. Some cases of this character I have seen where the great articulations, as the hips, the knees, elbows, ankles, wrists, were all drawn out of apposition some days before death. Are those pains rheumatic or neuralgic? are they not rather of spasmodic order? *4thly*, In a class of cases marked by an intolerable and almost inappeasable pruritus of the dermoid system are they not much more amenable to the sway of *Rhus-tox.* than of *Bell?* Does *Bell.* in those cases at all answer the desired indication, and if not, what remedies in addition to *Rhus* do best respond to the necessities of those cases? *5thly*, In yet another

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class of cases which my powers of description are perfectly inadequate to portray, but as best I can, I will say they are marked by an inordinately exalted erethism of the nervous system, as shown by wild startings, twitchings, screaming, trembling, when the rustle of a leaf, the movement of bedding, a touch, the starting of an idea in the patient's mind even, causes an expression of anxious terror which seems to show the body on the very verge of convulsions, a touchiness and sensitiveness of nerves, bordering on, if not lying upon, what we might call a state of utter and perfect intolerability of feeling, and I believe, Mr. President, you have seen enough of those cases to recognize the picture, however poorly drawn it may be, in this class of cases does *Bell.* in any degree of potency, or in any mode of exhibition, avail aught to the patient's comfort? Do we not rather, guided by the *ensemble* of the picture before us, feel almost instinctively drawn to the expectation of relief from *Stramonium?* And do we not find our expectations most admirably responded to by that drug? Such patients always excite in my mind the idea of a body severed from every stay and support of earth, and to have become the sport of demons, and what so well calculated to quiet the demoniac disturbance of the animal frame as *Stram.?* It is the Demon-herb. Such is my experience. 6*thly*, Another class of cases yet, characterized by stillness, stupor, but not coma, with closed eyes, and leaden countenance, with slight moaning, similating, if the expression is at all admissible, what might be called *unquiet repose*, are roused to an unwonted furor by *Bell.*, while, on the contrary, it seems to be awakened into new life in the normal state by the exhibition of non-disturbing doses of *Hyosciamus.* 7*thly*, A class of cases marked by great cerebral heat, stupor, snoring and discharge of purulent mucus from the *nares*: If the skin at the same time is dry, *Am.-carb.* in alternation with *Calc.-carb.*, if on the contrary the skin, as is sometimes the case, is soaked in *sudor* (sweat) whether warm or cold, then *Am.-carb.* in alternation with *Opium*, hold out, so it seems to me, the best and most promising chances of success; if such cases may be said to offer much promise of successful issue in any mode. In these cases, if there is evident failure of vitality, shown by flat, laboring pulse and some coolness of extremities, I would add, *brandy*,

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wine, *milk-punch*, but if action is well maintained, omit them. Under this class of cases the judicious practitioner will not fail to call to mind his *Arsenicum*, his *Carbo-veget.*, his *Ipecac.*, his *Camphor*, perhaps his *Veratrum*, for I have found that the success of *Veratrum* does not always depend upon the presence of inordinate movements of the *primæ viæ* either in *emesis* or *catharsis*. The article possesses, so it seems to me, a sustaining and supporting, may it be called a *tonic* power? independent of its tendency to control those inordinate evacuatory demonstrations. Am I right in this? The preparation of *Am.-carb.* I use is a saturated alcoholic solution of the salt, in doses of two to five drops every two hours, and I have never found the heat of the head, however excessive it might be, increased by the remedy, but always on the contrary a reduced temperature of the encephalon follows, while the body and limbs, if too cool, are at the same time warmed, and the nasal discharge abated.

8*thly*,—The throat. In whatever class of cases, whether sore or not, I never omit the continued application of the cold water napkin. If the throat is sore it is one of the best means to prevent future swelling of the glands and equally so, if it is not sore; besides, thus applied, over the great blood-vessels of the neck, where the whole mass of blood is coursing up and down every minute, and those vessels in a near proximity to the skin, the cooling effect on the blood thus exercised is found to be much greater than any theoretical considerations merely would lead us to expect. I am very rarely troubled with those neck-swellings, either during the progress of the fever or following it, at a later period of the declension of the disease, which, under any other regimen, I should expect to have added to the torments of my life as a physician. Regarding the efficacy of smearing the throat with the fat of bacon, or indeed any other oleaginous application thus applied, I am very doubtful, for it appears to me the closing the pores of the skin by any greasy unguent or liniment is contra-indicated by the great necessity there is of giving free passage through the skin to any peccant humor which may lie beneath it.

For the ulcerations of the throat, ragged, semi-putrid in many cases, what physician will forget the discriminate and timely use of *Merc.*, *Capsicum*, *Causticum*, possibly also *Lach.*, *Nitric-*

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or *Mur.-acid*, and perhaps the homely prescription of good lively *yeast* has often enabled the sufferer to double the Cape of Good Hope, when without it, he might have swamped his craft in the gulf of despair.

Where the fever is uncontrollable and fast wearing out all integrity of action by mere over-working of the machinery of life, we do not well to omit the duty of wrapping the whole body, at least once or twice each day, in wet sheets or blankets, letting the patient lie in them for several hours.

Thus, Mr. President, without writing a formal treatise, without much of theoretical indulgence, without tracing any general plan of treatment, without hinting at any one of the thousand little attentions to dietetics or other general outlines of regimen, have I, simply, by hints and queries given you a mere glance at some particular points of treatment, which, with the other more common and stereotyped measures of practice, which every physician is well acquainted with, may give you some little clue to what has been my course in treating at least two-thousand cases of scarlatina of all grades, from the mildest to the most grave, during the last twenty years; a treatment which in those twenty years and in those two-thousand cases has resulted in the loss of but three patients by the direct assaults of the disease, and of but one by relapse and disease following upon the heels of scarlatina; and if my hints and queries should enable any man, however young he may be, to treat the cases which fall to his care and observation with a better success than he would attain to otherwise, my labor in writing this hasty and informal scribble will be more than rewarded.

Without designing to institute any division of scarlatina into classes, for I consider the disease a unit, I have simply used the numerals to guide the attention to certain distinguishing peculiarities which do more prominently mark some individual cases of the unit-disease.

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ARTICLE VI.—*Notes from Practice.* By WM. H. HOLCOMBE, M.D., of Waterproof, La.

CASE 1st.—*Calculous Nephralgia.* I witnessed last June a well-marked case of the passage of a calculus from the kidney down the ureter into the bladder. No stone was ever found, no sediment observed in the urine, and none of the symptoms had occurred before, or have occurred since in the patient—but the reader will agree with me, I think, as to the accuracy of my diagnosis.

A middle-aged gentleman had been complaining for a week or two of a dull pain in the back. For the last two or three days he had referred it more especially to the left hip-joint, and complained that the flexor tendons of the left limb felt drawn up or contracted, so that he had to limp on the toes of that side. He had been long subject to varicose veins and a troublesome tetter on that limb and he conceived that some relationship of cause and effect existed between the chronic and the acute symptoms. One morning he awoke with greatly increased pain, which grew worse so rapidly that conceiving he had lumbago, he called me in. He complained of excruciating pain in the lumbar region, with a sensation of throbbing in the back. The pain seemed to run or radiate in two directions—downwards and forwards around the crest of the ilium to the groin and inside of the thigh, and secondly, down the back to the hip-joint, and thence inwards and forwards to the anus. There was strong disposition to go to stool—but none at this time to urinate. He was exceedingly restless, and the skin very cold. Pulse very little changed.

In the course of half an hour these symptoms disappeared, or at least diminished, and he experienced terrible, crushing pain in the testicles, especially the left, which was quite strongly retracted upwards to the pubis. He was taken at the same time with a violent fit of spasmodic coughing, terminating in very forcible vomiting. He experienced a most deadly nausea, and complained bitterly of a burning constriction around the body, about the diaphragmatic region, with a feeling of total inability to take more than half an inspiration. Colicky pains in the

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bowels occurred simultaneously. The patient asked frequently for water, and tossed about incessantly in the greatest conceiv able agony. He had brief intervals of ease—say one minute in five. All of these symptoms gradually gave place to others: he evinced an urgent disposition to urinate, and felt severe pain at the end of the penis. He could not pass water for several hours, but when he did so (and the power came on him suddenly) he was free from all pain and seemed perfectly well thereafter.

The above case, thus faithfully daguerreotyped from nature, would afford a fine text for a physiological lecture on the reflex functions of the spinal cord, of which it is so beautifully illustrative. But we will turn away from the mere philosophy of symptoms to the more essential question of therapeutical indication. What is a homœopathist to do in such case? Where is the remedy which produces by local action on the urethra this whole series of violent, but purely sympathetic phenomena? If it does not, it is not homœopathically selected. I did this: I cupped the loins freely, applied hot fomentations to the abdomen, and gave *Nux* and *Cocculus* in rapid alternation; and I candidly confess that I do not believe the measures exercised a particle of controlling influence over the affection. If I had another such to treat I should give *Chloroform*, and if that failed, or was inadmissable, I should not wait long before resorting to the hot bath and allopathic opiates. This case very happily illustrates the great truth, that symptomatology alone, and not reared on a broad basis of etiology and pathology, is an *ignis fatuus* instead of a guiding-star to efficient medical practice.

Case 2d.—*Obstinate Chronic Intermittent.* A case of this nature came under my hands, which had resisted all the usual allopathic remedies for eighteen months. The negro-man had a severe chill and high fever at very irregular intervals, sometimes two or three a week, sometimes one every two weeks. He had not escaped a paroxysm for more than three weeks during the eighteen months. The chill always announced its coming by a violent pain in the lower part of the spine. He was slightly dropsical, the pulse was rapid and thrilling as from anæmia, and he was very easily put out of breath by

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exercise. I diagnosed, by details too numerous here to mention, as my aim is simply a therapeutic one, a congested, atonic condition of the liver and spleen with chronic irritability of the heart and spinal column, which morbid condition produced by protracted intermittent, was now the reactive cause of the persistence of the paroxysms. I began with Cedron and Canchilagua, but on the eighth day he had an attack. My attention was then called by an old and experienced planter in malarial districts to the *Nitrate of Potassa* as an excellent remedy in chronic intermittent. As he insisted that it ought to cure without producing any obvious effect whatever, regarding diuresis or catharsis as signals for its suspension, I determined to try it. I gave one or two grains every morning for six weeks. No paroxysm has occurred since I commenced it, although it is now ten weeks. His general health improved considerably and he is now doing plantation work. There was a great diminution of sexual power whilst taking it, but it returned on suspending the drug. It is to be hoped that other physicians will test this remedy, so that we may learn whether the above case was a coincidence or a cure.

Cases 3d and 4th.—*Conjunctivitis cured by Hammamelis-Virg.* A blacksmith came to me with his eyes badly burned by a sudden puff of flame into his face. He was suffering excruciating pain, and the light was intolerable. There was constant acrid lachrymation and very great vascularity of the conjunctiva. I made a collyrium of Hammamelis, thirty drops to the ounce of water, poured a little of it into the eyes and bathed the surrounding parts with it. This application was to be renewed every two hours. He was relieved very speedily and in forty-eight hours was entirely well.

A negro-woman had got a splinter into her right eye. It penetrated the upper palpebral conjunctiva at the external angle of the eye. It had been removed, but had caused great swelling, redness and pain of the whole eye. I made the same prescription as above, and she was perfectly well in twenty-four hours. I have found Hammamelis very useful in burns, and it relieved one case of hæmatesis, vicarious to menstruation, very promptly, after sundry other homœopathic remedies had failed.

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Case 5th.—*Protracted Uterine Hemorrhage.* My friend, Dr. Cloud of Catahoula Parish in this state, reports to me the case of a lady who suffered for three months with passive uterine hæmorrhage. A long list of the most approved remedies had been tried with no effect, but an occasional very transient suppression of the discharge. The lady was perfectly prostrated and her health greatly undermined. One night she complained greatly of a severe itching and burning of the skin, with a thin, yellow diarrhœa. The Dr. prescribed *Apis-mel*^{30}, for the symptoms, and the next morning the uterine hæmorrhage was found to be entirely checked. *Apis* unquestionably produces metrorrhagia and might cure it homœopathically, but the supervention of the Apis-symptoms previous to its use in this case leaves it doubtful whether it was a true cure or whether a revolutionary crisis had just taken place in the patient's system, which would have left her free from the hæmorrhage thereafter. I have used *Apis* in three or four cases of uterine hæmorrhage, but without benefit.

Case 6th.—*Ovarian Tumor: Accidental Cure.* I attended an elderly lady in the summer of 1855, for a painful and extensive ulcerative eruption, supposed to have been occasioned by the extravagant use of Iodine, both internally and externally, for an abdominal tumor. The eruption appeared as an itching pimple, which spread at the base, became black in the middle, and was followed by ulcerative action all around a stringy fibrous core. They appeared in various parts of the body and ran a definite and tardy course. She did not get rid of it for three months. In 1856, it reappeared with the hot weather, but the eruptions were not so numerous, nor the excavations so deep, and she recovered in a month. It is needless here to detail the many appliances, internal and external, as nothing but amelioration was obtained from any of the measures. In the fall of 1855, with a view of eradicating the pathological state which had caused the eruption, I put her on *Sepia*^{30} and Creosote^{3}, on alternate days for two months. During that time, to my great surprize, the abdominal tumor entirely disappeared, nor has it evinced the slightest symptom of return after eighteen months. I wish I had made an accurate diagnosis of the tumor, but as it had been standing for years, and had been pronounced

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incurable by very high allopathic authority, my measures were not intentionally directed towards it. It was very hard and dense, occupying half the cavity of the abdomen, and although one physician had pronounced it a hypertrophy of the walls of the bladder with calcareous deposit,—many others had concurred in diagnosing it to be an enlarged and indurated ovary.

Case 7th.—*Hemiplegia and Gangrene following Pneumonia.*—One of the most puzzling cases imaginable occurred in my practice that winter. A negro woman, aged about thirty, had a very severe attack of double pneumonia. In the ninth day a critical perspiration occurred, so profuse as literally to drench the bed-clothes. The same evening she was attacked with a violent pain in the cardiac-region, not especially aggravated by inspiration, and accompanied by a tumultuous and intermitting pulse. The physical diagnosis was unfortunately rendered almost impossible by the presence of a large blistered surface on that side. I gave her *Arsenic*[3], and made warm topical applications. In the morning I found the pain gone, but thorough hemiplegia of the right side, face included. The radial pulse was scarcely perceptible, the limbs cold, and articulation very difficult. This state lasted many days. The facial paralysis disappeared, mainly, I was inclined to believe, under the use of *Causticum*[3], but that of the limbs still persisted. The woman had frequent hysterical attacks of screaming, weeping, scolding, &c. I noticed, by frequent repetitions of the experiment, that *Arsenic* greatly aggravated this nervous excitement, which always occurred at night. After many fruitless trials of homœopathic remedies, I gave Strychnine $\frac{1}{50}$th of a grain at a dose every six hours. After the second dose my patient was attacked with violent tetanic spasms, which almost destroyed her. If I had read Todd on the nervous system, I would have learned that the best allopathic authorities recommend Strychnine only in paraplegia and discountenance it in hemiplegia. In about a week after that, I noticed that the left foot was cold and livid. In a few days it was gangrenous. I tried the *Secale-cornutum*, which seemed homœopathic to the case, but in vain. The gangrene extended above the knee, when she died, a black gangrenous spot appearing before death in the left groin. Unfortunately I was absent in

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Natchez when she died, and no post-mortem was made. The case lasted six weeks. I referred the heart-symptoms to something like the heart-clot, described by Dr. Meigs, as occurring after uterine hæmorrhage, and since met with in both cholera and yellow fever. The hemiplegia and gangrene were both probably attributable to the occlusion of arteries by fibrinous clots. If any of our brethren have met with any thing similar, they will confer a great favor by reporting it in the Journal.

ARTICLE VII.—*On Collinsonia Canadensis*, by E. P. FOWLER, M.D., 49 La-Fayette-Place. *Nat. Ord.*—LAMIACEÆ;—*Sex. Syst.*—DIANDRIA MONOGYNIA; known vulgarly as Ox-Balm, Horse-Balm, Horse-Weed, Heal-all, Rich-Weed, Knot-Root, Stone-Root, &c., &c.

Some two years since I remarked to a friend and patient, that I was harassed with a number of obstinate cases of *hæmorrhoids*, and that I really wished that I possessed some means of curing them without danger of entailing some more serious disorder. My friend replied, that he could tell me of a remedy, and remarked that two or three years ago he was an absolute martyr, and in fact actually crippled by hæmorrhoids, when a friend told him of what he considered an infallible remedy, which he said was the root of a common weed that grew in the woods, more particularly partial to the low-lands, and known as horse-balm. He said that he had been cured by it, and his enthusiastic language in its praise induced him to try it. He obtained the root and chopped it up into small pieces, put a small handful into a quart of water and boiled it down to a pint. Of this he took three times per diem a small wineglassful, which he continued for two weeks, at the end of which time his complaint was entirely cured, and since which time he had been quite healthy in every respect, excepting ordinary slight colds: and furthermore he added, "I have made some most remarkable cures among my friends."

Upon his description of the root I remembered having, in ear

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ly boyhood gathered from the woods some of the same kind of root, for an old gentleman, a relative of mine, who was by its use fully freed from hæmorrhoids of over twenty-five years' standing. I recollected, too, of having seen it used among the Indians, especially by the women; for what, I never took the pains to inform myself, but from what I now know of the remedy, presume that it might have been for relief of *dysmenorrhœa*.

As may be imagined, I did not delay putting myself in possession of some of this wonder-working root, and the

FIRST CASE

upon which I tried its effects, was a Mr. J. E. J., whose sufferings from hæmorrhoids rendered his life almost a burthen, and completely disabled him from business. I gave him two or three handsful and directed him to use it in the manner described to me by my friend. He commenced its use, but found that it acted as an emetic. I then told him to take a desert spoonful twice a day. This he did without disturbance to the stomach, and in somewhat less than three weeks reported himself as, to use his words, "the humble and grateful subject of a real miracle—cured." About two months after, he came back and said that he had a slight return of the old trouble. I renewed his prescription, directing him to take it until better. He took it for four days and was again well, and has ever since remained so.

My attention was attracted to another feature in this case. For years the patient had been a victim of most resolute constipation and never had relief without the aid of enemas, and as these could not be administered without irritation and pain, the consequence was, that about four or five days were allowed to intervene between each time. The patient said that he was not more surprised at the rapid cure of such an old chronic complaint as the hæmorrhoids, than by the fact, that the remedy had established a free and natural daily action of the bowels, which continued after the use of the medicine was suspended. Before the second attack he became again constipated, and was again relieved as before. He also attributed a cessation of dyspeptic troubles and an increase of appetite, which was before never more than indifferent, to the use of the drug. But whether this may have been owing to the direct action of the drug upon the stomach, or whether it may have been a secondary effect from

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relieving the intestines, which must in their torpid and overloaded state have acted injuriously upon the stomach, is of course difficult to decide.

CASE SECOND.

Was a gentleman afflicted with flowing piles, (*fluxus hæmorrhoidalis,*) who had submitted to almost every kind of treatment, both local and that addressed through the system, and invariably leaving the successive doctor's hands in a more miserable condition than he entered them. He had in fact come to consider medicine as a downright humbug, and came to me in a state of incredulity only by having heard of some of the cures that I had effected through the instrumentality of the Collinsonia. This patient was troubled with alternate constipation and diarrhœa, and the hæmorrhage was incessant, though not profuse. He was light-complexioned, thin, nervous and dyspeptic. I put him upon one tablespoonful of the decoction, three times a day.

For the first week the action seemed to be almost wholly confined to the kidneys, and just as I was on the point of considering the case non-amenable to the remedy, the renal action ceased and the hæmorrhoids began to be relieved. Gradually the bowels gained a regular, normal peristaltic action, the appetite and power of digestion became improved, and at the end of eight weeks the patient pronounced himself in every respect well, and cured of distemper in mind as well as of body.

In the third week I gave the remedy every other day and subsequently every third day.

CASE THIRD.

Was an engineer of extreme bilious-nervous temperament. He had spent some time in Mexico, in the employment of that government, had been unrelaxing in his labors, and was suffering somewhat from effects of the southern climate. He came to me for *Varicocele*, which was considerable, and at times irritable. He had extreme constipation and from various indications I deemed his complaint consequent upon constipation, and having observed the effects of Collinsonia in this respect, I gave it to him in the same manner as I had done to the preceding cases. I do not remember the exact length of time that he was under my charge; it was less however than four weeks: the

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action of the bowels became regular and natural, and the varicocele disappeared. This was about a year ago, since which he has returned to Mexico, and by the last advices he remained well.

CASE FOUR.

This case was a lady who suffered from a bad form of *hæmorrhoids*, also from terrible *dysmenorrhœa*. Gave her the Collinsonia as I had given it to the others, and at the end of six or seven weeks the hæmorrhoids were gone, and she had been exempt from dysmenorrhœa. She has since had one or two slight returns of hæmorrhoids, but which have readily and entirely seemed to yield to a two days' use of the Collinsonia. The relief of the dysmenorrhœa under which she has labored for many years, was complete and appears to be permanent.

In this case there was almost constant diarrhœa and loss of appetite: the diarrhœa ceased and the appetite became, as the lady thought, "quite indelicate."

As to the dysmenorrhœa I was dubious whether it had been cured by direct drug-action or by removal of irritation from the adjacent rectum, and to satisfy myself whether or no the root had any direct action upon the parts of generation, I began a series of trials in dysmenorrhœa. I found very few cases that did not yield with much less reluctance and more permanently than from any other course that I had ever pursued. I found it an excellent remedy also in the tenesmus of dysentery.

I could give many more cases, but in the main they would be only a repetition of those I have given.

Dr. A. L. Carroll, in his article upon this plant, has already described his own case.

So far as my experience goes, this root seems to be a prime remedy for *hæmorrhoids*, *dysmenorrhœa*, *constipation* and *dyspepsia*,* and in fact it seems to be soothing to all inflammations of the lower viscera.

Thus far I have but rarely failed in success with it; but knowing as I well do, the inexplicable sequence of coincidental accidents that not infrequently occur, and which are apt to mislead the most wary; and feeling too, the uselessness of the

* Dr. Jas. S. Woods, reports several cases of dyspepsia as being cured by the Collinsonia, of which he has made considerable use.

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mass of trash that conceals from the eye of the casual observer whatever merit homœopathic literature may possess, and which also puzzles and misleads the honest student—feeling this, I say, it is with extreme caution that I allow myself to speak in positive terms of the effect of any new drug; wishing always to avoid the delusive ground of *post hoc, ergo propter hoc!*

I should add that the Collinsonia does not, when exposed to to the atmosphere, long retain its properties—that is, not over six months. I have understood, from some who profess to know by experience, that keeping it buried in dry sand will prevent the loss of its medicinal qualities.

We can add our testimony to that of Dr. Fowler in regard to the efficacy of this drug in removing constipation, and also as is stated by Dr. Carroll, as to its efficacy in dysmenorrhœa. There is but little doubt that it exercises a strong specific influence over the female organs of generation, as we have also seen distressing symptoms of pruritus and prolapsus of the womb yield under it use. We give below a case in which its efficacy was most marked.

CASE FIVE.

A lady aged about 35, unmarried, had suffered for a long time past with all the distressing symptoms of a uterine prolapsus, complicated with pruritus, dysmenorrhœa, and most obstinate constipation. She had been for some time under the care of a distinguished practitioner for the prolapsus uteri, who after relieving the more urgent symptoms, and restoring somewhat the tone of her system, told her that her only safety lay in avoiding constipation; and to this end prescribed a cathartic pill, which was to be taken as occasion required. Under this course she was gradually but steadily retrograding. Each recurring menstrual period brought its days of acute suffering, and confinement to the bed. Every movement of the bowels was accomplished only by the aid of a strong cathartic; and this had come to be an act of suffering and dread from the painful prolapse of the womb at these times. The bowels refusing to act, it became necessary frequently to repeat again and again the opening pills, before their torpor could be overcome, and then a quick succession of copious and debilitating liquid stools would

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leave her prostrate for days. She thus alternated between a state of absolute inaction of the bowels, with its train of attendant evils, and the exhaustion consequent upon hypercatharsis. It may be supposed that under these circumstances, the prolapsus uteri, whence had arisen formerly her most urgent symptoms, was in no wise likely to be improved and was in fact so threatening as to induce her to apply for relief. Her health at this time was seriously impaired.

April 3d. She was put upon three grain doses of the Collinsonia Canadensis ℈ trit., three per diem, with directions to abstain from the use of the habitual cathartic, as long as was possible for her to do so; no other change whatever was made. Twenty-four hours had elapsed since the bowels had moved. Slight pains at times in the back and uterine regions, with distressing pruritus. Appetite small, pulse normal.

April 5th. Natural movement of the bowels without other assistance. No other effects.

April 7th and 8th. Healthy movement from the bowels.

April 10th. Much improved in every respect. Constipation entirely removed; and symptoms altogether so markedly better, that the medicine was discontinued for one week. During this week the monthly turn passed over with much less than the usual amount of suffering, though some imprudence in diet was followed by colicky pains in the abdomen; these however passed over. At the end of the week the constipation having somewhat returned, the remedy was resumed, followed in twenty-four hours by a natural and spontaneous movement from the bowels. The medicine was continued for one week and then given up. The relief was complete and permanent. No subsequent symptoms have made their appearance, and a few days since she expressed herself as perfectly and entirely well, "without an ache or a pain."

During the course of the administration of the remedy the pruritus, dysmenorrhœa, and symptoms of prolapsus uteri, were quietly and completely removed.

F. G. Snelling.

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ARTICLE VIII.—*Cases from the Practice* of WM. BANKS, M.D. of N.-York.—(Continued.)

1st GROUP, SKIN DISEASES CONTINUED.

CASE 4th.—*Acne punctata, or pimples, situated on the face and shoulders.* This disease is almost wholly confined to the young. It usually attacks the robust, but such is not always the case. I have seen several consumptives whose faces were covered with the acne-eruption. Not being a dangerous or painful disease it is seldom that a physician is consulted in regard to it. It is, however, perfectly incompatible with beauty when the face and neck are its seats of attack, and it is this circumstance which induced Miss H——, a young lady, eighteen years of age, and endued with a full share of feminine vanity, to consult me. Miss H—'s general health was superb; her eyes were bright and sparkling, her flesh firm, her digestive and catamenial functions perfectly regular; to quote her own words, "she had nothing to complain of but those plaguy pimples, which made her such a fright." The pimples in her case, and it is frequently so, were larger and more thickly strewn over the cheeks in the vicinity of the alæ of the nose and prominence of the chin than elsewhere; in these locations they even approximated *acne rosacea* in dimension and induration. On the forehead, neck and other places they were small, with the exception of two or three large ones between the eyebrows at the root of the nose. Here was a disease resembling intimately in several of its most salient characteristics the physiological action of the Iodide of Potassium. The Iodide of Potassium was of course selected by me as the proper homœopathic remedy, and would have been by any one of my professional brethren, but I did not administer it in infinitesimal doses, as many of them would have done. All the authors whom I have studied, as well as my own observations, show conclusively, that the drug in question does not produce that acne-like eruption, unless administered in large quantity, which of course leads to the inference that to be homœopathic to acne large doses are required. With this conviction as a basis of treatment, I did not waste time in administering the Iodide of Potassium in doses of the $\frac{1}{10\,000\,000}$ of a grain but began at

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once with two grains doses, repeated three times per day. At the expiration of ten days there was marked improvement, but as the disease did not advance as rapidly to a cure as I desired, I increased the dose to three grains three times per diem. In a week's time, I observed an acceleration in the progress of the eruption to a cure, which induced me to increase the dose to five grains three times per day; three days, however, of the administration of that quantity developed a slight homœopathic aggravation so I fell back to three grains doses, which I continued seven weeks uninterruptedly, at the end of which time all traces of the disease had disappeared, with the exception of some tuberculoid indurations, the remains of former acne, situated near the nasal alæ, and these yielded to a few frictions made at bed-time with the ointment of the Iodide of Sulphur.

Case 5th.—*Prurigo involving the anus and perinæum with falling of the anal vibrissæ.* According to Willan, Cazenave and other dermatologists, the face and neck are the usual seats of this disease, and when located elsewhere, it occupies a considerable extent of surface; these authors also state that the disease produces no change in the color of the skin. The case, of which I now give a condensed detail, was an exception to those rules. C—L——, a young man of fashion and addicted to high living, consulted me last January relative to what he called "a most horrible and inexplicable itching about the anus." The itching, he stated, was not annoying during the day; it was only at night when he was in bed that it became intolerable and was particularly severe when he had attended a party or ball in the early part of the night and had retired much fatigued from dancing; had suffered thus for more than two months. On inspecting the parts, I found the perinæum and circum-anal region in a partially scleremal condition, dotted with papules, entirely denuded of hair and of a coppery color. This looked very much like secondary syphilitic prurigo, and such was my opinion until I questioned the patient, and learned that he had never had chancre. I will here remark that I do not attach that value to the coppery tint as diagnostic of syphilis, which is given to it by John Hunter, Philip Ricord, Alphée Cazenave and in fact the profession generally. All cutaneous diseases in which there is great discoloration,

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with the exception of *Pellagra*, and decided tendency to chronicity, according to my observations present this tint as frequently as the syphilides; the secondary syphilides when they first appear are generally of a bright-red hue and do not assume the coppery color until they have attained the chronic stage, and therefore do not differ in this respect from many other skin-diseases. Being convinced that the case was simple prurigo, in spite of its unusual appearance, I prescribed accordingly. The $\frac{1}{10}$ of a grain of arsenious acid three times per diem internally, with the ointment of the Iodide of arsenic externally, tepid baths and moderate diet and exercise, used steadily for three weeks, effaced every trace of the disease.

2d GROUP, WOMB-DISEASES.

CASE 1st.—*Uterine leucorrhœa with engorgement and abrasion of the os uteri.* Mrs. L——, who consulted me six or eight months ago, complained of pain in the small of the back, in the lower portion of the abdomen and thighs. Though apparently robust and vigorous, she informed me she was very easily fatigued, felt weak and indolent, had but little appetite and was very constipated. Her courses appeared regularly, she said, but were much less abundant than formerly; they were preceded and followed by a copious leucorrhœa, which, though diminished, did not entirely disappear during the intervals. On making an exploration of the os uteri with the speculum, I found it tumid, excoriated and discharging a pale yellowish fluid, with which the vagina was flooded. A digital taxis which I subsequently made, showed induration and slight roughness of surface. In the management of this case, two indications were evident; the 1st, to direct a treatment against the uterine symptoms; the 2d, to restore the digestive organs to their normal condition, and by thus improving the general health, prevent the re-development of the abnormal uterine phenomena. To accomplish the first indication I administered internally Calcarea-carbonica and Kreosotum, sometimes alone, sometimes in alternation with each other, as the exigencies of the case required, and at the same time used washes applied by means of the vaginal syringe; these washes were common croton-water at the temperature of 100 Fahrenheit, used four or five times

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during the day, and rose-water and white vitriol on rising and going to bed. To accomplish the second, I recommended a regimen consisting of fresh meats, fruits, bran-bread, &c., and forbade all beverages, with the exception of a small glass of good old cognac-brandy, taken from time to time as a digestive stimulant. The appetite improved rapidly under this regimen, but the constipation, though less obstinate, still continuing, I used the following old-fashioned prescription, which is admirable in such cases:

℞ Pulv. Aloës } ā ā gr. xij.
Saponis }

Misce et divide in pilulas xij.

Three pills taken at bed-time almost invariably induce, not a purgation, but a natural, healthful defecation the morning following. Few cases of constipation, however inveterate they may be, will refuse to yield to these pills when judiciously administered; stewed prunes, which are so frequently prescribed by homœopaths to combat the same pathological condition, are immensely inferior to them in efficacy as well as promptitude of action. After five weeks of this treatment I had the satisfaction of seeing my patient's health perfectly restored.

Case 2d.— *Uterine leucorrhœa resulting from miasmatic impression.* Miasm is one of the most frequent causes of leucorrhœa, not that it has any direct influence on the womb itself, but by its action on the nervous and digestive systems, that peculiar condition of the constitution, so favorable to leucorrhœal manifestations is developed. This explains the extreme frequency of the disease in the marshy regions of Southern Europe, and in the South and West of the United States. Facial pallor, emaciation, debility, loss of appetite, constipation and often, though not invariably, invincible indolence, are the usual concomitant insignia of leucorrhœa dependent on the miasmatic impression. Last summer Mrs. B——, a resident of one of the Southern states, came North for her health, which had been feeble for several years, and I became her medical adviser during a long visit which she made to New-York. She presented the symptoms just mentioned in a marked degree. The leucorrhœa, from its copiousness and the inconvenience resulting from it, was the most prominent phase of

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her condition. It was white, creamy in consistence and so abundant as often to gush out from the vagina and saturate, to some extent, her under apparel. I was not permitted to make an examination *cum speculo*, but by the digital taxis I found the womb, with the exception of a patulous os and slight declination to the rear, in a natural condition. Mrs. B—— had never suffered from intermittent fever, but as the locality in which she resided was eminently malarious, I attributed (and the success of my treatment proved the soundness of my views) her illness to miasm, which, as we all know, not unfrequently induces general debility with local ataxic disorders instead of an attack of ague. Two sterling remedies were indicated in her case, Quinine to neutralize the miasmatic poison and Iron to correct the debility dependent on that poison. Without resorting to astringent injections and to remedies having a specific action on the uterus, I administered in appreciable doses that admirable double salt of Bèral, the citrate of Iron and Quinine, in which two remedies are blended into one, and recommended a generous diet and the moderate use of Champagne and Burgundy-wines. In five weeks my patient was well.

WM. BANKS, M.D., 119, 10th-st.

(To be continued.)

ARTICLE IX.—*Case* by S. T. CHARLTON, M.D. of Harrisb Pa.

Harrisburg, 13th April, 1857.

JOHN C. PETERS, M.D.

Dear Sir,

In compliance with your invitation to the profession at large, I send you the enclosed case, as one which may be of interest to your readers. It has been written in haste, and perhaps not so much in detail as it should have been. It is not only one of those cases which display the astonishing curative power of properly selected remedies, but it is such as strike quibblers dumb and enforces respect for homœopathy as a science among those who deride either through ignorance or prejudice. I ob-

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tained my first glimpses of homœopathy while yet a student of Granville Sharp Pattison, in your city, and have long since learned to look upon it as the only system of medicine. I have many other remarkable cases which I could give you if I did not occupy too much of your space. One particularly, a case of exostosis of the humerus, for one year under the care of Prof. Pancoast of Phila. since cured, &c.

Yours, truly, &c.

S. T. CHARLTON.

The case of John Fesler I would denominate one of congestion of the spinal membranes, but I may be mistaken in the pathology. S. T. C.

I present the following case as one of singular interest. John Fesler, aged 57, came under my care on the 28th Oct. 1856. In the year 1829 received a fracture of the right scapula, by the overturning of a stage-coach, which disabled him for five or six weeks at the time. The recovery was slow, and there has been some lameness and imperfect action in that part ever since. His general health, however, remained good, until about five years since. He then began to feel a sensation of icy coldness extending from the occipital-region to the middle of the dorsal-vertebræ, commencing always just after waking in the morning, whatever time that may have been, and lasting five or six hours. When he was deprived of sleep during the night, it did not occur, but if, overcome, he would fall away into sleep during the day, the paroxysm would commence, shortly after waking, and last the usual five or six hours. There was no shaking or chilliness, but in the region mentioned, from the occiput to the middle of the dorsal-vertebræ, and there only was a dead unvarying sensation of freezing, icy coldness. No amount of external heat seemed adequate to impart even a degree of warmth or comfort to this frigid locality; brick too warm to be held for more than a moment in the hand, when laid upon the part were unfelt. Frictions with warm brandy, in fact, no kind of heat applied manually seemed to impress for a moment the insensate condition. The heat of the sun was that only which could be felt; this gave a feeling of ease and relief afforded by nothing else, but even

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the quietest breeze sweeping by took that away, and not till it had subsided would the solar ray again be felt. Within the last two years these "freezing spells" have occurred every day. and his health has been in rapid decline. Paralysis of upper extremities, loss of appetite, bowels irregular, great and constant heat and dryness of the hands and feet, with some œdema of the extremities, incontinence of urine, extreme emaciation, great weakness of memory, deep despondency, no power of continued or connected thought. He had been under all kinds of allopathy, from the professor down to the Indian doctor, and in that routine could not of course fail to be severely salivated. I put him on Bell. and Acid.-nitric., one in the morning, the other in the evening, which was of course preliminary. I then put him on Ledum[3], morning and evening, for two weeks, at the end of which time there was much improvement. Ledum continued once a day, for ten days, at the expiration of which he could put on his coat and comb his own hair, which he had not been able to do for years previously. After that he took Ledum for a few days, at intervals of a week or two, and was discharged cured on the first January, 1857, and is now a healthy and robust man, with no return of his former symptoms.

S. T. CHARLTON, M.D.

Harrisburg, Pa., April 13, 1857.

ARTICLE X. — *Cases* by JOHN McE. WETMORE, M.D. of New-York.

Dr. PETERS, —

Dear Sir,

I send you the following selections from my chance readings, thinking that perhaps they might be of sufficient interest to merit an insertion into some spare corner of your Journal.

The first article I copy entire, as it appears in "The Medical Museum," published in 1764.—It is curious, both as an example of treatment of a case nearly a century ago by as *small doses* as the most ardent disciple of Hahnemann could desire—and as showing how readily a fact, which, if promulgated by a

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modern homœopathist would be laughed at as more absurd than all our former absurdities, could be received by the physicians of those days when accompanied by a plausible and apparently "*scientific*" explanation. The Italics are my own.

"On the good effects communicated by *Crocus-metallorum* to the milk of an ass, in whose drink it was mixed. By the late Dr. Brooke."

"If we look back to the beginning of science, and examine all the intermediate space of time, we shall find that *most valuable discoveries owe their origin to just reasoning upon accidental and fortuitous hints.*"

"A surprising cure was several years ago effected by an accident, which I think may furnish a very useful hint to practitioners. A gentleman laboring under a very obstinate leprosy, put himself under the care of an eminent physician in the country, and having gone through a long course of medicines without any visible success, the doctor at last advised him to live as much as possible on asses-milk, while he went to London to get the opinion of some of the most able physicians on his case. In about a fortnight the doctor returned, and was agreeably surprised to find his patient so much better, as no longer to need his assistance. He advised him, however, to continue the use of the same asses-milk from which he had already received such unexpected relief. The gentleman accordingly persisted in his regimen, and in a few weeks was perfectly cured. The doctor not being able to account for this extraordinary effect of mere asses-milk, concluded that the beast must have fed on some herb of uncommon virtues, and accordingly went with his patient into the field where she was kept, which lay contiguous to the stable-yard; here he, after the most careful scrutiny could find nothing but common grass; he then examined the excrements, but in these he discovered nothing peculiar, only that they were more moist than usual. The doctor now gave over his researches, and walked to a stone trough that held water for the ass, to wash the dung from his cane and feeling a hard mass at the bottom of the water, he asked the huntsman who stood by, what it was? The huntsman told him that his master's hounds having had the *mange*, he had put this piece of *Crocus-metallorum* into the water to cure them.

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The mystery now vanished and the doctor attributed the gentleman's cure to the Crocus."

"If this hint was pursued, might we not expect the most surprising and salutary effects? *How extremely minute must the particles of Antimony be, which though they abound in each drop of the water, do yet leave the lump of Crocus, for aught that can be discovered, undiminished in weight? but even these minutiæ must undergo several divisions and subdivisions; many fermentations and digestions before the animal analysis is finished in their passage through the various vessels of the ass to the mamillary tubes;* if it can be proved that they do pass through this process, it follows, that there is no pore so small, or tube so constricted, not even the nerves themselves, but will admit this wonderful medicine."

"By this process too, we have native vegetable acids intimately conjoined with the antimonial particles; and perhaps it is the only method by which acids of any kind can be safely mixed with Antimony. In short, when a course of milk is ordered by the physician, may it not be thus medicated, much to the advantage of the patient?—

This *Crocus-metallorum*, or the Oxy-sulphuret of Antimony, is empirically used by the old school for secondary syphilis and chronic cutaneous eruptions—but is little known except as an ingredient of *Plummer's pills*. From the large proportion of *Sulphur* in its composition, its chemical formula being sb. $O_3 \times 2$ sb. s_3. —And from the homœopathic relations of *Ant.-crud.* (sb. O_3), and of the Plumner's pills, we can readily believe it will prove efficacious in such diseases. I do not find that it has been proved or used alone in our school.

I notice in *Dr. Wood's Theory and Practice* that the *Golden Sulphur* of *Antimony*—almost the same as this *Crocus-metallorum*—has been used as a prophylactic against scarlatina.

The other article is a "case of poisoning by Belladonna, followed by scarlatina." By M. Jolly, copied into the Philadelphia Journal of Foreign Medicine, from the *Nouvelle Bibliotheque Medicale*. The date of the Journal is December, 1828.

"M. N.——, aged 46, took by mistake 44 grs. of the powdered plant; about an hour afterwards, he was attacked with violent headache, seated chiefly about the orbital fossæ, and

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soon followed by excessive redness of the eyes and face, which gradually extended over the whole surface of the body. The cutis presented a uniform red color, exactly resembling that observed in scarlatina; moreover, his throat was of a deep red color, and the seat of an acute sensation of heat, which appeared to extend throughout the alimentary canal. A circumstance not less remarkable, was the great irritation of the urinary passages, and especially of the neck of the bladder; the patient, in the midst of a loquacious delirium, which turned principally upon the pain which he experienced in this part, was continually making efforts to evacuate his urine, which was very red and bloody, and came away in guttation. He was bled largely, and demulcent beverages and emollient enemata, frequently repeated, were directed; with fomentations to the abdomen. The irritation of the bladder continuing, twenty leeches were applied to the hypogastrium, and after a few hours some relief was obtained. The patient slept during the night, and the following morning complained only of a sensation of general *malaise*, which soon disappeared."

"Among the reflections arising from this case, there is one to which it may be well to direct the attention of physicians; *it is evident that the principal symptoms were those which characterize scarlatina;* the cephalalgia, the uniform scarlet redness which showed itself successively upon the whole surface of the body, the angina which preceded, and the inflammation of the digestive and urinary passages which accompanied it, would seem in fact, to constitute a kind of *artificial scarlatina. On several occasions*, observes M. Jolly, I have seen the powder, and especially the extract of Belladonna, produce *the same scarlet-redness of the skin*, but never before had I observed this phenomena carried to so great an extent, or accompanied by the other symptoms which I have mentioned."

"M. Jolly does not infer from this case, that there is an identity of nature between the artificial scarlatina, produced by Belladonna, and that arising naturally; still less would he attribute to the former a preservative property against the latter; *he has, however, deemed the fact worthy of record, at a time when such a doctrine has been promulgated by the German physicians.*"

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This is a very instructive case, and quite a model proving of the drug. Honest M. Jolly! who *would* tell the truth, even if it *did* lead to homœopathy. His account is referred to by Christison and Pereira—the latter quotes from it all the principal symptoms, but in a disjointed manner. It is worthy of notice that M. Jolly asserts that he has "*on several occasions*" seen "the same scarlet-redness of the skin" produced by Belladonna—whereas, most modern allopathic authorities either say, or leave their readers in some way to infer, that this is *a very rare* phenomenon. The doctrines of Hahnemann at the time M. Jolly wrote were just beginning to be received in the medical world by a few more liberal men—perhaps, now that they have made and are making such rapid advances, it may not be convenient to see or believe such troublesome facts.

JOHN MCE. WETMORE, M.D.
380, 4th-street.

To Dr. J. C. PETERS.

ARTICLE XI.—*Cases* by R. G. PERKINS, M.D. Extracted from the Case Books of the Central Homœopathic Dispensary, No. 15, East Eleventh-street.

CASE I.—Sept. 26. Michael Burk, thirteen years old, residing at 73 Eleventh-street. Patient has had *otorrhœa* for one month. Discharge of thick yellow pus from right ear; very profuse, accompanied with much pain; and with imperfect hearing. The pain, worse at night, has prevented sleep for the last three nights. Has sore-throat, difficulty in swallowing, tongue covered with white fur, loss of appetite, feels weak and sick from loss of sleep, cough. ℞ One dose of Puls. 3, was administered in the Dispensary; one dose of the same was given to be swallowed on going to bed; and three doses of Puls. 12, were ordered, one to be taken each night after.

Sept. 30. Has had no pain, discharge, or sleeplessness for the last three days. No sore-throat, tongue clean, no cough, good appetite. Says he is well.

Oct. 10. Has remained well ever since.

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CASE II.—Dec. 11. Hugh McGuire, waiter, 167 Eleventh-street. Has had necrosis of the jaw for four months. Abscess, communicating with diseased bone was opened by Dr. Mott, senior, diagnosis made by him, and *excision* advised. Side of the face much swollen, some discharge from the orifice, which remains open. Ord. Phos. 30, in solution.

Dec. 16. Much better in every respect. The discharge is much less, swelling going down. Ord. Phos. 30, continued in solution.

Dec. 26. Continues to improve. Sac.-lactis.

Dec. 30. Continues to improve. Sac.-lactis.

Jan. 30. Swelling almost gone. Orifice healed, general health excellent. Phos. 30, one dose.

Feb. 15. No signs of disease. Has gone back to his work at Blancard's Hotel.

CASE III.—Dec. 30. John McCue, 3½ years old, 201 First Avenue. Has been ill with extensive scrofulous ulceration of the lymphatic glands of the neck for eighteen months. There are eight openings communicating with as many abscesses. Has strongly marked scrofulous diathesis. One dose Calc. 30.

Jan. 16. Child said to be much improved, patient not present. Mother sends for more medicine. Ord. Calc. 30, in solution, teaspoonful three times a day.

Jan. 30. Child said to be much improved, more medicine sent for, neck much healed. ℞ Sac.-lac.

Feb. 10. Child here. The various openings are all more or less contracted. One of the eight has closed entirely, two discharge very little, three discharge more than than the ones last mentioned, two discharge considerably. Child looks finely. Red cheeks. Appetite, sleep, &c., good. Calc. 30, in solution.

Feb. 17. Child improving. Continued Calc. 30.

Feb. 24. Child improving. Continued Calc. 30.

March 10. Slight retrogression, Sulph. 30, in solution.

March 17. Improving Sac.-lac.

March 24. Only two openings, Sulph. 30.

March 31. Only one opening, discharge very slight. Child's health seems perfect. Sulph. 30.

Case still under observation.

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Article XII.—*Cases from Practice*, by Thos. C. Bunting, M.D., of St. Paul, Minnesota.

Dr. Peters,

Dear Sir,

Seeing your notice in last number of the Journal, I have been induced to transcribe a few cases from my note book. If they will be of any value, you are at liberty to publish all, or any of them. Respectfully, yours,

Thos. C. Bunting,
St. Paul, M.T.

Chronic Conjunctivitis.—Bridget ——, aged 26. For nearly a year has been troubled with weakness and inflammation of the eyes, originating from exposure to cold, and getting the feet wet. Conjunctiva injected; bright redness of eyeball and lids; burning, shooting, and itching; sensation as of sand under the lids, with dryness, and scalding; but little lachrymation; secretion of mucus and agglutination of lids in morning; sensation as of a mist before the vision at night; spontaneous closing of the eyes.

Bell. 6, every night, with an intermediate dose of Sulph., cured within two weeks.

Rheumatic Gout.—July 2d. T. P——, boy, aged 16, scrofulous, lymphatic temperament. Shifting pain of a dull character in the ankles and feet; (commenced three days since) not felt during rest, but on the least motion; stitching pain in the articulations, as if squeezed together; left great toe painful and swollen, more in the evening and at night, also when the parts are uncovered; better when he is in a horizontal position with the limbs raised; frequent micturition; aversion to rich food. Puls. 5.

July 3d, pains almost gone, except in great toe, which is better. Pulsatilla was continued. Entirely well in two days.

Cholera Infantum.—Mrs. N's. child, aged 14 months. Diarrhœa for a week past; considerable loss of flesh, with change of countenance; had been vomiting almost constantly from five o'clock till nine, when it was stopped by two doses of paregoric; stools frequent, yellowish and watery; the child lies with half opened eyes, apparently unconscious, when moved

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fretful, and cross; features pale bluish, and pinched. Gave Ipecac. 4, two doses during the night; remission of diarrhœa and return of consciousness after the first powder, vomited but once in the night. Next day appeared hungry, but would not take nourishment; was restless, and cross, with considerable thirst.

Cham. 6. Third day; convalescent.

Dysentery.—Mr. W——, four weeks ago was attacked with diarrhœa, after taking laxatives; subsequently preparations of opium, camphor, and burnt brandy were given to check it; the discharge continued, however, at intervals, and two days ago he was taken with almost constant urging to stool.

July 9. The stools are scanty and acrid; great prostration of strength; cannot walk without staggering; intolerable burning in anus, with tenesmus, especially after stool; gurgling as of water in bowels; dull pain in forehead; all the symptoms worse in the morning; flightiness at night, and starting from sleep; drowsiness during the day and restlessness; scanty dark urine, with urging to urinate, and ardor urinæ; pulse slow, and soft.

Nux-vom. 1st, and Canth. 3d, alternated every two hours.

July 10. Slept better last night; not much urging, one stool this morning; thicker and brownish; tenesmus and burning relieved. The burning in urethra and urging to urinate are nearly constant; relieved only while urinating.

Camphor, Cann. and Merc. were given without relief; finally, oil of Cubebs, 1st dilution, in drop doses, every two hours. Relief in less than one hour; next day convalescent.

Spasm of the Stomach.—Nov. 30. Mrs. W——, aged 20, nervous, sanguine temperament. Attacked suddenly while abed with painful pressure in the stomach as from a stone pressing upward into the chest, with dyspnœa, and great anxiety; at times the pain extends to the back opposite the precordial region, leaving the stomach for a few minutes; occasionally great restlessness, and tossing about. These symptoms lasted the whole day, without relief from Nux, Bell., Puls., Ars. At night the pains gradually subsided, though not entirely.

Dec. 1. This morning at 4 A.M., seized with severe clawing pain in right hypochondrium, with tenderness on pressure; slight

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fever. Bry., and Merc. gave only partial relief, but one dose of Acon. 5, stopped the severe pain in fifteen minutes. Hepatitis continued for more than a week and was gradually subdued with Acon., Bry., and Merc.

Dec. 13. Has been convalescent two days, and from exposure to cold after a full meal, was again attacked with spasm of the stomach, with same symptoms as before.

Saw her immediately, and prescribed Acon. 5, one dose gave entire relief almost immediately; she fell asleep, and awoke in four hours, feeling quite well.

Jan. 12. Has had several attacks since, in which Aconite relieved as promptly as before. In one, however, neither the 5th nor 30th dilution produced effect, but three drops of the 1st, cured the pain in three or four minutes.

ANGINA PECTORIS.—Oct. 6. J. W——, colored man, aged 27, active, and temperate habits; works hard, and lives on insufficient food. Has felt unwell for some time past. Lately has had attacks of neuralgia of the heart, coming on usually in the afternoon after working hard all day. Attacks suddenly of an agonizing pain near the heart, as if grasped with claws, with inability to move or walk; (no dyspnœa or palpitation of heart.) The paroxysm passes off by leaning forwards on something, in a few minutes, but is followed by dull aching in sinciput and forehead, of a benumbing character, with sharp pain in the lumbar region, stupid feeling and lowness of spirits; languor between the paroxysms. Sounds of heart, normal.

Two days ago took Spig., every two hours, five doses, had another similar attack since, although he did not go out of the house. Hydr.-acid 2, every four hours.

Oct. 7. Has taken two powders, felt better after the first, feels well, except some weakness. Continue Hydr.-ac. for a few days, four months after had no return of the disorder.

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Reviews and Bibliographical Notices.

1. *A few Words about our Domestic Treatises*, by Wm. H. Holcombe, M.D.

The little box of homœopathic medicines with its accompanying domestic treatise is a missionary of the new school scarcely inferior in importance to its journals, colleges and polemic literature. Wherever it goes, it diminishes indeed the income of the individual physician, but it spreads the knowledge and seals the triumphs of the system. It is the best argument to bring in contact with the doubting or the incredulous. It not only makes converts, but it keeps them steadfast to the faith. The evidences of the superior promptness, pleasantness and efficacy of our remedies, so repeatedly recurring in family practice, finally ripen a mere predilection into an immovable conviction. Hence it becomes a matter of vast importance, worthy of the vigilance of the whole profession, that our patrons be supplied with pure medicines and good books.

We feel therefore called upon to make a few remarks, suggestive rather than critical, about our domestic treatises: not in a censorious spirit, as if we were the conservators of homœopathic orthodoxy, but as individuals profoundly solicitous for the progress of the system and having a personal stake in the character of the guides submitted to our patrons. Overlooking some smaller, but very good treatises, and some earlier ones, not now likely to be reprinted, we shall confine our consideration, and that in a general not a special manner, to the widely-circulated and popular works of Drs. Hering, Pulte, Small, Guernsey and Tarbell. These books, like our human natures, have their weak as well as their good points, their imperfections as well as their uses. The model-book, which the whole profession can concur cordially in recommending, has still to be written. For the present we have some hints to give on the improvement of the books we have. The authors, for whose special benefit we write, will please remember the good proverb—"faithful are the wounds of a friend, but the kisses of an enemy are deceitful."

There are many physicians, and we acknowledge the sin of having formerly been one of the number, who affect to regard with contempt the little chapters on anatomy, physiology, hygiene, hydropathy, &c., which help to swell out our domestic treatises to a saleable size.—"A little learning is a dangerous thing," they cry, and would keep the people as much in the dark as possible about the mysteries of vitality and disease. From our present stand-point we repudiate the principle *in toto;* and long for the communication of professional thought and a professional tone to the masses. Let them have twilight at least, if they not are ready for the sunshine; any thing better than total darkness. We cordially approve of every effort to disseminate a knowledge of these important topics throughout the community. These subjects should be handled tersely, correctly, and piquantly, if possible. Without making invidious distinction, we think Dr. Guernsey has executed this portion of his task in the best style. In the *first* edition of Dr. Pulte's book, which was very hastily gotten out, there occurred a misprint of "ventricle" for "auricle" so that it stated that in the fœtal state there was a communication between the two ventricles. This unintentional blunder did not escape the lynx-eye of an allopathic professor of anatomy—whom we heard at a social party pointing

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it out in derision. The author of a domestic treatise will get more allopathic readers than he anticipated—and their object is to cavil, not to learn, and every error or oversight will be turned to his personal detriment and to the injury of the system he represents.

We would suggest an additional chapter to each book—a brief exposition of homœopathy, of the arguments in its favor, of the objection adduced against them and the answers to those objections. A condensation of Sharp's Tracts on Homœopathy into twenty or thirty pages would be exceedingly valuable. Our friends should have ready and cogent answers to give in return for the sneers and too frequently the falsehoods of our enemies. —Dr. Guernsey gives a few pages to this—but they are not sufficient for the purpose in view. We beg our authors to remember this in future editions.

A word about the professional tone of a domestic treatise. Abusive language is always undignified and only with the ignorant and vulgar attains the object for which it is used. Whilst the abuses of allopathy merit exposure and condemnation, it should be effected by moderate and argumentative means. Dr. Hering's book abounds in extravagant denunciation, unwarranted by the simple facts of the case. He insinuates very broadly that allopathic physicians are ignoramuses and liars—whilst such terms as "vile trash"—"abominable medicines," "absolute poisons," &c., are applied without hesitation to their remedies—"more children die of rhubarb" —he exclaims, in a frenzy of hyperbole, "than of Arsenic, of which every one is afraid." There is seldom any suitable occasion to allude to allopathic practice at all in a domestic guide, and if it must be done in a condemnatory, we strongly recommend it should also be done in a respectful manner. It is no apology that *we* are abused as quacks, fools and imposters by a great portion of the allopathic fraternity. From our possession of better light we can afford to be magnanimous and return them good for evil.

On the other hand, there is such a thing as indiscreet laudation of our own system. Homœopathy would have progressed more rapidly than it has, but for the too-jealous and indiscriminate praises of its advocates. When people expect too much, they are greatly disappointed with what they get. Dr. Guernsey makes this unwarranted statement of our success in the cholera of 1849: "under homœopathic treatment the loss did not exceed from 2½ to 3½ per cent." Contrast with this, Tessier's scornful and incredulous repudiation of a homœopathic return of a mortality of 8 per cent. "Not to do harm," says he, "is the first rule of art, not to tell lies is the first principle of science."—(L'Art Medical, Fevrier, 1856, page 96,) Tessier is certainly one of our greatest aud truest men—and although we do not endorse his criticism, we commend it to the careful consideration of our book-makers and journalists.

We are amused at the timid and round-about manner in which one or two of our authors approach a measure which squints of allopathic ratiocination. Suppose that vomiting is to be excited for the prompt ejection of a poison from the stomach. A full dose of Sulphate of Zinc would suggest itself favorably to almost anybody—but no!—Dr. Hering recommends you to tickle the fauces with a feather or to give large draughts of warm water, a most pernicious measure, if the poison be a soluble one. Suppose a a patient to be almost exanimate from uterine hæmorrhage, and what our good allopathic friends call *stimulus* is required. Dr. Small recommends brandy, in a dose of one drop until three or four doses are taken! If the remedy were homœopathically chosen, that dose might be much too large, but to stimulate the nervous and vascular systems the practice appears de-

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cidedly Lilliputian, and we would not trust to it. Whenever in the course of practice the good of our patient demands a resort to what we have been accustomed to call allopathic remedies or measures, selected according to "*indications*," let us come out squarely and boldly, and do it according to the best and latest allopathic light on the subject.

There are two classes of diseases which above all others should receive the most careful elaboration in a domestic treatise; those which are rapid in their progress and may prove fatal by the induction of organic lesions before a physician can be procured, and those which experience has proved to be least amenable to homœopathic treatment. Infantile convulsions, croup and cholera-morbus are examples of the first class; worms, intermittent fever and gonorrhœa illustrate the latter. We may congratulate ourselves that the progress of homœopathy has not depended upon the success of the Hahnemannian school in the last-mentioned diseases. The value of a book as a practical guide may fairly be tested by the directions it gives for the management of these urgent and refractory cases. Let us take a little comparative glance at our authors on these points.

On the medicinal treatment of infantile convulsions our authors exhibit an admirable unanimity. We regard, however, what we call the *adjuvantia* of our practice in this affection as of quite as much importance as the remedial treatment itself. The warm bath to the body, the cold douche to to the head, tepid injections until copious evacuations are procured, lancing the gums, if they are much swollen, and a couple of leeches just above the ears, if there is a strong protrusion of the membranes at the anterior fontanelle, are sufficient nine times out of ten, without any medication whatever, to insure a happy issue in cases not dependant on organic disease. How much more likely are we to save our patients if these measures, as to the efficacy of which the testimony of the profession is almost unanimous, are conjoined with our internal specific treatment! Drs. Pulte, Hering and Guernsey recommend all these measures, save the leeches. Dr. Hering, who advises them to the larynx in croup, might surely have permitted them here where they are comparatively much more useful. Dr. Tarbell recommends the bath and douche alone. He and Dr. Pulte order the douche "until recovery takes place"—or "until consciousness returns:" but what if these desired consummations do not come about, is the douche to be kept up? It would kill the patient as sure as the stroke of a mallet. It should be ordered for fifteen or thirty seconds—to be renewed at intervals of five minutes until the measure has been fairly tried. Dr. Small, strangely enough, discountenances all the adjuvantia and relies on the remedies alone. We have great confidence in the remedies, but our families and our own consciences, too, are much better satisfied, when all the available means recommended by experience and not antidotal to our medicines, have been employed.

The homœopathic treatment of croup we regard as one of the masterpieces of our system. Our own treatment (and we have never lost a case of it out of a very large number) is this. We make the early application of the cold water bandage to the throat imperative. We have such confidence in it that we would refuse the responsibility of a case in which it was not permitted. Aconite and Spongia are alternated every fifteen minutes or half hour until the patient get better or evidently worse. In the latter case Iodine or Bromine is given in doses with strong taste to them every fifteen minutes—the intervals being lengthened as amelioration occurs. If the disease still progressed we would give Kali-bichromicum, although we have never had occasion to do so. Hepar, Phosphorus and Tartar-emetic are best adapted to the pulmonary irritation which remains

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after the exudative stage has been arrested. Teste's plan of Ipecac. and Bryonia we think better adapted to bronchitis than to laryngitis or tracheitis. Drs. Hering and Guernsey recommend Tartar-emetic. in nauseating doses, but it is antipathic not homœopathic treatment—for the pathogenesis of Tartar-emetic. does not resemble the early stages of true croup. We care nothing, however, for names or theories; if it is the *best* treatment let us adopt it—but we think the evidence preponderates decidedly in favor of the non-respiratory substances of the chlorine group. Dr. Tarbell's directions are very inadequate to the management of so dangerous a disease unless a physician can be very promptly obtained.

We pass at once to intermittent fever—the great endemic of the South and West—and the opprobrium of infinitesimal homœopathy. Dr. Hering recommends us to wear powdered Sulphur in our stockings, to eat raw ham with black pepper and to eschew pies of all sorts: he then gives an elaborate account of thirty remedies (!) but not a word of Quinine. Dr Tarbell squints at the disease as if it was a very disagreeable subject, but not a word of Quinine. Dr. Small gives long pathogeneses of nineteen specifics, enough to puzzle the brain of any pater-familias—and opens a broadside against Quinine, begging his readers to stick like martyrs to homœopathy and not "smother," their disease by such gross allopathic palliatives. Dr. Pulte gives very good homœopathic prescriptions to last a whole fortnight, and then recommends the moderate use of Quinine. Dr. Guernsey boldly puts Quinine at the head of his curative list, and in striking opposition to his brother authors descants as follows. "Those of our allopathic friends, who cure intermittent without leaving after unpleasant consequences would be somewhat surprized if told the action of this drug is purely homœopathic and their patient is cured strictly on the homœopathic principle.

Dr. Guernsey is unquestionably right in this matter, and our best minds all agree in the great point, that the homœopathic principle stands entirely independent of the question of dose, which is a matter soluble only by experiment. There is nothing like the difference between ten grains of pure Quinine and the 3d dilution of China that there is between the 3d and 30th dilutions of this last substance. At what point on the scale does the homœopathic law cease to be operative—and how is that point determined? Without doubting that there have been occasional instances of cures with even very high dilutions of specifics, we only express the very general sentiment of the progressive portion of the profession when we say—that intermittent fever is cured promptly safely and almost universally by moderate doses of Quinine. There is no more pernicious doctrine than that inculcated by Drs. Small and Pulte that repeated paroxysms of intermittent fever should be permitted to occur before resorting to this remedy. A single severe paroxysm is more likely to generate some chronic morbid condition than ten or even twenty grains of the dreaded anti-periodic. It is high time for us to discriminate between the use and the abuse of Quinine, Iron, Iodine, Copaiba, Colchicum and several other drugs which act upon true homœopathic principles in perceptible and even apparently large doses.

The treatment recommended by these authors for the cure of itch we consider to be inadequate to the removal of that disease. Dr. Hering seems conscious of its inefficacy, so he forewarns his patient; "one must be willing to wait several weeks for the effectual cure of this disease." They all concur in denouncing its treatment by ointments, &c.,—and still every one is driven to recommend washing with the tincture of Sulphur externally, a virtual surrender of their hypothetical objections to topical

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applications. They all seem committed to Hahnemann's psora-theory of most questionable correctness, and deriving less support from the external cure of itch than of any other cutaneous affection. Dr. Dudgeon in his admirable Lectures on Homœopathy, after a careful analysis of the whole subject, discredits the common internal homœopathic treatment altogether. "I have attempted,"—says he, "many times to cure the itch according to Hahnemann's directions, but have never succeeded in the very slightest degree. Acute itch may be promptly and safely cured by frictions with strong Sulphur ointment, but a case of long standing should be referred to the physician, and our authors should tell their readers so.

We are afraid of exhausting the patience of our readers, so we will barely allude to three or four other practical points. Worms are to the intestinal mucous membrane what the *acarus* is to the skin, and are best removed by the ordinary anthelmintics. The general or radical treatment to prevent the morbid secretions, upon which the worms are supposed to feed, is indispensable—but it should be always prefaced by the active expulsion of the parasites. Gonorrhœa after all said and written, is best treated by moderate doses of Copaiba—and we recommend it in capsules for the stomach, and not as Dr. Hering strangely orders it—"to the sole of the foot," (!) None of our authors give any directions for a change of the treatment of bilious remittent fever—during the remissions. The disease may be very greatly modified, oftentimes promptly arrested by treating the remission, of however short duration, as if it were the apyrexia of intermittent. We strongly recommend our authors in future editions to give a more satisfactory account of yellow fever and its treatment—a disease of very extensive prevalence in sections of our country where the demand for homœopathic physicians by the people has far exceeded the supply. Dr. Tarbell's laconic statement that Carbo-veg. is a specific for that disease is simply preposterous. Our Northern brethren seem quite oblivious of the immense impetus which has been given to homœopathy in the South by our successful treatment of yellow fever. One more suggestion and we have done. The homœopathic school should unite *en masse* for the disuse of the globule or pellet. The main secret of the opposition to homœopathy lies in the words "infinitesimals" and "globules." It is a pity, that a system which is totally independent of these ideas should be compelled to carry such dead weights. We call the attention of the profession to an article on this subject by Mr. Yeldham in the British Journal for Jan. 1857. He strenuously insists on the disuse of the globule and with excellent reasoning. In our section of country "the little pills" have gone almost entirely out of vogue to the great benefit of the physicians, the patients and the cause. We trust very soon to see the reform universal.

When we state that there is too much sameness about these books, too much copying from one another or from the same original sources, we have exhausted our fault-finding humor, which we hope our friends will take in the kindly spirit with which the criticisms have been dictated, There is a great deal to be said in favor of these books. Dr. Hering's has received the encomium of the British Journal (our highest authority) as being the best and most original of our treatises and alike instructive to laymen and physicians. Dr. Tarbell's work executes what it promises and is very well adapted to novitiates in the practice. Dr. Small's is elaborate and lucid, and gotten up with great taste and typographical beauty. If we have had any preference, it has been for Dr. Guernsey's treatise on account of its superior literary finish. Dr. Pulte's book, by reason of its plainness and practical value, secured and

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maintains the popular ascendency throughout the West and South. We congratulate the writers and the public upon the good which these books have unquestionably done. May their respective circulations be doubled, and the names of their authors become "household words" to more than one generation of men! HOLCOMBE.

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2. *The Homœopathic Principle applied to Insanity.* A proposal to treat Lunacy by Spiritualism, by JAMES JOHN GARTH WILKINSON, M.D., London, &c., &c.

We were a little startled, it must be confessed, on reading the above title, when the pamphlet first reached us from its author. We knew of nothing that had ever emanated from his distinguished pen that was not clothed in forcible language, and characterised by vigorous and far-reaching thought. We had regarded Dr. Wilkinson as a mighty champion in the cause of progressive medicine, and perhaps more than any other author the embodiment of the truthful and benevolent, yet bold and fearless spirit of the present epoch in our favorite science. Long since we "threw our physic to the dogs" who chose to pick it up, satisfied that their washing would only result in "their wallowing again in the mire." With more or less confidence, we had carried up our faith from the crude and rocky base of the old therapeia to the topmost peak of infinitesimal dynamization,—and yet we were not quite ready to jump off,—to trust the spirit on its wings and bid it float away into worlds beyond our ken, and return with a spirit remedy for the mind diseased. We were not yet prepared for this last and subtlest application of the homœopathic principle, and so were startled at its bare announcement.

It is possible that we are too materialistic in our ideas, and after more extensive intellectual culture we may yet live to wonder that we could not see and feel the truth of what will then be clear and plain to our understanding. But we must acknowledge that we have never questioned the truth of an idea taught us in our infancy, viz., that "we were made out of the dust of the ground," and often as our head has wandered in the clouds, we nevertheless always found our feet so firmly wedged in the material clods of earth that we could never swing entirely clear from our native soil, but in our highest flights could only gain "some Pisgah's top" from which to view that far off land. Often have we roamed in metaphysical speculation until the mazy air became too thick for our bewildered sight, and disappointed we have been forced to exclaim with a transcendental critic: "common sense lugubriates when practical actuality is lost in the misty verbosity of gammon,—when sackcloth-covered Saxon-English is sepulchred beneath the mountainous ponderosity of moonshine;—when unsophisticated ideas mount up into sublimated nonsense, and lapse away into the luciferous limbo of diaphanous nowhere."

What wonder, then, we were startled when we saw in print the serious proposal to treat mental disease by spiritualism! And that proposal emanating from one of the most vigorous defenders of the homœopathic faith! But studiously we read the pamphlet, and we believe we understand the views of the author. Our surprise gradually melted away into an absorbing interest in the subject, and the suggestions of a pure, imaginative

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and benevolent soul, pouring itself out in efforts to relieve a large class of sufferers most deserving of our sympathy and kindness, touched us in our heart of hearts until we almost forget the remedy in the gentleness and skill of the hand that proposed its administration. We read the pamphlet again, and we would earnestly recommend others to read it, for most of its suggestions are eminently worthy of trial, and we have ourselves successfully adopted them in the treatment of the insane, but without any thought or attempt at supernatural influence, simply operating on the fears, the hopes and imaginations of the patients until we could control their wanderings, and gradually lead them back to reason. True, our spirit acted upon and controlled theirs with mesmeric power, if you please to call it so, but we saw no more in all this than the natural influence of a strong mind over a weak one.

To speak candidly then, we are not prepared to endorse the doctrine of the spiritualists, that the phenomena they witness and which we all agree are truly wonderful are caused by the direct agency of disembodied spirits. We will not presume to judge for others, but we have witnessed, with great interest and care, some of the most startling feats said to be performed by spirits, and we have never yet been able to detect any species of supernatural agency concerned in them more than that which hangs the misty aurora down from the northern sky, or makes fantastic curves of vivid light upon the darkened clouds. We grant the actual occurrence of the phenomena of table-rapping and tipping, involuntary writing, &c., &c., all which we believe, because we have seen it, and we rejoice if all or any of these can be turned to practical advantage in the treatment of disease; but we do object to ascribing them to spiritual agency in the sense of the spiritualists, and we cannot feel willing that the Homœopathic School of Medicine should yet endorse the spiritual theory in regard to these phenomena. Enough has already been laid to the charge of homœopathy, and until science has accumulated and arranged all the facts which take place according to this new theory into a comprehensive system on a solid and substantial basis, we must decline engrafting it upon our Theory and Practice. We would by no means shrink from facts, nor fear to examine them with an unprejudiced eye and a candid mind, for we believe they may possibly lead to new and very important views in mental and metaphysical philosophy, but we think it the safest course to follow Hahnemann and hold fast only to the things that are proved, not forgetting the advice of a greater than Hahnemann, "to prove all things," even "to try the spirits."

The moral treatment of the insane, however, is a subject which is now agitating all philanthropic minds. It is actually being attempted in some of our hospitals, and we sincerely hope it will result in the establishment of a mode of therapeutic practice among this class of sufferers which shall far excel all the old methods in certainty and success, and whose good influence shall be exerted not only in the cure of the insane at our public institutions, but in the prevention of this most terrible malady in all its ramifications through society.

For these reasons we heartily recommend Dr. Wilkinson's pamphlet to the notice of the American public, and we earnestly advise all practitioners of medicine to study and profit by its eminently wise and benevolent suggestions. We cannot better conclude this brief notice of the work than in the persuasive language of the author:

"Gentle reader: once upon a time innoculation was thought so appalling, that it was tried upon condemned felons. Once upon a time madness was chained to rings in the floor, and to staples in the wall. By very slow degrees, madness was respected for the sake of the human beings that were

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folded in its coils, and gentleness took the place of force. Madness grew milder as sanity became more Christian. All we ask of thee now, is, to let madness have a further play-ground; to let it wear itself out in its own way, in comparatively healthful exercise. We commend this to thy better nature: to that which is more sane in thee than thy worldly *credo*: and so, with the Lord's help, we leave thee to adjust thy duty to the truth."

PRESTON.

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3. ***The Homœopathic Treatment of the Diseases of Females, and Infants at the Breast***, by G. H. G. JAHR, translated from the French by CHAS. J. HEMPEL, M.D., WM. RADDE, and RADEMACHER & SHEEK, pp. 422.

This volume is really beautifully got up; the paper and type are much more than commonly good; and the binding seems so superior that one is almost inclined to think that the publishers felt perfectly satisfied that it was a good book, one which would not only sell well, but would be used so constantly by medical men, that good paper, type and binding would absolutely be required.

Jahr seems to have compiled the work very carefully, and Hempel, with but few exceptions, seems to have been reasonably happy in his rendering of the text into English. It is undoubtedly the best book upon the subject which can fall into the hands of a strict Hahnemannist; and he undoubtedly will rely upon it with much pleasure and some profit. The pathology of the book is a little antiquated and uncertain, but Jahr has certainly been much more successful in his pathological studies than any one would have supposed he could be. We notice with pleasure that Dr. Hempel has refrained from adding his own notions about disease and its treatment in the shape of notes.

We notice at page 120 a chapter on *abnormal changes of the menstrual blood*, which upon perusal is found to treat solely about vicarious hæmorrhages; it might possibly have been barely allowable to have headed such a chapter abnormal changes of position or location of menstrual blood; but as the heading now stands it would seem to refer to changes in quality rather than in location. If Jahr has been guilty of this obscurity of expression, Hempel should have been learned and practical enough to have made the matter clear to the English reader.

It is but just to say that we have not noticed many other glaring errors or obscurities; except the charge not to interfere with operative measures in polypus of the uterus; on the contrary, if possible, we were again surprised at the elegance and general faithfulness of this translation. In order to be quite sure that we should do Dr. Hempel no injustice we placed his book in the hands of Dr. Joslin for his opinion, which is almost unqualifiedly a favorable one; he was especially pleased with the number of remedies and minuteness of their indications in every form of disease.

PETERS.

DR. JOSLIN'S REVIEW.

We hail with satisfaction every work which aids us in the selection of the proper remedy by the unerring law of *similia similibus curantur*. We think the

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deviations in practice from this law will be found proportionate to the want of study on the part of the practitioner; thus every work which facilitates the comparison of the symptoms of the disease and the pathogenesis of the drug, will tend to render Homœopathic practice more pure, to render deviations from the law of cure less frequent.

The homœopathic profession were already under great obligations to Dr. Jahr for his previous labors, but the debt has been much increased of late by the publication of his works on the Diseases of Females and on Nervous and Mental Diseases. It is of the first mentioned only that we desire to speak at this time. Jahr's principal object in compiling this work, and certainly the one of most consequence to us as homœopathic practitioners, was to furnish as perfect an account, as the present state of the materia medica would admit, of the *Homœopathic* treatment of diseases of females. Comparatively little allusion is made to the auxiliary means of cure; these are not entirely neglected; but a few additions in regard to the use of mechanical means in the diagnosis and sometimes in the cure, of uterine complaints would have greatly enhanced the value, without materially increasing the bulk of the volume. But we are thankful for what we have, and we can readily obtain the additional information by reference to Churchill, Murphy, Simpson or West.

In his preface Jahr says, "since it is not the object of our work to present a nosographical treatise of these maladies, but only to furnish therapeutical indications, we have been obliged, without however omitting anything of the substance, to content ourselves with furnishing a general statement of the well established facts, contained in the works we have consulted."

Considered from this point of view we think he has been successful in his undertaking; the pathogenesis of the drugs is given with each disease, as far as they apply, and the remedies are divided into classes of different degrees of value; a repertory is added with each disease. Jahr has had so much and so varied experience in the construction of repertories, that, as might have been expected, these are nearly if not quite complete. The descriptions of the diseases are in general good; as perfect as could have been expected of one who had not been exclusively occupied with this class of affections. The author has evidently given the subject very considerable attention, and has industriously collated from many authorities. The various diseases are treated of, we think, with somewhat various degrees of completeness. The article on dysmenorrhœa is perhaps the most defective.

He says "by dysmenorrhœa, we not only understand *painful menstruation*, accompanied by more or less extensive derangements of the nervous system, but also any abnormal secretion of blood, both as regards quantity and quality."

It will be observed that he considers almost *any* change in the menstrual function as coming properly under this head. The term dysmenorrhœa is generally applied only to *painful* menstruation. Scanty or profuse menses may or may not be painful. Neither profuse, scanty, nor painful menstruation depend upon any constant pathological state, but they are convenient terms under which to consider menstrual derangement. Jahr's account of the symptoms of dysmenorrhœa is as follows."

In most cases the menstrual secretion is difficult, and painful menstruation is too scanty; sometimes the blood is discharged only in drops, in small quantity, and with remarkable slowness; but even if the quantity is sufficient, the flow is always preceded by more or less acute pains, especially by nervous(?) colic, which is known by the name of menstrual colic. These colics are often accompanied by various nervous and other accessory symptoms, such as lassitude in the extremities, shivering, pains in the lumbar regions, headache, vertigo, nose-bleed, oppression, labored breathing, cough, hæmoptysis, gastralgia, nausea, vomiting, weeping, hysteria, chlorosis. If the discharge of blood is too scanty, the head feels heavy; the face is alternately red and pale; there is rising of heat to the face; violent but transitory palpitation of the heart; quick, full and vibratory pulse; vicarious hæmorrhages from the nose, bladder, bronchial tubes, or from ulcers and other cutaneous lesions; sense of weight at the epigastric region;

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uterine colicky pains; labor-pains in the small of the back, and sub-acute irritation of the uterus. If the blood flows too profusely, the nervous and accessory symptoms, which exist previous to the appearance of the menses, generally cease, in proportion as the menstrual discharge increases; in such cases, the flow may continue pretty profusely for several days without causing a loss of strength or the least appearance of illness in the looks of the patient."

We think this description will fail in conveying to the inexperienced practitioner a clear idea of the disease in question.

Most writers speak of *neuralgic*, *congestive*, and *mechanical* dysmenorrhœa, and as the symptoms of the first two mentioned are usually well marked, we think this classification useful. The mechanical form is probably quite rare; dilatation has frequently proved unsuccessful in cases supposed to depend upon this cause. Jahr makes no mention of the above division; though he remarks in many cases it is undoubtedly induced by a nervous constitution."

Also that "in some cases the irregularity has been attributed to chronic inflammations of the uterus, or to schirrhus and other degenerations of this organ; but in most cases there is nothing unusual in the patient's constitution to which the disease could be positively traced.

We think the distinction of *neuralgic* and *congestive* dysmenorrhœa of value in practice, as we shall endeavor to show by a sketch of some of the principal features of each variety. The *neuralgic* form occurs more frequently in unmarried females, or in married women who are childless. The sterility and painful menstruation, are probably both dependant upon some organic disease of the uterus. This variety will be more frequently found in women after they have attained the 30th year. A point of great importance is that the patient's general health is apt to be very much involved when the disease continues for any length of time. A state of nervous and mental irritability is induced which is sometimes considered as insanity by the physician and the subjects consigned to lunatic asylums, in which event the disease usually becomes aggravated. The writer of this article published in the N. A. Hom. Journal for Feb, 1856, several cases of insanity connected with menstrual trouble successfully treated by homœopathic remedies. It is believed that a large number of females considered as hopelessly insane, and now in asylums, could be much improved by similar treatment.

The *congestive* form of dysmenorrhœa most frequently occurs in young unmarried women and is sometimes cured by marriage; it may however occur in married women who have had children. The general health is not involved to the same extent as in the neuralgic form. Those of a full habit and sanguine temperament are the frequent subjects of this form of the disease. It is important to distinguish the varieties of dysmenorrhœa, not so much on account of the medicinal treatment as of the indications they afford us of the tendency of the disease, in other words of the prognosis. The function of the physician does not consist exclusively in the administration of drugs, but includes the regulation, as far as possible, of all the circumstances, mental and physical, under which the patient is placed. Thus in the neuralgic form the diet should be generous; great care should be taken to keep the patient free from mental excitement, or over-exertion, for though exercise in the open air should be taken frequently, over-exertion will aggravate the complaint. In the congestive form, considerable active exercise and a moderate diet are most beneficial.

In the diagnosis of *miscarriage* he says, "The uterine cramps which precede miscarriage are sometimes confounded with difficult menstruation, but the discharge of the water which would soon supervene in a case of miscarriage, would indicate the precise nature of the flow." Several objections to this diagnosis will occur to most physicians. It could only be at a somewhat advanced period, that the discharge of water would be considerable enough to be detected through the accompanying hæmorrhage, and in these cases we would have some other indications of pregnancy. We are usually able to prevent miscarriage, even when severely threatened, by the use of homœopathic medicines and proper hygienic measures, but if we waited for the discharge of water to make our diagnosis, we should lose all opportunity of doing so.

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The description of dysmenorrhœa occupies but three pages, the treatment upwards of fifty; this latter portion is exceedingly valuable, but somewhat perplexing to the practitioner, comprising as it does all the indications for the selection of the remedy.

The article on miscarriage is one of the most complete in the volume. Sections are devoted severally to "symptoms and course, causes of miscarriage, diagnosis and prognosis, preventive treatment, active treatment of the precursory symptoms, and treatment of the consequences." These are all treated in a clear and practical manner. In regard to the preventive treatment he says,

"After regulating the hygienic conditions, and removing the predisposing and exciting causes, we have to examine the sanitary condition of the patient generally, inquire into her previous sicknesses, the character of her catamenia, her most common indispositions, and then institute a treatment in conformity to the information which we have obtained. Some beginners in homœopathy imagine that there are medicines which prevent miscarriage absolutely, in any constitution, and they prescribe a whole string of such medicines, simply because the repertories recommend them as efficacious. This species of treatment is a great mistake. The best means of preventing miscarriage is to invigorate the patient's constitution, to cure her of all constitutional weaknesses, and the medicines which effect this object best, will likewise prove the best preventive medicines as far as miscarriage is concerned."

There are truths in the above extract which have a wider application than to the disease under consideration. Even homœopathic physicians are apt to suppose that our remedies apply absolutely to certain diseases, whereas they only apply to certain *groups of symptoms*. We have not properly remedies either for *single symptoms* nor for *individual diseases*. In every case, whatever we may call the disease, we should prescribe for the whole assemblage of symptoms. It is of very little value to us to know that some one has treated fifty cases of pneumonia successfully with Phosphorus or Tart.-emet., for the cases which come under one supervision may require other remedies as indicated by the symptoms. We regard cures by homœopathy as corroborations of the homœopathic law, but in a very restricted sense as guides to practice. Another point is the prescribing for a *single symptom*; we are frequently asked what is good for such a symptom, we usually answer that we do not know; no correct prescription can be made without considering the whole number of symptoms present. We think more failures of homœopathic prescriptions and more deviations from homœopathic practice are caused by the incorrect view taken of the proper method of selecting the remedy, than by all other causes combined. To illustrate the treatment by symptoms rather than by experience, we beg leave to cite a case from practice, of *intermittent fever* cured by Lach. 6. The patient, a young man, about twenty years of age, had resided for some time in the state of Illinois, where he contracted the disease. For nine months he had paroxysms of intermittent fever, suppressed for a week or two at a time by that reputed specific Quinine. In Sept. 1856 he came to New-York, and was shortly after attacked with his old complaint. He was seen by the writer, after his first chill, and Ars. 6 prescribed, perhaps too empirically. After this he had two paroxysms at intervals of two days. At this time a more particular study of his symptoms was made, and it was concluded to give him Lach. 6, of which remedy we had no clinical experience in this particular disease. This was on the 15th of September. He escaped all manifestation of the disease until the 23d, when he had dumb ague, followed by slight heat, but no sweat. We repeated the Lach. 6; since which time he has enjoyed uninterrupted health. Some would inquire is Lachesis a reliable remedy in intermittent fever? We should reply that it is when indicated by the symptoms, not otherwise.

The author's remarks in regard to the hygienic measures necessary in the treatment of menstrual troubles are exceedingly just and practical and apply quite as forcibly to the locality of New-York, as to that of Paris. He says on page 114, "However efficacious our remedies for any form of menstrual disorder may be, they will be found of little avail, unless we institute a mode of life suitable to the condition of the patient. Unfortunately this is not always possible. The requirements of fashion, of society, and even of coquetry, are so imperious, and the character of our

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young ladies is so frivolous, and their mothers are so condescending, that it is really wonderful that the number of our fashionable victims is not much larger than it really is. Sometimes we see them slightly clad, exposing themselves to the keenest winds and to all sorts of atmospheric inclemencies; at others they are loaded with a heap of unnecessary garments required by fashion; then they will drink ice-water at the very moment when they are heated by the exciting dance, or they will cool themselves by sitting in a cold current of air; is it to be wondered under these circumstances, that pulmonary phthisis should attack so many girls, even at the age of sixteen or twenty, or that, at any rate, their nerves should, become shattered, and the menstrual functions should never assume a regular development? And to cap the climax of folly, the young girls are frequently deluged with strong drinks, ale, wine and even brandy, in the vain hope that these stimulating beverages will restore the strength that had been wasted by fashionable excesses. And what are we to say of the premature use of corsets, of the abuse of cold bathing, of stimulating food, and of the dainty luxuries which the capricious taste of our young ladies cannot do without?—"Hence if we wish to afford relief to our patient, we have in the first place to regulate her diet and general habits."

Our climate being more variable, than that of Paris, and our female patients fully as much inclined to commit the indiscretions alluded to in the above extract, renders the subject of very great importance to us. Our ladies dress either too much or too little, and with very little reference to the temperature. The heavy furs, so generally worn, are too warm, except for a few of the coldest days of winter, and render the wearer exceedingly sensitive to cold. These are worn, as a general rule, as long as the winter months continue, even though the days should be as mild as June, as will not unfrequently occur in February, but as soon as the prescribed time for the "spring costume" arrives, the change is made without much reference to the weather, which is frequently exceedingly inclement during our spring months. There are many other points connected with this subject which we could speak of from observation, but as our object is to review Dr. Jahr's work and not to write an essay on the dress of females, we leave the subject.

Under the title of "treatment of all displacements," he says, "Our business is not to point out the surgical means that it may be necessary to resort to in these affections, but to show the internal treatment, which will sometimes enable us to do without surgical operations, or at any rate, which will wonderfully facilitate the use of instruments. Thanks to Hahnemann, these internal means are furnished by homœopathy. A few globules of the proper remedy will sometimes do more for the patient, in such affections, than all the appliances of surgery. Of course, the necessary external means should not be neglected, for no cure can be affected without them. Whatever may be the nature of the displacement, the patient should always be placed on her back, in a horizontal position until health is totally restored." (!!)

"In most cases such treatment may be sufficient to effect a reduction without any surgical means. Even in severe cases of inflammation hæmorrhage or strangulation, a well chosen remedy, corresponding to all the symptoms of the case, will be found sufficient to effect a cure, without the interference of the surgeon. If the displacement is of long-standing, and the patient has to attend to her business, it will not always be found possible to effect a cure without well applied bandages, provided they are adapted to the case before us, and constructed by an intelligent maker."

The foregoing extracts contain a great deal of truth; but without much more information the practitioner would be frequently at fault in the treatment of displacements. Homœopathy unquestionably very materially diminishes the necessity of resorting to mechanical means, but we must carefully discriminate between those cases which require these means and those which do not. The displacements are in some cases the cause of many unpleasant symptoms which promptly disappear when they are mechanically relieved; this physical treatment facilitates the cure by medicine. This remark applies more particularly to cases of retroversion of the uterus. The point we object to more especially in Jahr's

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treatment of displacements, is in his not insisting more strongly upon the importance of a correct diagnosis. It is of great importance to us as homœopathic physicians to properly diagnose these affections; otherwise we will sometimes be placed in a disadvantageous position in regard to some of our allopathic brethren who are very frequently willing to make the most of our mistakes or failures.' Suppose a case of retroversion, under the the care of a homœopathic physician, who prescribed the appropriate medicinal remedies, but omitted to make an exact diagnosis; the patient not improving as rapidly as she desires, applies to an allopathic practitioner, who diagnoses her case correctly, and at the same time relieves her mechanically of most of her troubles. Homœopathy would suffer in reputation, simply on account of the negligence or want of knowledge of the first-mentioned practitioner. Now we are not intending to advocate the use of mechanical appliances, with the same frequency which we find them employed among the generality of allopathic practitioners, who do not possess the specific remedies which we do; but we desire that the homœopathic profession should not fall into the opposite error and altogether discard them. Our remedies are frequently more valuable than any surgical means and prove efficient in some instances when surgery fails. Jahr's advice, to keep the patient in a horizontal position until entirely cured, should be received with some caution. Rest is an important accessary to the cure of these troubles; but too long-continued confinement will occasion a derangement of the general health; it is better in most cases to use some mechanical means to support the uterus a portion of the time, and thus give our patients the advantage of exercise in the open air.

In an article on "metrorrhagia or flooding between the periods," Jahr alludes to the importance of diagnosis, at least as far as this particular affection is concerned. He says "It is particularly important to know the character of the metrorrhagia, whether it is idiopathic or symptomatic, depending upon other pre-existing diseases of the uterus or other organs. In this case, the diagnosis can only be established after an attentive examination of the other organs, and particularly of the uterus and its appendages." A case which was under the writer's care for a short time within the past year, illustrates the importance of diagnosing the cause of this affection. He was requested to prescribe for a woman about forty-eight years of age, who was said to have some affection connected with her time of life. Several months previously she had had what was considered to be profuse menstruation; the flowing had been very profuse and long-continued; she had been reduced very much in consequence, but for some weeks before his seeing her the flowing had been slight. She however was suffering from a constant flow of urine which had supervened suddenly, after having for a time, experienced great difficulty in micturition. An examination was made on the first visit by the touch, which revealed that the vagina contained masses of scirrhus and that the os and a portion of the body of the uterus was destroyed by malignant ulceration. A speculum examination subsequently made fully corroborated the opinion first formed, the *incontinence of urine* was caused by a *vesico vaginal fistula* resulting from cancerous ulceration. It was somewhat remarkable that the passage of the urine through the vagina caused no trouble other than the inconvenience of its constant emission; this it was thought could be accounted for by the urine being in very great quantity and necessarily more dilute and less irritating. Previously to being under the care of the writer this woman had been under an allopathic practitioner, to whom she afterwards returned, probably in consequence of the very unfavorable prognosis given. This physician *never made an examination*, nor was he informed of the writer's attendance; he administered *tonics* for *general debility*; under which treatment the hæmorrhage returned and the patient rapidly sank. It so happened that the writer was visiting another patient in the same house on the day after her death, and was shown the certificate of death which read, "direct cause uterine hæmorrhage, indirect cause *marasmus*." Churchill remarks in regard to the hæmorrhages of cancer. "They are frequently mistaken for a return of the menses; by females in whom that discharge has been some years arrested; and I have known such treated as menorrhagia. I mention

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this for the purpose of showing the positive duty of making a vaginal examination, in many cases where blood is discharged from the vagina, before deciding upon our plan of treatment."

The chapter on Pregnancy is good; the portion devoted to the diseases of pregnant females exceedingly useful. The experience of the writer has been that he was enabled to relieve the troublesome nausea and vomiting and other inconvenience frequently attending the pregnant state. He treated within a few years past a lady who during several successive pregnancies had suffered from nausea and vomiting, continuing up to the full term; so great had been her suffering, that for the last three or four months she had been compelled to keep her bed. During a pregnancy which occurred while she was under the writer's care, she was entirely relieved of these troublesome affections and continued to go out of doors up to the time of her confinement.

To the practitioner who is mainly guided by the symptoms in his prescriptions, Jahr's book will often prove exceedingly valuable, and quite as often exceedingly perplexing; as he gives all manner of indications for every possible remedy very fully with each disease.

To the student who wishes to study the pathology of this class of diseases this work may occasionally prove useful, but it is not so complete in this department as West, Murphy, Churchill and some other old school works. It was not Jahr's principal object to write for the student, nor would it be reasonable to expect as great completeness, from one whose labors had been so varied as from one who had devoted himself exclusively to a single branch.

B. F. Joslin, Jr.

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4. *Lectures on the Diseases of Women*, by Charles West, M.D. Part. 1. Diseases of the Uterus. pp. 414.

This most excellent treatise from the well known Dr. West has not yet been reprinted in this country. It is undoubtedly the most valuable book upon the subject of which it treats which can be placed in the hands of the student or practitioner. We have not space to point out a tithe of its merits and can only regret that Jahr had not selected such a book as his guide to the pathology of uterine diseases, and still more bitterly to repine that such books do not proceed from purely homœopathic sources. West's opportunities have been ample, as he is physician-accoucheur to the Bartholomew's-Hospital, and examiner in midwifery at the royal college of surgeons of England, and his opportunities have been most faithfully and wisely cultivated; we find none of the one-sidedness and bigotry of Bennett and Simpson; none of the stolid conservatism of Lee, or the fantastic side-plunges of Tilt. We find merely the simple and truthful teachings of one who writes from an abundance of personal experience, and from a ripe and thoughtful knowledge of the views and discoveries of all his predecessors and cotemporaries of the dominant school. We never find him riding a hobby, never endeavoring to make a sensation at the expense of truth, never advancing immature opinions, never behind the utmost advances of his times, never stationary from caprice or jealousy, never hastening into fields of wild conjecture. We know of few books from which so much can be learned, and so little need be unlearned. If the homœopathic treatment of uterine diseases were added to this treatise it would be perfect in its department. Our third volume on diseases of females, to wit, the treatise on diseases of the womb and ovaries, will be mainly based on West's truthful work.

Peters.

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5. *Clinical Lectures on certain Diseases of the Urinary Organs and on Dropsies*, by R. BENTLEY TODD; pp. 283, reprinted by Blanchard and Lea. Philad., 1857.

This book should be in the hands of every one who takes an interest in diseases of the kidneys, or more especially in dropsy. Todd's name has long been favorably known, but we are much mistaken if this is not the most valuable treatise which he has, or ever will publish. His opportunities as physician to King's College Hospital have been most ample, and we find the same unwearied industry, the same calm and truthful modes of thinking and writing, the same freedom from bigotry and caprice, from stolid conservatism and rampant vanity which we have so much admired in West. We must again regret that such treatises are not produced by homœopathic writers, and trust that the time will soon come in which this and similar works will be reprinted by homœopathic publishers with the addition of equally good homœopathic treatment. PETERS.

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6. *Medicines for the Million.*

Of late years the public have been deluged with semi-scientific medical lucubrations, emanating from the class of practitioners who are given to advertising in the public journals their infinite superiority over us unfortunates of the regular profession, both as regards natural talent and superadded attainments. These works profess nominally to display to the popular gaze the arcana of medical science, and to enable the non-professional public to understand the rationale of disease, in order that it may select a school of practice in accordance with reason and the laws of nature; but their real object generally is to render manifest to the said public what a supremely clever man Dr. (?) So-and-so is, and how many cases he has cured by his "peculiar and unrivalled treatment." This "ad captandum vulgus" school of medical literature is daily increasing in magnitude, and new accessions to its ranks are continually being made, both from the uneducated masses who see how easily and rapidly money may be made of the gullibility of the public, and also, we are grieved to observe, from the medical profession; some of whose members, unable to establish themselves on the basis of merit, or unwilling to devote themselves to the arduous study necessary to legitimate success, have taken the easier, though less honorable road to fortune by a recourse to newspaper advertisements, and flaming puffs of "patent medicines." With these latter we have nothing to do, for to any man of ordinary medical knowledge, conscience must administer a sufficient reproof for his desertion of those rules which teach him to prescribe according to the condition of the patient, and to treat morbid states instead of names.

We propose in this article to consider briefly a few of the immense boons thus conferred upon the public at large, literary as well as pharmaceutical, and to endeavor, as far as our limited capabilities will allow us, to impress upon the "discriminating reader" the importance of the favors magnanimously shown him by some of the learned gentlemen who condescend to cure him of all the "ills that flesh is heir to" for a moderate "con-si-deration," saving him from the dreadful malpractices of the regular profession.

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The first volume which meets our professionally darkened gaze is an erudite octavo by "W. Bodenhamer, M D.",* which we are informed in "small caps," is "especially addressed to the non-medical reader;" yet, in spite of this tacit prohibition to the ignorami of the profession from profaning its mystic pages, we have the temerity to call our brethren to its perusal, fearing lest their characteristic pertinacity in error should induce them to neglect so rare an opportunity of being enlightened on subjects concerning which they have hitherto been blind enough to consult the fallacious doctrines of so-called science, founded on the unsubstantial bases of experience and experimental research, instead of the dictum of Doctor Bodenhamer: Advance then, brother professionals!—Though the learned Dr. stand firm upon his title page, his waist encircled by the Hippocratic ligature, and his prohibitory hand stretched out in warning, crying "procul este profani"!—Though menaced with his dire displeasure; let us, in our thirst for knowledge, burst through the barrier of capitals with which he would bar our entrance, and, once in, we promise you, if not instruction, at least—amusement.

The preface opens by a definition of the author's position, stating the objects he has in view, which are to display before the public eye the location, nature, causes, and symptoms of the diseases of which he treats, "as well as the numerous, inefficacious and often extremely dangerous, painful and cruel methods which are at the present day advocated and adopted for their relief." "This information," he continues, "will enable the general reader to avoid the *causes* of those diseases, and thus to remain free from their annoyance; and it will also enable him, should he be so unfortunate as to be afflicted with any of them, to guard against the vile practices of the ignorant and presumptuous empiric as well as, to shun the unnecessary, the cruel and dangerous operations of the *scientific* surgeon, commonly so called; but often in reality, nothing more than the *mere* operator." In other words, the Doctor's object is to induce all sufferers to come to him, leaving, on the one hand the regular army of "*scientific* surgeons," and, on the other, the ununiformed militia of "presumptuous empirics:"—But what is he?—our mind wanders over the grades of medical nomenclature, yet finds no term by which we may recognise so peculiar a position:—He expressly disavows being a "scientific surgeon," and still disclaims the title of "presumptuous empiric."—What then is his serene ambiguity's designation?—Is he an unscientific surgeon?—or haply an unpresuming empiric?—The human intellect is insufficient to decide so momentous a question:—Yet hold!—a ray of light breaks in upon our benighted brain—Eureka!—He is—he must be—a "Professor!!"

We are informed that this work is addressed "to the general reader, rather than to the profession, for the reason that medical men generally can scarcely ever be induced to examine, adopt or introduce any practice which in the least conflicts with their own, unless the public are in the first place impressed with the importance of it. As soon as the public understand the subject well, and appreciate the importance of it, then and not till then will the profession wheel into rank." Here is instituted a new era in medical education!—Instead of the musty old system of colleges, we are henceforth to be qualified for practice by a course of tuition from the public at large, presided over by Dr. Bodenhamer, emeritus professor of medical science in general and diseases of the anus in particular. No

* Practical observations on some of the diseases of the rectum, anus, and contiguous textures.—J. S. Redfield, 1855.

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more need for thought or study!—We have only to ascertain from the public the proper treatment, as taught them by Dr. B.—write a prescription for whatever the patient may see fit to take, and pocket our fee with a feeling of inexpressible gratitude to the aforesaid Dr. B. who has thus simplified our professional labors by kindly consenting to constitute himself the fountain-head from whence all our "black draughts" are to be obtained; he instructing the public, and the public giving us small installments of knowledge as it may be needed in individual cases.

In the first chapter, the "professor" gives, as prominent causes of rectal disease, a warning against purgative medicines and tight lacing, and winds up this startling information (which of course is "out of his own head," and entirely new to everybody) by saying that "to these causes might be added many more, which tend to increase the list of such patients, but I deem these sufficient for all practical purposes." Are our hopes to be thus dashed to the ground, after being raised so high by the promised elucidation of all the causes of anal maladies?—Are our only means "with certainty to anticipate and prevent disease" to consist in an avoidance of cathartics and corsets?—But no!—we will not believe that our curiosity is always to remain unsatisfied:—After having destroyed with such a very "currente calamo," all our confidence in "*Medical Colleges*, with the head-aching studies of *Anatomy*, *Physiology*, *Botany*, *Pharmacology*, *Chemistry*, &c.," the "professor" will surely condescend to impart some of his intuitive knowledge to take the place of these studies, (especially the "&c.,") and enable us to make a first step towards that enviable position which enables him to dispense with all such "head-aching" acquirements, and to despise equally "scientific surgeons" and "presumptuous empirics."

Unfortunately, we have not space to consider analytically all the contents of the learned volume before us; so, merely premising that our author has advanced no particularly new views concerning the anatomy and physiology of the rectum, we pass to page 81, where, after a trite dissertation upon hæmorrhoids, he says "Excision with the knife or scissors, as well as cauterization with the red-hot iron or caustic, is, at the present day, practiced by some surgeons for the removal of piles." He then dwells at length upon the danger and cruelty of these methods, and winds up as follows: "I now declare, and I challenge contradiction, that neither of the surgical measures above-named, nor any others of a painful or dangerous character, are now necessary to the radical cure of this disease."—And pray, most learned pundit, who does contradict the declaration?—Your worship (doubtless through forgetfulness) omits to mention the operation by ligature now most generally in use among the unhappy "scientific surgeons;" the only difference being that we usually tie near the base of the tumor, while your worship ties "half way up." Surely such skill as yours must command sufficient practice without misrepresenting our humble efforts when we chance to approach the originality of your genius.

Again, in the chapter on fistula in ano, the public are informed that the object of the "knife-operation" is to effect the division of the spincter ani muscles, as "modern surgeons" say "that the great difficulty in curing an anal abscess, or an anal fistula, is not the callus or induration by which it may be surrounded; but it is the action of the spincter ani muscles. This, say they, is the grand obstacle to the healing of all sores in this situation; hence, they contend that nothing but a division of one or both of these muscles, by which they are set at rest for the time being, will ever effect a cure." Starting from this monstrous "*petitio principii*," the learn-

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ed logician proceeds, with a splendid display of rhetorical ability, to controvert the position he has assumed for us, and to "deny that the action of the sphincter muscles is the chief cause, or indeed any cause in preventing the healing process" in anal abscesses or fistulæ, or that they may be cured by "simply dividing with the knife these muscles, or the fistulous passages." Now, our limited information being derived only from such poor sources as Velpeau, Ferguson, "*et id genus omne*," we had been induced to believe that the object of our operation was, by filling the wound with lint, to induce granulation from the bottom, thus obliterating the sinus: but alas! it appears that we have mistaken our motives, and that we subject our patients to "imminent danger" from "fatal hæmorrhage" only for the purpose of dividing the sphincters. How little does man know of his own motives! The doctor makes no mention of the treatment by "pressure" as recommended by some "modern surgeons" for the cure of fistula, but he *does* make various quotations from the ancients in support of the method by ligature, giving the public the benefit of Celsus' Latin, and Fabricius' French on the principle of "*omna ignotum pro magnifico*:" He is also profuse in his description of the different ways in which he does *not* tie the said ligature, and winds up (as in most of his chapters) by a little bit of vain-glory as to how "admirably" it "succeeds in his hands"—how infinitely superior his treatment is to that of the profession, as proved by a list of persons cured by him; names and addresses given in full, no doubt to the great delectation of the said patients.

In each chapter we find the same careful selection of the worst means ever used by "scientific surgeons" as a basis for the author's invectives upon our cruelty and ill-success, and laudation of himself and his "peculiar treatment." In fissure of the anus, he attributes to regular surgery only the division of the sphincters, and entirely passes over the numerous other modes of treatment in every-day use.

When treating of "excrescences of the anus," the "professor" does not deign to notice us at all; merely giving a contemptuous glance at the errors of diagnosis apt to be fallen into by any but himself, and quotes two cures effected by himself; one of which an "eminent surgeon" had "pronounced to be cancer," the other—but let us take his own words: "In 1841 I cured a Mr. Thompson of this disease. He *had formerly drove* the stage between Lexington and Cincinnati, and *was the worst case* I ever saw, or heard tell of." Comment would be unnecessary upon poor Thompson. If he was such a "hard case," we suppose "moral suasion" was employed for his cure.

It were needless to pursue further our commentaries upon the work before us, but before concluding, we would say to Dr. Bodenhamer that this our humble criticism has been called forth, not by any feeling of jealousy roused by his "list of cases," but simply by his unprovoked attack upon the profession from which he has seceded. Had he been content with lauding his own skill instead of depreciating others, we would have had but little fault to find; but when we see a man who should know better, (for the doctor is no ignorant charlatan whose presumptioa can be excused by want of information,) misleading the public by a denunciation of the regular practice when his own is but a modification of it, we cannot refrain from entering our protestation against his misrepresentations; and we would also state that there are but few men in the ranks of surgery whose prejudice would prevent the adoption of any *real* improvements in science. The days of bigotry are past, and we see every day, new discoveries in medicine and surgery hailed with acclamations, and conferring upon their originators a more brilliant

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and permanent success than the pecuniary emolument drawn from the ignorance of the multitude by a secret mode of treatment or a pseudo-scientific treatise addressed to the "non-medical reader."

CARROLL.

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7. "*Uncertainty of Human Testimony. Conclusions not Judgments.*" A letter to Hon. WM. KENT. New-York, John F. Trow, Printer, 377 and 379 Broadway. 1857.

It is not a little gratifying to the members of the medical profession to be able to point to so many men within their ranks who are distinguished in all the higher walks of science. It is a matter of the greatest encouragement to the homœopathic student or layman, and an unanswerable argument for him against those who would fain make him believe that homœopathy is only a subtile species of charlatanism, that among its strongest advocates and most successful practitioners there are many whose accomplished learning and varied scientific attainments claim and receive the admiration of all literary men. In this country, at least, we have just reason to be proud of the homœopathic fraternity, and to all our opponents who so often brand us with ignorance, presumption and knavery, we can say with triumphant satisfaction, show us in your ranks and among your patrons as many men renowned for their attainments in physiology and pathology, in chemistry and anatomy, in mental and metaphysical philosophy, in mathematics and astronomy, or in any other branch of general literature or special science. Put the question of the merits of homœopathy on this ground alone, and it stands forth in brilliant contrast with the countless host of medical theories which have come and gone since the age of Hippocrates. Universities may deal their dread anathemas against the new faith, and corporations may by law endeavor to prevent its spread, but as long as the people see among its defenders gentlemen distinguished in all the walks of science and literature, grey heads venerable with honors before which universities and corporations respectfully bow, they cannot help feeling, that behind the curtain of prejudice and the flimsy veil of conceit which its opponents would fain throw over it, there is something of fundamental truth, something of which they who strive so hard to conceal must be afraid, something intrinsically valuable or it would not receive the sanction of the learned and the good.

These reflections have been re-awakened at this time by the perusal of Dr. Vanderburgh's "letters to the Hon. Wm. Kent, on the uncertainty of Human Testimony, &c., &c.," a pamphlet, containing 77 pages, replete with philosophical reasoning and conclusions. In order to demonstrate the sources of uncertainty in human testimony, the doctor goes somewhat minutely into the physiology of the mind, and gives us an analysis of its instincts. He then proceeds to discuss the problem of life and motion, and deduces many of the errors of medical science from Sir Isaac Newton's law of gravitation, which he says "is but half—and that the weaker half—of a motive power." All his postulates are obtained by inductive reasoning and his conclusions seem well supported by an array of psychical, philosophical and mathematical facts, which to us present somewhat new and interesting views both of mind and matter, and cannot fail to convey to

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every one an impression of the profound learning and research of the gifted author.

We do not propose to criticise either his logic on his philosophy, for he who is so strongly fortified in both as to dare to stand up in opposition to Sir Isaac Newton, is far beyond the reach of our criticism. But, to use his own language, "the circle in which we move is a narrow one, confined to that darkened chamber where human suffering bears in silence the stealthy footsteps of disease, cheered only by the sympathy and animated by the hope that the doctor knows how to do all that can be done for them." Consequently he who adds to our stock of knowledge in any way that will cause a justification and realization of these hopes in the minds of our patients, is entitled to the gratitude not only of the profession, but of all suffering humanity.

The modesty of the title page of this interesting work, and the more modest absence of the author's name, renders it uncertain whether it has been published for general circulation, or only for the gratification of a few select friends, but we have deemed it due to the venerable author, who has been so distinguished a champion of homœopathy, to take this opportunity to thank him for the pleasure and profit we have received from the perusal of his ingenious and scientific demonstration of "the relations of life with matter," and we earnestly entreat him, now that he has in a measure retired from the active duties of the profession, to give his younger brethren the full benefit of his long study and experience. PRESTON.

Original Articles received.

1. Professor Williams on Special Pathology.
2. Surgical Cases, by Walter Bailey, M.D., of New-Orleans, Louisiana.
3. Cases from Practice, by Tullio S. Verdi, Newport, R. I.
4. On Venesection in Puerperal Convulsions, by Lewis Dodge, M.D. Cleveland, Ohio.
5. Report of a Case of Laryngeal Diphtheritis, by S. Donnell Young, M.D., of Gardiner, Maine.
6. Extraordinary Case of Accidental Poisoning with Arsenic, reported by John McE. Wetmore, late House Physician to the Bellevue-Hospital, N.-Y.
7. Two Cases of Leucorrhœa, by Dr. Bolles, N. Y.
8. On Chorea, by J. Redman Coxe, Jr., M.D. of Philad.
9. On Adjuvants to Homœopathic Practice (Purgatives and Bloodletting), by James T. Alley, M.D., of N. Y.
10. On the Employment of Cathartics in Typhoid Fever, by R. Ludlum, M.D., of Chicago, Ill.
11. On the Movement Cure, by Charles J. Taylor, M.D., of New-York.
12. Lazarus, on Coffee in Iliac Pains.
13. Knorr, on Tetanus and Convulsions.
14. Belcher, a Case of Placenta Prævia.

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15. Therapeutic Indications, Translated from the French of Dr. Escalier, by Henry B. Millard, B. A. and S. M.

16. Cases by Dr. O. Fullgraff.

17. On Agaricus-muscarius, by C. T. L.

18. Review of Rational Homœopathy. No. 2. By Jno I. Temple, M.D. of St. Louis.

19. Spiritualism in Medicine, by H. Varr Voorhis, M.D., Tarrytown, N. Y.

N.B. We return our most cordial thanks to those of our colleagues who have promptly responded to our call for cases from practice, and practical articles upon diseases or medicines. The larger majority of those now on hand are exceedingly short, and we shall soon be in want of a fresh supply. Any delay which may take place in their publication is entirely unavoidable; all in our hands are placed at once into the printer's, and he returns those for which there is no space in one number to make their appearance in the next. PETERS.

Books received.

1. Journal of the Society of Homœopathic Physicians in Austria; conducted by J. O. Müller, M.D., Vienna. (Quarterly, pp. 100.)

2. Statistical Report of the Sickness and Mortality in the Army of the United States, compiled from the Records of the Surgeon General's Office from 1839 to 1855. (16 years). *We are indebted to Dr. Appleton of Washington, D. C., for this most valuable work.* (Imperial Quarto, pp. 720.

3. Homœopathy Simplified or Domestic Practice made easy by John A. Tarbell, M.D., Boston, pp. 360.

4. The Homœopathic Pocket Companion by Dr. M. Freligh. New-York, pp. 290.

5. Mortality Statistics of the 7th Census of the United States, embracing cause of death, age and sex, &c., &c. (Two copies, one from Dr. Appleton of Washington, D. C.; the other from the Hon. E. D. Morgan, U. S. Senator, pp. 300.

6. Case of Obstinate Regurgitation of the contents of the stomach, with remarks, by Isaac E. Taylor, M.D., Physician of Bellevue-Hospital, (from author), pp. 16.

7. Dr. Alexander B. Mott's Surgical Operations, Series No. 1., (*from author*), pp. 26.

8. Letter to a member of the Connecticut Medical Society, by Wm. W. Rodman, M.D., (*from author*), pp. 26.

9. General and Special Therapeutics of Mental Diseases, by Dr. Jahr, translated by John M. Galloway, M.D., Edinburgh, pp. 480.

10. Medical Reform, by Samuel Cockburn, M.D., Licentiate of Royal College of Surgeons, Edinburgh, pp. 180.

11. Parallels between Homœopathy and Allopathy, by Dr. Caspar, physician to Hospital of the Sisters of Charity, Vienna, pp. 100. (*German, from author.*)

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12. Boston Med. and Surg. Journal, (*from editors.*)

13. Medical Independent. Detroit, Mich., (*from editors.*)

14. Address of the Board of Trustees of the Boston Homœopathic Med. Dispensary, (from Secretary J. T. Talbot, M.D.) pp. 16.

15. What acts in Potentized Medicines, and what shall guide us in the selection of the dose, translated by David Carley, M.D., Philad., (*from author*) pp. 14.

16. A proposal to treat Lunacy by Spiritualism, by James John Garth Wilkinson, London, pp. 14. (*from author.*)

17. A Lecture on the Philosophy and Claims of Homœopathy, by C. L. Spencer, M.D., delivered at Nantucket, Mass., pp. 24. (*from author.*)

18. Report of New-York Academy of Medicine on Algæ, Chocolate and Biscuit, (from Messrs. Coddington, New-York).

19. Homœopathic House and Family Guide, by Clotar Muller, M.D., Leipzig, pp. 192. (*German. from author.*) This is altogether the most reliable, if not the most practically arranged Treatise on Homœopathic Domestic Practice, which has appeared in any language. It should be translated with a few alterations and additions.

20. Second Annual Report of the Bond-Street Homœopathic Dispensary, New-York, (from Dr. Fullgraff.)

21. Third Annual Report of the Central Homœopathic Dispensary, New-York, (from Dr. Perkins.)

22. An Essay on Hippocrates, by M. Kalopothakes, M.D. of Athens, Greece (*from author*), pp. 16.

23. On Cholera infantum, Diarrhœa and Entero-colitis, by Edward H. Parker, M.D., physician to the children's department of the Demilt Dispensary, New-York, pp. 16. (*from the author.*)

24. Electro-Dynamisme Vital, ou les relations physiologiques de l'esprit et de la matière, par A. J. P. Philips, pp. 382. (*from the author.*)

25. Proceedings of the Illinois State Homœopathic Medical Association, at the 2d Annual Meeting, holden at Springfield, Ill., Jan. 12th, 1857, pp. 56.

26. Tenth Annual Announcement of the Homœopathic Medical College of Pennsylvania, Session of 1857—58.

More successful than ever! Eighty-three matriculants; and forty-three graduates.

N.B. We trust that authors and publishers besides supplying the New-York editors of this Journal will also send duplicates of their publications to our able and important colleague, Dr. Wm. H. Holcombe, of Waterproof, La., (*via New-Orleans*). PETERS.

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General Record of Medical Science.

1. MINOR OR MEDICAL SURGERY.

REDUCTION OF DISLOCATIONS BY MANIPULATION.

During the year 1853 a paper was put forth by Dr. Reid of Rochester, recommending manipulation alone for reducing luxations of the femur, and it has since been put in practice with great success both in this country and in the London Hospitals. The credit of the invention, however, does not belong exclusively to Dr. Reid, as the bone has often been known to slip back, when the limb was accidentally moved about, and different surgeons have actually recommended this process. Dr. Ried, however, has been the first to introduce it into actual practice.

The chief propositions and rules which Dr. Reid lays down are as follows:—

1st, The chief impediment in the reduction of dislocations is the indirect action of muscles put upon the stretch by the malposition of the dislocated bone; and not in the contraction of muscles that are shortened, as heretofore taught.

2d, That muscles are capable of so little extension, beyond their normal length, without hazard of rupture, that no attempt should be made to stretch them further, in order to reduce a dislocation, if it can possibly be avoided.

3d, The general rule for reducing dislocations should be that the limb or bone should be carried flexed or drawn in that direction which will relax the extended muscles.

This general rule will apply to all luxations, but especially to the several varieties which pertain to the hip-joint.

His method of manipulating is as follows: "Let the operator stand or kneel on the injured side, seize the ankle with one hand, the knee with the other; then flex the leg on the thigh, next strongly abduct it, carrying it over the sound one, and at the same time upward over the pelvis, by a kind of simicircular sweep, as high as the umbilicus; then abduct the knee gently, turn the toes outwards, the heel inwards, and carry the foot across the opposite and sound limb, making gentle oscillations of the thigh, when the head of the bone will slip into its socket."

When the thigh is flexed on the trunk, say at an angle of 45°, and is gently abducted, and the head of the bone thus brought close to the lower edge of the acetabulum, if, while gentle oscillations of the thigh are made at the knee, it—the head—does not immediately enter

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the socket, the knee should be alternately elevated and depressed, thus varying the angle of the thigh. If by this manœuvre, alternated with the before-mentioned oscillating or lateral movement, the head does not enter, we should then cease all motion, and hold the thigh and leg perfectly quiet, for a short period, keeping the former still slightly abducted; and thus give the irritated muscles, ligaments, and tissues time to become quiescent, and to accommodate themselves to the new position of the bone. The foot and leg must be kept still also, and firmly directed towards the opposite thigh; for if we relax or carry it outward we shall roll the head of the femur away from its resting-place, and proximity to the acetabulum, and permit, if not provoke, the muscles as already described to draw it downwards into the foramen ovale or backwards into the ischiatic notch or dorsum ilii. After a short time we may repeat our attempts as above described; and in all suitable cases, that is cases of dislocation on the dorsum, or into the ischiatic notch and of not over four to six weeks' standing, we may confidently anticipate a speedy and favorable issue.

It is certainly something new in the annals of surgery that a surgeon can at his pleasure, convert any one of the four kinds of dislocation of the hip-joint, into any one of another kind. With this additional knowledge, which furnishes us with a choice of position from which to attempt reduction, or if one fails, to try another, it seems evident that these heretofore most formidable luxations of the femur may hereafter become, when the modus operandi by manipulation is better understood, quite trivial affairs, and be reduced with as much if not greater facility, than now obtains in reduction of the shoulder-joint. The general rule, says Dr. Reid, in the reduction of dislocations should be, that the limb or bone should be carried flexed or drawn in that direction which will relax the extended muscles.

TREATMENT OF INGROWING TOE NAILS.

A variety of plans have been proposed for the treatment of ingrowing toe nails, within a few years, but all those involving the evulsion of the whole or a portion of the nail, are so exquisitely painful, and at the same time so uncertain of success that they promise to be superseded by a very simple plan, which has been lately much practiced, occasioning neither pain, nor inconvenience, and only requiring time to insure uniform success. The method consists in cutting partly down through the nail, by means of a fine and well-tempered file, nearly to the "quick," along the line where the nail commences to deflect towards the flesh, or what might be called the angle of incidence. The incision must extend from the matrix to the free margin of the nail. Care must be taken not to make the groove so deep as to cause the splitting of the nail, as this would stop the process, and compel the operator to wait until the split portion has grown out. This groove effected, the next step is to insinuate carefully between the deflected portion of the nail and the flesh, a com-

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press about a quarter of an inch in width, formed by doubling once a piece of thin muslin. This should be done with the utmost care, both to avoid causing unnecessary pain to the patient, and also the risk of splitting the nail along the groove. The compress should be renewed from day to day, and at each application should be pushed further up towards the matrix of the nail, while at the same time its thickness should be gradually increased. A *sine qua non* in this process is, that during its continuance the patient should wear a loose shoe or slipper, with a sole fully the width of the foot. Before commencing it is well to refrain from cutting the nail for some little time, to allow the deflected portion an opportunity to grow out even with the end of the toe. This process of treatment should be persevered with until the whole nail has grown out.

At first, if there be a disposition to fungous growth, it might be well to touch it a few times with nitrate of silver—more however to lessen its sensibility than to act as a caustic. If it is a bad case the patient would do well to keep the foot on a chair, and even to cover the nail with a pledget of lint spread with simple cerate, lightly bandaged on.

Another method, said be exceedingly simple and effectual, is to thoroughly rub the whole of the affected nail with the nitrate of silver, and immediately to apply a poultice which is to be kept on for twenty-fours hours, at the end of which time the nail will be found much loosened. A repetition of the caustic, rather more mildly, and subsequent poulticing suffices to separate the nail entirely, when it may be treated as after evulsion of the nail.

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2. MATERIA MEDICA.

PAULLINIA IN SICK HEAD-ACHE.

We translate from the Materia Medica of Trousseau and Pidoux the following account of the very successful administration of this remedy in *migraine* or *sick head-ache*, which appears to be one of its most striking curative effects.

The Paullinia, it is said, has within a few years achieved in Paris a unique popularity in the treatment of sick head-ache. Though long incredulous upon this point, we have at length been convinced, by the facts which have forced themselves upon our notice, where numerous persons in our practice have taken the Paullinia, without consulting us upon the subject. We are not aware whether the only druggist who vends this drug in Paris gives scrupulously the powder or extract of Paullinia, or whether perhaps he may not join with it the sulphate of Quinine, but we must confess that of all the means which we employ against sick head-ache, the powder which claims to be

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composed exclusively of Paullinia seems to us by no means the least efficacious.

The following mode of administration is contained in the instructions which accompany the medicine. "If the attacks are frequent, (several in a month) a pill of ten centigrammes (about one and a half grains) of the extract should be taken every morning, a half hour before the first meal, as a preventive. At the commencement of an attack, or during its continuance fifty centigrammes (about seven and a quarter grains) of a powder may be taken, dissolved in sweetened water. If no amendment takes place within a quarter of an hour the dose may be repeated. The most violent attacks of sick head-ache will sometimes yield at the end of five or ten minutes, not to return. The powder alone will suffice, taken as we have indicated, when the attacks are rare, (once in a month for instance) and not complicated with any other affection."

But while confessing that we have seen the Paullinia succeed in the treatment of sick head-ache, we must own that its efficacy, at first absolute, diminishes little by little, and that the majority of patients end by discarding it, because the access of their malady, though less painful, becomes generally longer and more troublesome.

The preparations of Paullinia are similar to, and administered in the same doses, as the ratania and monesia, viz., from two to ten grains.

May not its therapeutical action be identical with that of Coffea, and dependent upon the caffein which it contains? How often do we not see a cup of strong coffee relieve an attack of "sick head-ache," especially where the nausea and disturbance of the stomach have arisen subsequent to the pain in the head. May it not act by temporarily stimulating and exalting the nervous system, until the morbific influence passes off?

The information from other sources which we have been able to obtain of this drug are as follows.

This new remedy introduced into Europe from Brazil, has attracted some attention, from the fact that it is asserted to contain caffein, in common with the tea and coffee plant and the Paraguay tea-plant, the Paullinia containing it, however, in larger quantities than either of the others. It is the *Paullinia sorbilis* of Von Martius, a climbing shrub. According to Wood and Bache, the effects of Paullinia upon the system are said to be those of a tonic, though they do not appear to have been very accurately investigated. It is highly probable, both from its composition and the use made of it by the natives of Brazil, that it has an influence over the nervous system similar to tea and coffee. It is habitually used by the Indians, either mixed with articles of diet or as a drink. They consider it useful in the cure and prevention of bowel complaints. Gavrelle, formerly resident-physician, called the attention of the profession in France to its merits, and states that he has found it advantageous in chlorosis, the diarrhœa of phthisis, sick head-ache, paralysis, tedious convalescence, and ge-

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nerally as a tonic. It may be given in substance in the quantity of one or two drachms, scraped into powder and mixed with sweetened water, as the Indians are accustomed to prepare it as a drink; but the most convenient form for exhibition is that of a spirituous extract. According to M. de Chastelus, alcohol is the only agent which completely extracts its virtues, ether and water affecting this object but partially.

In regard to the modus operandi of the Paullinia in removing cephalæa, hemicrania, &c., we find some suggestive and interesting remarks in Dr. Peters' work on "Head-aches." In a note on Coffea at page 38 he remarks, "Coffee and tea are used much more largely in the old practice than in the new; Wood says, on the whole, he has found nothing more effectual for the relief of severe head-ache than two or three cups of strong tea; but when the disease depends upon the abuse of tea and coffee, they act simply like ardent spirits in relieving the horrors of intemperance, and aggravate the evil in the end. Trousseau says, common usage has sanctioned the efficacy of coffee in head-aches, especially in that form which sets in after eating, in nervous persons: slight attacks of migraine almost always are removed by it. Sandras says that the only remedies that he has used with any success in migraine are, tea, morphine and emetico-cathartics. Tea, he says, if taken in very strong doses at the outset, without milk or sugar, will sometimes dissipate it as if by enchantment. Valleix says, In some cases a cup of the infusion of coffee will drive away an attack, and Formey also recommends an infusion of crude coffee for the same purpose. The regular daily use of the tincture of crude coffee, and the tincture of green tea, deserve a much more extended trial than they have yet received." These extracts would seem to render it probable that while the caffein which all the substances contain in common, is the active principle in effecting the cure (since the indications for their employment are almost identical,) the peculiar seat of its action is the nervous system, and that it there expends its power in so elevating and exalting for the time the morbidly impressed nerve-matter, that opportunity is afforded it to recover its tone.

This view is strengthened, since we find in the same work identical effects described under the head of Opium, page 66. This has also been found to cure, magically, the attack, and break up the tendency to recurrence, when other means had been fruitlessly employed. He says "Opium is of course used far more frequently and freely in the ordinary practice than in the homœopathic. *Sandras* advises the use of $\frac{1}{15}$ to $\frac{1}{12}$ of a grain of muriate of morphia, to be taken every quarter of an hour, at the commencement of an attack of sick headache, and says that not only does it afford prompt relief, but diminishes the frequency and severity of recurring attacks. He does not push the remedy beyond the fifth or sixth dose. *Magistel* asserts that he has succeeded in more than fifty cases by the endemic use of Morphine about the brow and temples. Others speak highly of the regular use of two or three drops of Morphine, night and morning, between the

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attacks; also of giving a larger dose, say from five to six drops immediately at the beginning of a paroxysm, followed by smaller ones occasionally during the first few hours."

Our Dr. *Schmid* of Vienna, who had suffered for many years with attacks of head-ache, which were very violent, and if undisturbed, lasting from four to eight days, incapacitating him for any unusual exertion, and at one time verging closely upon decided affection of the brain, was finally relieved by opium. Among all the remedies which he had tried opium was the only one which afforded prompt and decided relief, and by commencing its systematic use for this purpose he at length effected a cure.

ASCLEPIAS-INCARNATA AS AN EMMENAGOGUE.

Our attention has been lately called to this plant by Dr. Fowler of this city, who recently favored us with a visit, and imparted to us several interesting facts. He speaks in the most unequivocal terms of its virtues in amenorrhœa, and avers that it is capable of producing abortion even in comparatively minute doses, e. g. from two to three drops, twice a day. He states that it is in common use among women of a certain class for this latter purpose, and in a case which came under his own observation it *had been used seven times* with this view, and each time with success. The above dose was all that was ever taken, according to the statements of the patient herself; and she could have no inducement to pervert the truth, for as Dr. Fowler remarked, "it was immaterial to her whether she took one drop or a teaspoonful, provided the end were attained." He had himself administered it in one case of deformed pelvis, (where a previous labor had been terminated at full term by the mutilation of the child,) with complete success. He administered it as above, in three-drop doses, and in twelve or sixteen hours, labor-pains were induced, which resulted in a satisfactory expulsion of the uterine contents within forty-eight hours, without ill consequences of any kind ensuing. He strongly urges the use of sulphuric-acid in flowing after abortion, and remarks that with that at hand, he feels perfectly safe, even when summoned to the worst cases.

He has prescribed the Asclepias in many cases of amenorrhœa, and with uniform success.

The plant is described by Wood and Bache as having an erect downy stem, branched above, two or three feet high, and furnished with opposite, nearly sessile, lanceolate, somewhat downy leaves. The flowers are red, sweet-scented, and disposed in numerous crowded erect umbels, which are generally in pairs. The nectary is entire, with its horn exserted. In one variety the flowers are white. The plant grows in all parts of the United States, preferring a wet soil, and flowering from June to August. Upon being wounded it emits a milky juice. The root is the officinal portion. Its properties are probably similar to those of the *A.-syriaca*, or *milk-weed*, but they

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have not so far as we know been fully tested. Dr. Griffith states that it has been employed by several physicians, who speak of it as a useful emetic and cathartic. Dr. Tully of New-Haven, has found it useful in catarrh, asthma, rheumatism, syphilis and worms. No mention, however, is made by any of the authors to whom we have access, of the very remarkable powers pointed out by Dr. Fowler.

BLACK-HAW (*Viburnum-prunifolium*) IN CANCER OF THE TONGUE.

We have heard of two or three cases of cure of cancer of the tongue by Dr. E. P. Fowler of this city, with the black haw or *Nanny-root*. One was a case of two years' standing which had been abandoned by the best physicians and surgeons, and pronounced undoubted malignant disease, and which has been entirely cured in a few months by the continued use of the decoction of the bark of the root of viburnum-prunifolium as *a gargle*. His success in this case induced him to try it in another case of six months' standing where a cancerous induration had been detected by our first surgeons, and excision advised. Preferring to try homœopathy, however, before resorting to the knife, Dr. Fowler was called in, and after procuring some of the root, in four days the patient, from having been entirely laid up by it, and completely reduced by want of sleep, was able to go out and attend to his business, and in four weeks was *completely cured*. His tongue had been in a horrible condition, swollen, exceedingly painful, and that condition was almost immediately relieved. It is also called the *Nanny-bush*, and grows in many parts of the eastern and middle states.

POPILOTE IN GONORRHŒA.

We extract from the Report of the Medical Statistics of the United States Army so kindly furnished by Dr. Appleton of Washington, the name of a new remedy for gonorrhœa. It is mentioned by Assistant-Surgeon Hammond in a report on the diseases of Socorro, New-Mexico. It is the *ephedra occidentalis*, called by the natives *popilote*, and is used by them almost exclusively in this disease, which is exceedingly prevalent among them. The taste, he remarks, is terebinthinate and astringent, yet agreeable. It is a stimulant diuretic and does not constipate the bowels. It is prepared for use by macerating two ounces of the branches, cut into small pieces in a pint of hot water, in a close vessel for three hours and then straining. A pint of the infusion may be drank during the day. It acts with surprising promptness, and is an efficient and valuable medicine. The shrub is an evergreen and grows in great profusion throughout the country.

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3. PATHOLOGY AND THERAPEUTICS.

DILUTION AND SMALL DOSES.

A state of dilution as a principle in medicine has recently received the sanction of the dominant school of medicine in a late article on the subject from the pen of Benj. Bell, Esq., of Edinburgh, from which we gave numerous extracts in our May issue (see page 567, vol. 5.) He there in a forcible and well written article demonstrated the fact that the favorite mode of administering metalline and other remedies in a concentrated form, is opposed to reason and the teaching of nature—inasmuch as nature when preparing a remedy (as in the case of mineral and medicinal springs) invariably presents it in a state of remarkable dilution, or attenuation—such being apparently the most favorable form for its ready absorption and assimilation. So also in the case of a medicinal herb—we find it diffused throughout a plant in a state of minute division, instead of occurring the form of an extract or inspissated juice, such as is sedulously prepared and administered, in preference to the state in which it exists in the capillaries of the plant.

A recognition of the allied principle of minuteness of dose was also partially admitted, and the admission justified by incontrovertible facts. "Take for example iron," he remarks, "We know that the entire blood of an adult does not contain more than thirty grains and that this is deficient in anæmia. What use can there be then in giving so much, where so little is required? I have repeatedly seen so small a dose as the eighth of a grain of extract of belladonna taken into the stomach of a young person cause full dilatation of the pupil. Now if we only consider how extremely minute must be the portion even of this very small dose when circulating through the blood-vessels, which could come into contact with the nerves of the iris, we may form some conception of the susceptibility of our frame." This, however, is not the sole instance in which these principles have been advocated and insisted upon by the opposite school.

Dr. Thomas Hunt, in his work or diseases of the skin, in speaking of the effects of Arsenic, remarks, "It is a medicine which never requires to be *pushed.* It is a remarkable fact, that doses large enough to disturb the system generally, have no power over cutaneous diseases, which will yield to smaller doses: so that its curative powers appear to reside alone in doses too small to be mischievous. It is impossible to hurry its operation; every attempt of this kind only retards a cure, but a patient, persevering administration of small doses will be found to exercise an almost omnipotent influence over the cutaneous diseases under review." Its *cumulative* effects on the system, so far contra-indicate, he believes, its administration in the usual gradually-increasing dose, that he insists that the

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commencing dose be *five minims* of Fowler's solution, gradually *reduced*, and avers that "so small a dose as the fourth part of a minim of Fowler's solution taken twice a day, has in a few weeks effected the permanent cure of psoriasis guttata, in a female of delicate habit." And these doses, he strenuously insists upon, as the one condition upon which disease can be made to yield.

He also says, "It is not generally known that Arsenic, which in large doses irritates the bowels, in small doses soothes them; and is of eminent utility in checking either the chronic diarrhœa, or the gastric irritation, which frequently complicate disease of the skin. Many practitioners would consider weak or irritable bowels contra-indicative of its use, but I shall hereafter detail two or three cases in which arsenic not only restored the healthy condition of the skin, but effectually stopped the diarrhœa which accompanied the cutaneous disease; and also another case in which the dyspeptic symptoms, complicating a tubercular eruption, having resisted the usual remedies, yielded readily to arsenic, which also restored the skin. In these cases large doses of arsenic would be highly objectionable—dangerous as well as useless."

SNELLING.

FUNGUS HÆMATODES.

There are few diseases which we are called upon to treat, more painful to the physician, or more unpromising to the patient, than the true fungus hæmatodes. Its spread and increase is sometimes of fearful rapidity running its course occasionally in a few weeks, or even days; generally, however, taking rather longer than this to arrive at its maximum. Its true character once ascertained, other than a most unfavorable prognosis, hardly can be given, yet we have a case reported, (that of Field Marshall Radetzky,) where, after the case had been pronounced one of true malignant disease, and that it was utterly impossible to save the patient, homœopathic therapeutics succeeded in effecting a cure.

Marshall Radetzky, while on service in Italy, was attacked on different occasions by what was at first supposed to be merely a slight degree of cerebral congestion; after which it was noticed that there generally occurred some lacrymation and protrusion of the right eye. Though this condition was removed from time to time by appropriate remedies, yet there constantly remained some degree of irritation or inflammation of the lower lid. Alternating thus between more or less inconvenience a year passed; but on the 9th of October, 1840, after rather unusual exposure, he was attacked with great redness and suffusion of the face, followed by fever, and excruciating head-ache. The eye was inflamed and protruded from its orbit. This condition, however, passed off under treatment, leaving only a slight redness of the lower lid, lacrymation, and a swelling at the external angle, extending upwards into the orbit, but without pain or injury to the vision.

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Some seven weeks subsequent to this, while at Modena, it was noticed that a tumor the size of a bean, was forming in the internal angle of the eye, commencing near the lower lid: the previously-described tumor in the orbit, at the external angle had increased in size, and the eye protruded considerably from the socket, with occasional pain in the forehead and considerable congestion of the head. At this stage Dr. Hartung again saw him and diagnosed a fungus, whose growth was greatly to be dreaded; and the indications were complicated still further by an apoplectic tendency of the patient, which at this time looked threatening. The treatment was commenced with Acon. followed subsequently by Baryt.-carb., Zinc.-met., Anacard., Calc.-carb., Euphr., Merc.-Hahn., Merc.-sub.-corr., Ant.-crud., and Digit. together with an emollient poultice at the outset, to relieve the urgent inflammation which was extending to the cheek: but all to no purpose, as regarded the tumor. It had steadily increased in size, and at the end of this treatment appeared as a fungus-like, elastic, granulous, purple, painless swelling, by which the eye was not only protruded, but turned from its normal axis of vision, so that the pupil stood looking outwards and upwards, and the eye was restricted in its motions.

At this point Prof. Flarer of Pavia was called in and his prognosis was very unfavorable. He remarked, "We can do nothing at all in the case," and stated that neither allopathia, homœopathia, hydropathia, nor any other mode of treatment could effect a cure. Merc.-corr. was prescribed in ¼ grain doses daily, but with no hope of benefit, and it had to be stopped in consequence of causing congestion of the head. This was on the 7th of January. On the 25th, Drs. Jager, Florer and Hartung met in consultation, and the same unfavorable conclusion was arrived at, viz., that the patient could no be relieved.

The case having been abandoned by the two former physicians, Marshall Radetzky voluntarily put himself exclusively into the hands of Dr. Hartung, who proceeded to treat him upon the homœopathic principle. Arsenic, Psorin, and Herpetin, having failed, the use of Carb.-an. was commenced with the effect of at once checking the growth, but without in any degree diminishing its size. He then, on empirical grounds, proceeded to try Thuja-occidentalis. Under the combined influence of these two remedies the pain and distress were gradually relieved by the third day, and a change had evidently taken place in the fungus itself, as a milky secretion began to show itself, and on the fourth day its size, to the great astonishment of the attendants, was evidently diminishing. On the fifth, sixth, and seventh days, there was no pain, some increase of the secretion, and further diminishing of its size. The external application of the Thuja (gtt. vj. to ʒ iv. of water) was continued.

In seven days more under the same treatment the swelling was still further diminished, and the eye had retreated into the orbit. These two remedies, Thuja and Carb.-an. were continued in alterna-

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tion every eight days, and the external use of both was kept up. The consequence was that in a month and a half the whole fungus had disappeared, and the eye, with complete power of vision, moved as well as the other in the orbit.

The cure was entirely permanent and made a marked sensation among the higher classes in Europe, in favor of Homœopathy. Within the last few months Radetzky has published anew his certificate of the verity of the cure, which took place so many years ago.

We would suggest the use of the *Secale-cornutum* in Fungus Hæmatodes. We have seen its powers most remarkably displayed in the case of suspicious fungoid swellings. Some three months since a gentleman had been troubled for two weeks by a swelling of the great toe joint of the left foot. After neglecting it for about that time, it was seen by a medical gentleman, and opened; a little pus being discharged. About this time it was seen by Dr. Peters, (accidentally, however, as the gentleman was applying for advice for some dyspeptic troubles, and attention was called to the foot from the fact that he wore a slipper;) and he regarding it as a suspicious case, advised complete rest and fomentations, with a view to watching its progress. On the third day its size had very materially increased; it was very spongy and elastic to the touch, containing no pus, but discharging an ichorus sanious matter, in small quantities. Sometimes, however, the discharge would be copious but never assume the characteristics of healthy pus. The next day on removing the dressings there was quite a flow of blood and no pus or ichor whatever. Two days afterwards the skin sloughed in three places on the top, side, and bottom of the joint, discharging a sanious pus, and disclosing a foul bloody excavation, and the texture of the whole mass was evidently breaking down. A great deal of blood was also discharged from day to day at every renewal of the dressings. The joint itself was not involved. At this stage, though regarding the tumor as evidently malignant, it was resolved to put him upon the use of full doses of tinct. Secale-cornutum, with a preparation of the same remedy applied externally to the foot.

The following day, on seeing him, there was a manifest improvement. There was less discharge, and the openings were less foul. On the day after, the improvement appeared to continue. The skin over the tumor had lost its livid hue and assumed a more healthy color and feeling. The sponginess and elasticity which had been very marked, giving a sensation almost of fluctuation to the touch (a probe had been freely passed in all directions and no matter whatever had followed;) had greatly diminished, and the whole mass had assumed a more healthy and promising appearance. The size of the joint at this time was that of a large of apple.

Though well aware of the deceptive nature of malignant swellings, the improvement was too unequivocal to be doubted; and from this time, it steadily progressed under the use of the Secale, externally

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and internally. The sponginess gave way to a cartilaginous feel, and that to the sensation of healthy tissue; the openings all closed one after another without any assistance whatever, a slight excess of granulation about the largest merely requiring a touch of caustic. The discharge entirely ceased after the third or fourth day, and its size proportionally diminished until it had regained its normal dimensions.

Its absorption and diminution were promoted towards the last by adhesive straps, applied across it so as to support and compress it slightly, and by the internal administration of Kali-hydrod. At this time (June 7th, 1857) it shows little sign of having been affected.

SNELLING.

ENCYCLOPEDIA

OF

Practical Medicine.

By Drs. CARROLL, PETERS and MARCY.

ABSCESS.

On the subject of inflammation, as connected with suppuration and abscess, so much has been written by preceding authors, so many pathological essays have been indited, that we feel that a lengthy dissertation concerning its general history would be a work of supererogation: We shall therefore glance as briefly as possible over its generic phenomena, as introductory to that stage of inflammatory action with which we have to deal in the disease now under consideration; viz. suppurative inflammation.

Inflammation may be defined as an abnormal exaltation of the vital condition of a tissue; for we find in its symptoms merely an exaggeration of those phenomena observed in health; thus, in the first stage of the inflammatory process, the circulation in the part is accelerated, the tonicity of the smaller arteries and capillaries is heightened at first, but afterwards, by reaction, diminished and they dilate before the increased pressure of the blood; the capillaries admit an increased number of red corpuscles, and vessels, previously too minute to be seen, become plainly visible; hence the natural warmth and color are increased to "redness" and "heat:" With the increase of circulation, comes an increase of secretion and nutrition; transudation from the vessels goes on in greater quantity but unchanged in quality; and from the exaltation of the nutritive function, results an increase of bulk or "swelling." The incipient and essential stage of inflammation, therefore, differs from health only in the intensification of the functions necessary to vitality.

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As inflammation proceeds, this exaltation of vitality is more strongly marked, and its effects approach that morbid condition which an over-excitement of any function must necessarily induce: The arteries leading to the parts participate in the excess of action, and transmit an increased flow of blood; the capillaries, already dilated, relax before the additional pressure of the cardiac circulation, and congestion is the result: Transudation, favored by the tenuity of the coats of the vessels, is more copious than before, and the effused liquor-sanguinis contains more fibrin than in health: More material is supplied than is demanded by the tissues, and an increase of the swelling ensues.—The coats of the capillaries and minor vessels are after a time, changed in structure from the over-distention they have undergone; all tone is lost; and while the surrounding circulation is unusually active, that of the inflamed part is in a condition approaching to stagnation; here and there the coats of the capillaries give way and their contents are extravasated: Absorption, by the lymphatics and veins, is greatly diminished, and the effused plastic material, instead of becoming organized, shows a tendency to disintegration from the diminution of vitality—a diminution resulting, so to speak, as a reaction from the excess of vital action ushering in, and giving birth to inflammation.

Inflammation may result in resolution, suppuration, ulceration or gangrene:—Resolution consists in a restoration to health of the parts; the morbid phenomena disappearing with more or less rapidity, and excessive deposit being gradually absorbed. Ulceration and gangrene will be treated of when we come to the consideration of those diseases in which they occur; we therefore proceed at once to the second and most common result of inflammation, suppuration.

Pus has been considered by some as a secretion, formed within the vessels, and by others as the result of chemical alteration of material already extravasated; but the weight of evidence tends to confirm the former theory: In inflammation of mucous surfaces, or of cutaneous tissues, pus is obviously exuded directly, as also from the surface of granulations.* Again, were pus the result of putrefaction of the solids, as its etymon would imply, and as the adherents of the chemical doctrine of pyogenesis insist; or of fermentation, as others suppose, it would necessarily possess acrid or corrosive properties, whereas, on the contrary, it is a bland substance, which seems designed for the protection of granulating surfaces, and which, far from irritating them, serves as a protective covering until the formation of cuticle.

Suppuration is preceded by the formation of a layer of coagulable lymph, which seems to act as a secreting surface for the formation of pus. This layer constitutes the cyst of an abscess, and is not only a secreting, but an absorbing membrane. In suppurative in-

* Thomson's Lectures on Inflammation.

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flammation of mucous membranes, the existence of this pyogenic layer has not been demonstrated, but in other instances it is almost constantly present.

Adhesive inflammation takes place around an abscess, forming a boundary to the suppurative process "by making parts, which otherwise must infallibly fall into that state, previously unite, in order to prevent its access * * * * * and where it cannot produce this effect, so as altogether to hinder the suppurative inflammation itself from taking place, it becomes in most cases a check upon the extent of it."*

I. *Abscess* may be defined as a collection of pus formed in the parenchyma of a part; and may be acute or chronic. Its characteristics are as above stated, a central collection of pus, limited and enclosed by plastic exudation, and adhesive inflammation, and still beyond this the tissues are more or less infiltrated with serum. In acute abscess, these phenomena are more strongly marked, from the greater rapidity with which the antecedent inflammation reaches the suppurative crisis, and consequently the practised touch can easily recognize their existence when near the surface. First, the pitting œdema, then the hard boundary of fibrin, and, in the centre, the fluctuation which indicates the presence of pus. This fluctuation is distinct or obscure in proportion as the abscess is superficial or deep-seated; in the first instance, the sensation imparted to the touch is that of a thin elastic bag filled with fluid; in the latter, the super-imposed tissues render this sensation more difficult of detection. The constitutional symptoms, if any, are those of inflammatory fever at first, sometimes changing to those of hectic.

II. *Chronic abscess* differs from acute in the slowness of its progress, and the slightness of the local symptoms of inflammation attending it. There is less plastic exudation surrounding it; instead of the mass of fibrin sometimes observable in acute abscess, the pyogenic membrane forms a fair cyst, and is, in fact, an organized membrane, capable both of secretion and absorption. From this latter fact, we may sometimes hope for the discussion of a chronic abscess, while in an acute one, from the more imperfect development of the containing cyst, such a result is hopeless.

The tendency of all abscesses is to approach the surface by a process termed pointing. This process is so admirably described by Miller, that we extract his definition of it:

"The matter, by continuance of secretion, gradually and steadily accumulates in larger quantity; and the effect of such accumulation plainly is to make pressure on the surrounding parts. They are thus, to a certain extent, pushed aside to accommodate the increasing fluid; but the accommodation so obtained is insufficient,

* Hunter, on Inflammation.

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and the pressure, not being relieved by adequate extension of texture, occasions more or less absorption of the parts compressed. The fibrinous barrier is not undone, but pushed back; and the surrounding parts are partly condensed by the mechanical result, partly diminished by interstitial absorption, the vital result of the pressure applied. As expansion of the barrier and cyst takes place, these are not attenuated; on the contrary, by continuance of fibrinous deposit, they are maintained unbroken and efficient; the interstitial absorption is in the textures exterior to them, comparatively uninvolved in the original action. According to merely physical laws, this pressure, effecting an enlargement of the suppurated space should act equally in all directions; and were the process to occur in dead matter, such would doubtless be the case; but in the living, it is different. The pressure acts more at one point than at the others; and that point on which it is as it were concentrated, is usually towards the external surface. There the dose of pressure is increased; other vessels besides the absorbent are implicated in the result; the vascular system, already roused is still more excited; true inflammation is induced; ulceration follows, and by its crumbling agency, the parts intervening between the pus and the external surface are gradually removed; at each step the matter becoming more and more superficial. The original fibrinous barrier—and the pyogenic membrane, if it exist—are of course destroyed at the ulcerated point. But it does not thence follow that the pus may at that point overpass its limits; becoming infiltrated into the surrounding tissues, open and unresisting; and thus converting the circumscribed or limited form of abscess into the diffuse. Ulceration is accompanied and surrounded by fibrinous deposit—the second ring of the inflammatory process; and this supplements the breach made in the analogous structure of the original abscess, preventing that deficiency of the barrier which would otherwise occur at the ulcerating part."

By a wise provision of nature, this outward tendency of an abscess is sometimes supplanted by a direction of the absorbent and ulcerative processes towards a mucous surface; and this internal pointing takes place where the matter would be forced, in order to reach the external surface, to pass through a large mass of superjacent tissues, or where any dense and unyielding texture, as the fibrous, intervenes between it and the integuments. This introverted action is frequently observed in abscess of the lung, liver, &c., where the matter finds its way into the bronchial tubes or intestinal canal in preference to pointing at the external surface.

When, as is sometimes the case, an artery, vein or nerve is involved in an abscess, the protective efforts of nature invest it with a fibrinous covering which defends it from the ulcerative process as long as possible; but if the pressure of accumulating matter be allowed to continue beyond a certain point, this protection becomes ineffectual, and ulceration may open the vessel, producing false aneurism.

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The diagnosis of abscess is in most cases readily effected; the feeling of fluctuation, taken in connection with the history of the case, serving to distinguish it in the majority of instances; yet there are some cases in which the most acute may fall into error. An abscess may be situated immediately over a large artery, whose pulsations may be communicated to it so as to simulate closely an aneurism. Here the distinction must be drawn from the fact that an aneurism expands on all sides at each pulsation, while an abscess thus situated, is merely raised by the artery without alteration of its bulk. The absence of the characteristic thrill of aneurism will also serve to avoid error. Where much adipose tissue exists, the sensation imparted to the touch resembles strongly deep-seated fluctuation. Here the previous history of the case, with the absence of the pathognomic signs of abscess must guide us in forming an opinion. But the closest resemblance to abscess, and the one most calculated to deceive even the most experienced judgment, is found in malignant disease. The feeling of fluctuation is sometimes so distinctly imitated that it is impossible for the most practised "tactus eruditus" to distinguish it from the true; and the only test, in many instances, consists in the use of the exploring needle.

The treatment of abscess varies as the disease may be acute or chronic. In acute abscess, the indications are simple. By the use of poultices, and warm fomentations, we effect a relaxation of the tissues which favors the approach of the matter to the surface, while, at the same time we subdue the inflammation, if any, remaining in the part. As soon as these objects are effected, the abscess should be opened by an incision large enough to give free vent to the pus, thus avoiding the disastrous results which may ensue, if the process of evacuation be left to the unaided efforts of nature, by destruction of tissue. After opening an abscess, poultices should be persevered in for some little time to subdue the irritation caused by the wound, and the part should be kept at rest, with the muscles relaxed.

The time at which an artificial opening should be resorted to will vary according to the tissues involved. Where these are highly important, we may sometimes practise incision before any collection of matter has taken place, in order to afford an exit to the pus as it forms, thus preventing it from pointing to some more important part, and avoiding the results of pressure in its accumulation. When, on the other hand, the effects of suppuration are not to be dreaded, from the unimportance of the part, or where inflammatory action persists around it; or when, as in some glandular enlargements, we aim at disintegration of texture, we may advantageously delay an opening.

After a day or two, when vascular action has been resolved by poultices, these may be replaced by water dressings. In acute abscess, the knife should be preferred to escharotics for practising an opening; yet, in some instances, caustic is resorted to, as when it is desirable to destroy, to a greater or less degree, the texture of the

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suppurated part, or when, from delay in opening an abscess, the integuments have become so attenuated as to forbid any hope of adhesion after the discharge of the matter. When it is considered advisable to apply caustic, the best form is the caustic potash; and after penetrating into the abscess, oil or vinegar should be applied to prevent extension of its action, and a poultice, to allay irritation and promote evacuation.

In chronic abscess, as before stated, we may sometimes hope for absorption; and to bring about this result, we may exhibit the iodide of potassium, or tartarized antimony, while the part is pencilled over with tincture of iodine, or Lugol's solution. At the same time, a condition favorable to absorption should be maintained by a sparing use of liquids on the part of the patient, and a promotion of exhalation.

Where a chronic abscess, however, is found to increase steadily, instead of remaining stationary, evacuation of its contents is to be effected; and the mode of proceeding will vary with the size and situation of the abscess. If it be small, free incision should be early practised, as in acute abscess; and this method is especially to be pursued if it be in the vicinity of important parts. Where, on the contrary, the collection of matter is of a large size, a free incision is attended with danger from the admission of air, which frequently rouses an active inflammatory process, whose effects are found in vitiation of the discharge; ulceration, favoring infiltration into the surrounding tissues; and serious constitutional disturbance. Our object is therefore, to prevent the access of atmospheric air into the cavity of an abscess, and to arrive at this end, several methods of proceeding are in use. The Abernethian mode consisted in making a small puncture, by which was evacuated a portion of the contained matter, and then closing this small wound so as to obtain union by the first intention; and thus, by repeated punctures, the contraction of the cavity was gradually induced. From the frequent failure of this proceeding through the admission of air, it has been generally superseded by safer methods of evacuation. One of these, which is in fact only a modification of the Abernethian, consists in sliding the integument over the abscess, either with the finger, or by means of a strip of adhesive plaster, before making the puncture. In this way, after partial evacuation of the abscess, when the integument is returned to its normal position, the external wound is at some distance from the opening into the cyst. Another, and better procedure, is to make a small incision through the integuments, and to push under them, through this opening, a small trocar and canula. Having penetrated far enough from the integumental opening to ensure safety, the cavity of the abscess is perforated, and the trocar withdrawn; and, after sufficient matter has flowed, the canula, followed up by pressure of the finger upon its points, is also carefully extracted. In an instrument made for the purpose, the canula is furnished with a stop-cock, which is closed as the trocar is withdrawn, and on its removal, an exhausting syringe with an ejecting tube is fitted to the

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canula and evacuation is thus gradually effected. On the withdrawal of the canula, the wound is to be carefully closed and covered with a simple dressing.

If by any chance, air have been admitted, and inflammation ensue, a free incision must at once be made for the purpose of thorough evacuation, and the after-treatment of acute abscess adopted.

When the cavity refuses to contract and the healing process is sluggish, action is to be excited, either by a seton passed through the abscess, or, as is the custom most in vogue now, by stimulating injections; Iodine being the substance most employed, though use is made of the Sulphate of Copper, Bichloride of Mercury, &c. The strength of these injections should be proportioned to the exigencies of the case, and continued and equable pressure should be conjoined to their use.

III. When matter forms between a bone and its periosteum, constituting what is called acute external abscess of bone, the only course by which we can hope to save the bone is by an early and free incision. If this be omitted, ulceration of bone and probably necrosis must ensue, both from the increase of pressure caused by the inelasticity of the textures, and the loss of vital power from the separation of the periosteum. This undistensibility produces the most intense pain, which is also relieved by incision. It is needless to state that the opening, to be productive of benefit, must divide the periosteum; as, if it be not carried deep enough, we only aggravate the existing evil.

The treatment of this form of abscess, when chronic, is similar to to that advised in ordinary chronic abscess; when small, we may endeavor to induce absorption, and, if we fail in the attempt, treat it as if it were acute. If it be large, though this is rarely the case, then the valvular method of evacuation may be practised. Mercurial or syphilitic abscesses in this situation will commonly yield to the effect of discutients with the internal use of Iodide of potassium.

IV. Where abscess occurs in the interior of a bone, it is generally unaccompanied by plastic exudation in the form of a limiting barrier. The cavity enlarges by ulceration and disintegration of the cancellous structure; and the matter ultimately finds its way under, or even external to the periosteum. Here, also, the proper treatment is by a free incision as soon as the presence of pus shall have been ascertained.

V. Sometimes, however, plastic effusion does take place around an abscess of bone, and the cavity is found to be bounded by a firmly consolidated layer of bone, and lined by a pyogenic membrane. In this case, the patient complains of most intense pain of a throbbing character, which is deep-seated and confined to one spot; the finger of the sufferer can indicate the precise locality of the pain, and this, combined with a slight redness of the integument over the

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seat of the abscess, will serve to inform us of its whereabouts. The pain is greater at night, and sleep is almost wholly denied. If this condition of things be allowed to continue, the strength of the system fails, and hectic fever calls on the dilatory surgeon to mend (?) his error by amputation. Even where this terrible alternative is not forced upon us, delay in giving egress to the pus is attended by grave results to the textures involved; ulceration and necrosis occur from the pressure of accumulating matter; and if, as it most commonly is situated in the heads of the long bones, the abscess be near a joint, the articulation is in danger from purulent irruption. As soon, therefore, as the surgeon is convinced of the existence of this disease, a free incision, of the semilunar or any other form, according to the fancy of the operator, should be made to reach the bone, and, with a trephine, the abscess is perforated, and after the pus has escaped, the wound is treated for adhesion. When an abscess of bone is chronic in its character, the gradual expansion is sometimes such as to reduce its parietes to such tenuity that they may be perforated by a bistoury. The only difference in the treatment after the operation consists in aiding the contraction of the cavity by moderate pressure. If the process of reparation be sluggish, action may be aroused, as indicated in ordinary chronic abscess, by stimulating injections, or, what we think preferable, the temporary use of a seton.

VI. In strumous abscess of bone, tubercular matter is first deposited, and after some time breaks down, accompanied by purulent admixture. Here the treatment is mainly constitutional, our efforts being directed locally to prevent, if possible, the suppurative crisis, since we know that no reparative process will occur to replace the loss of tissue likely to ensue. When matter has formed, we must give it vent, and content ourselves with using our best endeavors to combat the unhealthy action, lamenting, meanwhile, the limited state of our knowledge in regard to strumous disease in general.

VII. Suppurative inflammation may occur in the tissues exterior to a joint, either idiopathic, or arising from other causes, as external violence, &c. It may be acute, or, as is more rarely the case, chronic in its character. If consulted early enough, our effort should of course be to avert the occurrence of suppuration by local and general antiphlogistic treatment; but, should matter have formed, the free opening is called for more promptly, if possible, than in any other form of abscess; in order to prevent access of pus to the interior of the joint, as is liable to take place, especially if the matter be within the fibrous tissues surrounding the joint, causing destruction of the articulation, and perhaps loss of life or limb. Perfect rest of the joint is of course necessary.

VIII. Purulent accumulation in the interior of a joint seldom occurs except as a result of other disease, as acute synovitis, phlebitis, &c.; or as a consequence of purulent irruption, from that form

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of abscess we have last treated of, or from internal abscess of one of the bones entering into the articulation. When, however, from whatever cause, matter is found to exist in the cavity of a joint, it must be unhesitatingly evacuated by an incision; but here we must be cautious in our diagnosis, for if the fluctuation be caused by serum instead of pus, we only render certain, by an opening, the very condition we wish to avoid, viz. suppuration. After the operation, the joint should be kept at rest, and our treatment directed to mitigating the inflammatory action necessarily supervening. When abscess of a joint occurs from purulent irruption or external violence, we must guard against ulceration and destruction of the contained textures. When from internal causes, the synovial tissue is frequently covered by a layer of false membrane which forms the pyogenic cyst, and we sometimes can only succeed, in curing the abscess at the cost of an anchylosis.

IX. Abscess of bursæ may arise from acute bursitis, the action having passed from serous effusion to purulent secretion. The part is sensitive and surrounded by œdema. Free and dependent incision, particularly if in the neighborhood of an important joint, should be practised, as soon as suppuration has occurred, and the wound treated as in any acute abscess.

X. In all the forms of abscess which we have been considering, it will be seen that evacuation of the contained pus is indicated as a main feature of the treatment, and it is recommended in most instances,—especially in acute abscess, that this be effected at an early periods; but there is one form of this disease in which early incision constitutes an even more important part of judicious practice. We allude to what is termed diffuse abscess. Here, the preceding and attendant action being of an asthenic type, no limiting process of plastic effusion or adhesion takes place, and consequently, pus as fast as it is formed, is infiltrated among the neighboring tissues, giving birth to fresh action of the same nature as that which produced it, and thus extending the disease in a geometrical ratio as it advances. Ulceration and sloughing of the integuments and cellular tissue attend its progress, and, as the destruction of texture advances, so, *pari passu*, does the constitutional disturbance which is the fever of irritation. The treatment here, as just stated, consists mainly in one or more free incisions, if possible previous to the formation of pus, with a view to giving exit to the effused liquor-sanguinis, and also, by local abstraction of blood, relieving the congested vessels of a portion of their contents and arresting the inflammatory action. If suppuration have already occurred, the same procedure is indicated, in order to afford a vent to the pus, thus preventing it from burrowing to more important parts, to lessen inflammation by the division of the vessels involved, and in this manner, if we can not prevent suppuration, to limit it after it has occurred. After operating a poultice is applied to favor separation of the sloughs, if any have formed, and

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afterwards we aid granulation, and prevent further infiltration by moderate pressure by bandaging. If we make the incision before the suppurative crisis has taken place, the poultice may be dispensed with, and simple water dressing applied at once, at the option of the practitioner.

XI. Sinus and fistula, although spoken of as separate forms of disease, may yet, as results of abscess, be appropriately treated of in this place. A sinus is produced by the contraction of the cavity of an abscess, forming an irregular canal lined by the pyogenic membrane, which retains its secernent quality, instead of yielding to the process of granulation. A sinus may have several openings, which may be traced by the gentle use of a probe; and from these there is a constant discharge of a sero-purulent character.

XII. The term fistula is used by many writers as synonymous with sinus; by others it is applied to an advanced stage of this latter where its walls are more consolidated, and the discharge of a more serous nature. For all practical purposes, however, this distinction is useless, and it would be a difficult task to define the precise point at which sinus terminates and fistula commences. The treatment of both is the same, our object being to induce reparative action throughout the track of the canal. To promote this end, several methods of treatment are had recourse to, the simplest of which is by pressure applied over the course of the sinus by a pad of lint, by which means adhesive inflammation is sometimes excited, and union of the parietes effected. Injections of a stimulating nature are frequently used in combination with this pressure to aid its operation. The objection to this plan is that union too often takes place in the external portion only, while the rest of the sinus remains as a secreting surface, causing an accumulation of pus which may form for itself a new fistulous opening.

Among other methods proposed for the treatment of sinus, we may mention, only to condemn, the use of a ligature to divide the tissues, a return to the dark ages which recalls to mind the inquisition, its object apparently being to take the least certain means of arriving at the proposed end, while, at the same time, the greatest amount of pain is inflicted upon the patient.

The most certain and celeritous mode of treating sinus is by free division of its parietes. A probe-pointed bistoury is used commonly for this purpose, a grooved director, if necessary, having been previously passed into the opening as a guide to the knife. The integuments are thus divided wherever the pus may have burrowed beneath them, and the wound is to be prevented from closing externally by stuffing it with lint, thus ensuring granulation from within outward. Blood-vessels of any size, or other important textures, are of course to be avoided in the use of the knife; but where, as is most commonly the case, the disease is more or less superficial, there is but little danger from hæmorrhage, as the charpie intro-

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duced into the wound will control all bleeding likely to occur. If more than one opening exist, it is advisable to divide them all.

When a sinus or fistula depends upon the presence of a foreign body, or a spicula of necrosed bone, such irritating cause is of course to be removed in the first instance, and frequently spontaneous cure will follow; if, however, the disease persist, after removal of such cause, then recourse is to be had to the ordinary treatment by pressure, stimulating injections, the knife, or—as has been lately proposed—the actual cautery applied by means of a platinum wire, which is introduced into the sinus and heated by a galvanic battery. If this latter method be pursued, a poultice should be used to facilitate the separation of the slough caused by the burn.

When, from any reason, as the extent of wound necessary, the danger of inflicting injury upon some important texture, or the situation of the disease being such as to render the scar objectionable, we do not wish to use the knife, if pressure and stimulation fail to obliterate the sinus, a seton may be passed into the canal by the aid of an eyed probe, and a small counter-opening being made to give it egress, the seton is to be left for a few days until sufficient action shall have been induced to disintegrate the pyogenic membrane, and replace it by granulation.

XIII. Conjoined to the local treatment recommended in the different forms of abscess, constitutional treatment will be found necessary where the disease is of any magnitude. During the inflammatory stage which precedes suppuration, the diet should be reduced, in order to avert, if possible, the suppurative crisis, while the treatment is directed to the same object. When suppuration has commenced, the diet may be made more nourishing to enable the system to support the drain thus established upon it. The attendant febrile disorder is of either the hectic or irritative type; more commonly the former; these will receive further consideration when we come to treat of them under the head of fevers. When hectic fever is maintained by irremediable structural change in a limb, amputation will in many instances be the only means of saving life. If it be dependent upon copious discharge of pus, as happens sometimes after opening an abscess, we must endeavor to moderate this secretion while we support the system by the judicious employment of tonics and stimulants. In other words, the exciting and maintaining cause is to be removed before we can hope for a subsidence of the induced action: "*Causa ablata tollitur effectus.*"

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ARTICLE XIII.—*Introduction to a Course of Lectures on Special Pathology.* By C. D. WILLIAMS, M.D., late Professor of Special Pathology and Therapeutics, in Ham. College, Cleveland, Ohio.

Gentlemen of the Class,

I propose to submit for your consideration a few thoughts in relation to the law: *similia similibus curantur*, applicable to the *development* of disease, as well as being the basis or guide for the selection of curative agents. If Homœopathy can unfold and render both plain and useful an array of facts and occurrences hitherto unknown, or if known, not duly heeded, she is entitled not only to our common regard, but our implicit confidence and support. As physicians we are bound by every consideration to give due heed to all her suggestions, and deeply respect every truth she presents.

Homœopathy has a scientific basis.

What is it—and where is it?

We answer, first *anatomy*. Without an organism no impression can be made; there is not any thing to act upon, either pathologically or therapeutically. In the second place, *physiology*, that science which treats of and explains the duties and

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the organs which anatomy describes. Next comes *pathology.* This department of medical science embraces the disordered, or unhealthy manifestations of the organs composing the body. Pathology, by some authors, has been spoken of as disordered physiology. *Therapeutics* comes next in the order of constructing the basis, *Materia medica,* supplying the means which therapeutics employs. This science, or part of medical science as a whole, relates to pathology, as does pathology to physiology or physiology to anatomy. This will more readily appear by defining the word therapeutics. It has always been used to convey the idea of cure, and thus is a science of the application of medicinal agents. Hooper gives us this definition: "That branch of medicine which treats of the operation of the different means employed for curing diseases." Thus far then it is perceivable that there is a natural relation existing and running through all the ground-work or foundations of medicine as a science. Upon this platform then the superstructure must be built. We enter from this point a field of inquiry, the boundaries of which have not yet been set; a field which the pathologist and therapeutist must enter, and explore, before he can be regarded as competent to discharge his duties to his fellowmen as a safe and reliable physician. His observations, however, can avail but little, if indeed they are worth the time spent in making them, unless they are conducted under the rigid guidance of laws which nature can, and has furnished us. I hardly need tell you of the sad picture of nearly every man's failure, who has undertaken to be his own guide, to the exclusion of the lessons that nature only teaches. On the contrary, he who quietly receives his first and last lesson, from the works and operations of creative wisdom, will follow in the straight or meandering pathways with the greatest certainty of profit to his profession and pleasure to himself. In this way his observations, can be made more reliable with generous freedom from all blind speculations or treacherous suppositions. But, I have more than intimated that there is a natural law of relation existing and connected with animal life, from the organization of the body, which (so far, as homœopathy is concerned) terminates in therapeutics. The question now arises, are these relations, alone confined to one act of curing diseases. Is this the only

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use which nature evidently designed to make of relations existing between diseased organs and the means of cure?

It is our duty to examine this reputed law, with a view not only to the truthfulness of its claims, but with reference to the extent of its application. This should be done with that care, patience, and exactness, which its importance, if true, demands. If disease is produced upon the same principle, upon which it is cured, it becomes a subject of no small importance to find where the line is drawn, and on which side we may find health, and on which side we must expect to pay a penalty if we overstep. When a drug is chosen for experimentation, we have the means of knowing what it is—we have the means of knowing its chemical and physical constitution. We also have the means of knowing the exact condition of the body of the person taking it, for the purpose of learning its effects, or action. In this way the pathogenesis of drugs can not only become well understood, but their *relations* under the law become established, and clearly defined. This we may, for present purposes, designate the pathology of pathogenesis. But it must be remembered, that abnormal states of the body occur, both from drug-agency that we know not of, and from operative influences, that we can neither find, or subject to any means of *a priori* investigation. This class of cases, it so happens, constitutes about ninety-nine one hundredths of those the physician is called upon the treat. They are that class of cases which we say have a dynamic origin. If we except those developed by direct drug action,—how are we to arrive at any thing like a correct view of the causes and conditions necessary for the appearance of the remainder,—certainly we cannot direct our attention to *material* agents *absorbed* and carried into the circulation, thus producing the various, as well as intense forms of dynamic diseases, for a solution of the matter. Nevertheless the fact that this class of cases have always occurred, and are continually manifested, is pressing upon us in our every-day experience. We find no two cases *just alike* in their minutiæ, yet bearing very well-defined general resemblances both in quality, duration and intensity, according to the form developed. Hence *variety* in the same general form of abnormal appearances, as well as variety in type and character, must be met with in prac-

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tice. We find about the same shades of difference in the constitutions of men, that we observe among the diseases to which they are liable. It has been my experience, to find unhealthy, as well as intense forms of disease strikingly related to a foregoing condition of the organism, as expressed by the facts found in the case or cases. I will cite to you illustrations, as we go along, for the purpose of placing my meaning more distinctly before you. I will, however, first call your attention to what my observation has inclined me to believe, is an extended result of a law of nature already acknowledged and accepted by homœopathists. I mean distinctly the law *similia similibus curantur*. Experiments with known drugs, have hitherto demonstrated the fact, that each possesses a peculiar affinity for certain portions of the body,—that the action is specific—and that the *relation* between the agent employed and the body becomes well defined. This being true, may not unknown agencies act in a similar manner and upon the same principle? With this exception, however,—in the former instance the quantity is larger than in the latter. In addition to the general fact, just stated, I will present another—viz., an organism diseased within the limits of disorganization. (Paralysis only excepted) becomes susceptible of specific impressions in the same ratio that the parts are diseased. If this be admitted as truth, I can see no good reason why unknown or dynamic impressions may not be made upon the system in small quantities, when the relation is already established, between the attenuated poison and the body. This fact is already established beyond all doubt, that attenuated medicines operate in curing maladies more from their *specific relation* to a specific condition of parts than from quantity alone considered. It comes to this. When an abnormal condition of the organism exists, either by inheritance, or from external circumstances, and it is brought into contact with a specific, though attenuated virus, a corresponding impression will be made. The parts will acknowledge the action of that silent agency, when, if no relation existed, its presence would not be suspected. Sound organs are not susceptible to dynamic, or attenuated poisons. It is only the unsound, that takes cognisance of them. This being true, may we not more than suspect, that all dynamic diseases,—are ushered into being

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as the result of bringing into contact, condition and relation; that this class of cases, are purely homœopathic aggravations? If an organ, or organs in the body are so *conditioned* as to *relate* to a given poison in an attenuated form, though not sufficiently so as to change that condition back to health, have we not sufficient precedent to authorize us in the conclusion, that an increase of the symptoms will inevitably follow such a meeting? This position, if correct in one instance, within the limits I have set, must be correct in all others amenable to the general scope of the law. Granting this view of the matter as the proper one, it unfolds to our comprehension an interesting scope for practical investigation into a hitherto dark corner of pathology. Hidden causes of disease have always intervened and retarded the progress of therapeutical science. It is our duty, therefore, to put this principle to the test of experience. We may thus satisfy ourselves of its applicability to pathological science. If it will not fully bear out in practice the claims I have set up for it, let it go for naught. Certainly the investigation can do us no harm. Were I to attempt an expression of the law *similia similibus curantur*, as applied to pathology, it might be stated thus. Dynamic diseases are only developed by agents, the action of which sustain a relation of similia irritancy to the body at the time it is brought into contact with them.

It will be observed here, that the expression given does not confine the principle within specified limits, but is intended to direct the mind beyond the investigation of drugs, and direct its attention to *all* the influences and agencies capable of disturbing the animal economy under every variety of circumstances.

With the law to guide us, our observations must necessarily become both new and interesting, as well as useful to a profession seeking reform. Hitherto the time and talents of the best men in the medical world have been seeking an explanation of phenomena constantly presented, in the development of a great variety of diseases, under various circumstances or conditions, without any thing like satisfactory results. The great error and failure in this respect, I suppose may be found by analyzing two commonly known facts. First causes of diseases have

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been thought to be *material*, and have been looked for accordingly. The only exception I now remember, is found in that limited class of cases of dynamic origin known in the books as contagious diseases; but the reason why this *supposed* exception to all other forms of abnormal manifestation should exist, does not seem to have been even suspected, or that they were developed in obedience to a law of nature. Hence the failure to which I have just alluded. In the second place—the attention of pathologists has not been sufficiently turned to a due investigation of existing relations,—they have made an extended series of experiments with drugs or known agencies, but they have not given a sufficient amount of attention to an examination of the body and its relation to unknown influences known to operate upon it, producing a great variety of diseases. Hence, where the cause or causes are not obvious to the senses, the whole matter is left enshrouded in mystery. With this state of facts before us, the profession has been obliged to be contented with merely observing the phenomena, in ignorance of the law that governs. If the position first assumed shall be found correct, you will perceive that it will become our duty to give our attention to the pathogenesis of unknown, or as we call them, *dynamic* agencies, and to study them with as much care and assiduity as you would the known; for in this way only can their various relations to the organism be understood and practically appreciated. I need not say, that if the doctrine sought to be advanced and established, is legitimately true, your mission will not be alone confined to the cure of diseases, but extended to the nobler prerogative of preventing them. We live, day by day, in the midst of causes, any one of which, when duly *related*, is competent to destroy life. Mankind are hourly, yes, momentarily becoming subjects of pathogenesis, established by means so attenuated, as to challenge the finest perception of the senses, yet powerful enough to sweep them from the earth. Am I assuming too much, when I say that all forms of disease not produced by organic lesion, by mechanical causes, or chemical action is brought about upon this principle? Such is my humble belief. My experience has also strongly impelled me to the belief, that the ever-changing degrees of intensity observed in the multiform developments of abnormal conditions

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relate to, and are parallel with the nearness or remoteness of relation between the silent poison, and the state of organs engaged in the disease. It may not be presuming too much to say, that when each present condition of the animal constitution becomes as well understood as the known effects of drugs upon it, the evidences of vital aberration will be found corresponding with that condition, after an exposure to a similar irritant. I will mention as a familiar example, small-pox. When we arraign the facts connected with this class of cases before us, it is found that all are not acted upon alike, nor is every one liable to contract the disease upon exposure to the virus or miasm. Great irregularity of development, also very singular *exceptions*, and *exemptions*, as *has been supposed*, have long been observed.

Of two persons entering a small-pox hospital—one will contract small-pox,—while the other never feels or knows its presence, save by seeing others sick around him. Why this fact? How can we understand this apparent phenomenon—for such it is in the absence of scientific explanation; upon any other principle than the one I have ventured to advance? While we are upon this point, let us examine the operations of this law (if law it is) for the purpose of finding how far it harmonizes with well-established facts. Diseases usually considered contagious, are: small-pox, measles, hooping-cough, chicken-pox, yellow fever, lues venerea, gonorrhœa, and by some cholera, typhus-fever, scarlet-fever, mumps, together with some forms of eruptions not mentioned.

A review of the facts will show that no one of the above-named maladies was ever known to be developed by a virus or miasm sustaining a relation "*contraria*" to the organism at the time of exposure. I think we shall also find that each malady will be found in accordance with the law of similitudes, and that the symptoms characterizing them will become descriptive of the specific powers of each given virus. The virus of small-pox does not, when applied to the body, produce measles, or any other distinct type of disease. It develops small-pox only, in some of its various degrees of intensity, the activity of the symptoms corresponding to the nearness

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or remoteness of relation existing between the organism and the poison at the time of exposure.

The state of facts in this instance are not such as are necessary for the production of measles. The two conditions of the body are essentially different. Is it not upon this principle, that we may explain the prophylactic influence of kine-pox? Does not the action of kine-pox virus so operate upon the animal economy as to change the relations of similia to small-pox agency. This being a permanent change, exempts the patient from future attacks. It does so in a milder manner than the pus from small-pox, or the atmosphere containing the poison. In short, does not the kine-pox accomplish just what the small-pox can and does in like manner accomplish? viz., change by its action upon the organism, the similia, to a contraria condition?

Were this not the case, if the properties of the virusre main the same, and there were no change in the state of the body by its action upon it; having had the disease once could not possibly become any protection against subsequent attacks; for the same causes, and the same conditions, united, would again eventuate in the same results, continually, or so long as the facts remained unchanged. But suppose we urge, what might be regarded as exceptions to this view of the case. I think it will be seen that they confirm, rather than diminish the probability of the truth of the position. I allude to the fact that persons vaccinated with kine-pock matter, have subsequently upon exposure contracted small-pox. Hence, it has been claimed, that the former is no protection against the latter, and that it is further problematical, whether there is any indication of regular or fixed laws regulating the conduct of either; that in brief, the entire proceeding is characterized by chance, or caprices of causes and effects.

The same objections might be urged with equal propriety and apparent candor against the proposition that having had small-pox once, is therefore no guarantee from subsequent attacks, because exceptions have occasionally been known to occur. The strong probability is, these seeming variations from natural laws may be readily explained on the ground of imperfect or incomplete change in the physical or vital condition of the organism, so that the similia is not perfectly changed to

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a relative contraria. This view is strenghtened by the well-known fact, that second and third attacks always appear proportionably lighter, the first always more rigorous and dangerous than the second, while the third, if it occur at all, is so slight as to be scarcely noticeable. The same facts are manifested in subsequent attempts to vaccinate with variola virus. Some persons who have been vaccinated once will present the pustule imperfectly, while others cannot be affected by the use of the purest matter. But suppose we take another apparent or supposed exception by which to try the rule with the facts.

As a physician you are called upon to vaccinate a child. Perhaps before doing this you sit yourself down to a careful and critical examination of all the facts appertaining to the constitution and condition of the patient, this examination results in the discovery of the presence of a decided or even partial pustular diathesis. With this exception the child appears well, and is apparently healthy. Now introduce the vaccine as pure and perfect as ever existed into the arm or body, and what *will be the inevitable* and unfailing result? Will you get a well-defined kine-pock pustule? *Certainly not.* What then, you may ask, will be the consequence?! Simply this, an undefined malignant inflammation and suppuration, having but slight and meagre appearances of genuine kine-pocks. You will secure thus for the patient a disorganizing process difficult of cure, if curable at all, extremely dangerous to the life of the patient, or if this is spared, the glands or other parts of the physical system will have aroused in them specific forms of disease challenging radical cure. But another question intrudes itself here. Does the vaccination under these circumstances procure perfect or indeed any immunity against small-pox? No, emphatically *no.* These are the very class of cases, embracing every variety of eruptive disease, that sustain a revelation of similar irritancy to kine-pock poison, that forms the exceptions complained of, and but for their presence in practice, you would never hear or know of failures in variola vaccinations; you would never find cases of small-pox occurring where evidence of successful vaccination was found. Where you now find distrust in Jenner's prophylactic, confidence would be unwavering, and immaculate success have crowned his sacrificing efforts. The kine-pox, free from these

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modifying influences, is equivalent to small-pox, in securing freedom from subsequent attacks. Who will tell me that these facts, regular in their development and applicability as any others within the knowledge of man, are but the result of mere chance? On the contrary, is it not unpardonable presumption for medical men, whose first great and only duty is, the protection of human life, to disregard and set them aside in obedience to capricious theories. Another fact may serve to illustrate the principle under investigation. An individual, thus the subject of pustular disease, when exposed to small-pox, instead of having been vaccinated with kine-pox, will develop the *confluent* form of the first-named malady. He will not present the symptoms characterizing the varioloid, or any of the modifications of small-pox, only in the ratio of an existing modified pustular diathesis, or a corresponding eruptive condition, parallel with the pustulata. If his organization is *entirely free* from all these abnormal similia he cannot by any possibility contract the disease, short of an absolute pathogenetic action. Nor can he become the subject of small-pox if eruptions of a contrary character are in possession of his body; if the principle, as I understand it, is correct. For these reasons, I have long since refused to vaccinate children before submitting them to a careful treatment for pustulous diseases, when found present, and not then until every trace of it is removed, so far at least as to render the operation comparatively safe and useful. And this is a most difficult task at this day, when amid the devastations of drug pathogenesis we find almost every child more or less tinctured with it, either by inheritance or direct action. It is dangerous to vaccinate without the precautionary measures just expressed, lest you kindle hidden fires that never cease burning but with the extinction of life. A case in point occurred in the family of a friend of mine in the state of Michigan. A cow was observed to have kine-pock pustules upon the udder. The matter was obtained, and inserted into the arms of the members of his family. All had what appeared to be kine-pock in various degrees of intensity, save one. In her case all the symptoms of confluent small-pox made their appearance, with which she died in due course of time. Again our experience in this city a few years since, growing out of an order of the city

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council, requiring the vaccination of all who had not been known to have previously submitted to the operation, or presented good evidences of previous vaccination. This order was made indiscriminate, with the above exception. The ordinance was carried into execution, and the result in many cases was truly alarming, as I had occasion to know, from the effects I was called upon to treat. In several cases death from terrific ulcerations and disorganizing inflammations followed, while many who survived, came near losing their lives with malignant sores, extending to the bone, laying it bare nearly all round the arm. Those who performed the vaccinating, in pursuance of the ordinance of the city government, claimed that the vaccine crusts or scabs were pure. If so, why these consequences?—if they were not, but were of mixed properties combining pus from the order "pustulata," the result must prove all the same.

Allow me to recur again to a fact which I barely mentioned just now. It is found by extensive experience, that some children, as well as persons in adult life, cannot be vaccinated with kine-pock successfully, nor take the small-pox in a natural way, and therefore can expose themselves with impunity to both. But the scene changes in after life. Individuals thus fortified in their own estimation by past experience, find themselves attacked by small-pox upon the slightest exposure. Perhaps they have merely passed in the distance a house in which small-pox is prevailing, or have had in their possession a bank bill from an infected district, or in some other slight manner come in contact with an infinitesimal quantity of virus, too small to become operative, unless *duly related* to the parts engaged in giving primary development to the malady in question. The amount of contagion has not been large enough to predicate an explanation of its phenomena upon the doctrine of absorption, while the facts abundantly go to show that previous exposures to larger quantities of infection failed to make an impression, as much so indeed as if it had not existed. In all these instances coming under my observation, such persons have been subjects of severe illness subsequent to an exposure, or in some other way have changed their physical conditions. With this change, a change of relations to external influences must necessarily accompany it. I am under the apprehension that the

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application of medicines to disease successfully, implies an acquaintance with the state of the body, and the *relation* of the remedy in like manner. I am also one among the many who believe that the *impressibility* of the organism designed to be acted upon grows out of the *relation* which is now known to exist between the body and the agent acting upon it. This view, I am aware, is ignored with becoming gravity and apparent terseness by some of the "little great men" of the present age, who have physiologies in embryo, and see nothing but massive medication through the circulation of the blood.

How then, shall we regard the facts just mentioned? Are the cases referred to only freaks of nature, or are they explainable on the principle we are endeavoring to place before you? Or again, to put the matter into an interrogative position, can the facts be found in harmony with any other principle? I think, if you will take the trouble to put this instance to the test of sober, careful examination in future life, you will find the organisms of such persons while enjoying immunity from small-pox, in contraria relation to the views, and that this relation must have changed before that immunity becomes destroyed. The moment this occurs, there must exist a new state of facts. These facts harmonizing with the law changes in a corresponding manner the fortune and liability of the patient in this respect. What practitioner of years and observation has not noted these changes, and also become familiar with the facts?

But leaving all further consideration of the principle and the facts, as connected with this form of human suffering, we will try it by the side of facts every where developed in measles. I will mention first the fact, that measles have long been known to appear sporadically. That the disease occurs where no exposure takes place directly to the virus, and where, indeed from the nature of the circumstances, the patient could not have been perceptibly brought in contact with measles contagion. The late Prof. Caldwell says, "there exists no doubt that it (measles) often at least makes its appearance in places into which it has not been introduced by contagion. We have repeatedly been witness to such an occurrence." If more testimony were necessary to establish the same fact, it could be supplied in abundance. Another fact. All are not alike infected by or become subject

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to measles; can this fact be questioned? If so the experience of the whole medical profession in all ages can be marshalled in its support. Children of the same family, eating the same kind of food, drinking from the same fountain of water, occupying the same room, and sleeping in the same bed, are not alike affected, nor is it an unfrequent occurrence, that some one or more of them will escape an attack altogether. Nay more, they may remain free from all measles impressions for many years, and afterwards, as in the cases cited in small-pox, become subjects of the disease upon the slightest exposure. We say this is a fact of common occurrence, and within the knowledge of the laity as well as members of the profession. Another fact,—it is found that having had the measles once is not a positive safeguard against a subsequent attack in all cases. The same individual has been known to have the disease a second or third time. But in each successive instance its manifestation becomes less conspicuous and intense.

Again, we find some persons susceptible of inoculation by rubeolous matter, while others will not even recognize its presence. The same fact is revealed in the administration of prophylactics from the materia medica. In some families measles are obviously modified by similia agents, given within proper limits, while in others no perceptible results have been noticed. I say "similia" agents, because *no homœopathist* would insist upon the prophylactic powers of medicines, on the principle "contraria." Nor upon the ground that *quantities*, and not *relation* become the effective means of prevention, or of cure. After stating these common truths, it is legitimate for us to inquire, how does the principle under investigation harmonize with them? Experience must again be appealed to. In all cases wherein rubeola becomes apparent from exposure, or where it occurs sporadically, it must be found that the organism implicated is in a state of similar irritancy to the virus, if the principle is correct. We know some of the conditions thus predisposing, and it is fair to presume that others will be discovered in time by due observation. The presence of glandular diseases may be regarded as perhaps the most conspicuous, in modifying the general condition of the body and fitting it for measles. Scrofula with its attendant diathesis, or in other

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words, constitution has a very important bearing in this direction.

Take this illustration from practice, a child having a well-defined scrofulous habit, and allow him to be exposed to the effluvium from measles,—the result will be subsequent development of the malady in its most violent form. Examine another child in your practice, having less of the foregoing diathesis. Expose him in like manner; the result will most assuredly be, that he will have the disease, but much less formidably. The *intensity* will always be in the exact ratio of the presence or absence of the *conditions* of the body first mentioned. Thus you may trace through every possible variety of shade of diathesis in this connexion, and you will find as aforesaid, the grade of rubeola invariably corresponding with the principle. That form of glandular disease, known to be created by mercurial pathogenesis, will be found predisposing in the same direction and for the same reason. Iodine and its combinations belong to the same class. Lichen Simplex and Urticaria are among the eruptive diseases competent to modify the organism, and mould its impressibilities into a close relation with measles virus. Subjects so constituted, have according to my observation, contracted the malady with great facility, and have manifested it with corresponding severity. But we will try the rule by the opposite class of cases, for it is truth we seek, without fear or favor. Self, or selfish feelings and designs, should never enter into investigations of so much importance. Allow me then to call your attention to those instances wherein measles are not contracted by an exposure for the time being, but subsequently appear on the slightest exposure. A critical knowledge we think will make apparent the fact of an opposite condition, and consequently an opposite relation of the organism continuously, from the hour of birth to the time when the change necessary for measles inception occurs. If this opposite state or condition of the physical constitution is not predicated on perfect health, it will be found under the supreme influence of an opposite disease, or pervading tendency. Among these "contraries" we find the order pustulata. This class of eruptives protects the portions of the body embraced within its limits, and secures a parallel exemption.

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Permit me to repeat what I have often said in preceding sessions of this college, viz., I never knew a case of the kind of which we are now speaking contract the measles, until after a severe illness. Then, so far as my observation has extended, nearly every individual has been attacked upon the slightest exposure. It is then fair to presume, that inasmuch as the properties of the virus remain the same, we are to look to the change in the *condition* of the body and its corresponding change of *relation* to the miasm, for an explanation of the seeming phenomenon. If the same condition and relation continually existed, if the properties of the infecting agent also remained unchanged, having the disease once could not prevent future results of a similar character. But it will be further observed, that the rule maintains the necessity of effecting a radical and permanent change of the condition of the organism by the action of measles virus upon it. Hence subsequent exposures may be endured with impunity; the system will not under these circumstances recognize any impressions it would otherwise have to receive and manifest. Second and third attacks occur only because the change the principle demands was not complete. These subsequent developments being always milder than the primary, measure the extent of the first change in the physical condition. Thus with the second, when if not complete, a third attack will have made it perfect. It appears to me this supposed exception to a general rule, is really a confirmation of the principle; we will not stop here. If the position assumed is based upon truth, all forms of dynamic disease must be shown to be, "a priori" dependent upon it; that future *developments* must recur to the exercise of the principle we are placing before you. Therefore we will select some other form of human suffering, for the purpose of measuring its applicability, and also to test it by the side of facts known by all in the medical profession.

Hooping-cough may be mentioned; we find the facts connected with this malady already mentioned in connection with small-pox and measles, though the *form* of disease is diametrically opposite, viz.: some children will readily contract it, others manifest it slightly, and still others, who will pass on for years under any amount of exposure without being impressed

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in the slightest manner, until a constitutional change occurs to alter existing relations. Then it is, that pertussis is developed, severely or partially, in proportion as the organism is nearly or remotely related to the specific poison producing it. We also observe in this disease the same irregularity in point of intensity, noticed in those of which we have already spoken. I think we shall not be told by the opposite side of the profession, that *specific* action is dependent upon *quantity* of virus for its action instead of relation. Nor that the miasm of measles and small-pox, are identical with that of pertussis. Cause and effect are both specific in each instance, each developing agency producing only its like. The contagion of small-pox and measles will not elicit a pathological condition, nor conditions characterising hooping cough, and vice versa; to what conclusion then *must* we come? We must look to the condition of the organism and its relations to the virus of hooping cough, and that only for our explanation of the reasons *why* it is manifested.

I will not stop here to describe the appearances or abnormal state of the body necessary under the rule, to become productive of the malady, but will recur to that duty again when we come to treat of hooping-cough in its regular order in our future arrangement. We will now pass from these commonly-supposed contagious diseases, wherein specific condition and relation has a world-wide admission, to those not so clearly settled in the minds of the profession. Take for example yellow fever. This disease presents its general peculiarities along with a great many shades in point of intensity. Do not misunderstand me, I say "general peculiarities," that is, all cases present more or less of the appearances peculiar to the disease, nevertheless, it is a specific form of suffering. It has its localities, which only goes to show the presence at such points of the specific poison, or agency required to make an impression under favorable circumstances. Now what are the facts connected with its *development* merely, for you will please bear in mind, I am not speaking in thus discussion, of the *results* of yellow fever upon the body *after* it makes it appearance. We are simply investigating the causes and conditions necessary for the production of dynamic diseases. We wish to know *why* this class of cases occur, and if possible avail ourselves of the knowledge of the

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laws that control in the premises, if they exist, or otherwise settle down into the belief that chance only governs.

One fact is, yellow fever makes its appearance, in a silent and mysterious manner, and becomes wide-spread within the borders of its locality. Another fact is, it does not visit every dwelling, nor seize upon every person within its district. Another fact is, it does not become manifest with equal severity, in all cases where an attack is experienced. It is known to be present in every shade of *intensity*, from the mildest to the most severe, and I think according to kind and condition of constitution of the several persons exposed. With these facts before us, it is very natural we should ask ourselves, *why* has this malady made its appearance.—Is there any tangible or physical cause or causes, that being known can be removed or avoided?

The answer is readily, no. There is nothing observable in the atmosphere, nothing in the character of the heat, or cold, that arrests our attention, a day before the appearance of the disease, that we do not find during its prevalence; yesterday all were free from its ravages, to-day it has stolen in noiselessly, exciting terror and alarm. True this happens on or about a certain season of the year. And at certain points experience warns the people to get ready as far as they can for such coming events. In this crisis, of so much importance, to all whom it may concern, it is not in the present state of causal knowledge, to avert the pestilence, or say who may remain, and who must flee. Now the precise elements and chain of circumstances required for the production of such a state of affairs may aid in solving the important question. We must admit the presence of a *specific* poison; no matter how generated, whether by heat or cold, by rains or by drought, nor whether it is of vegetable or animal emanation. The fact is, the poison is there, in the infected district, and that it produces a specific impression upon all who recognise its presence, while at the same time others are present upon whom no impress whatever is made. We suggest then in view of the principle we are studying, that those who are attacked must sustain a similia relation to the poison, if for no other reason than that found in the extreme attenuation of the miasm, since all experience goes to show, that high attenuations do not impress an orga-

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nism so modified from health as to sustain a "contraria" relation. It is the "similia" that renders the vitalized system impressible by attenuated known agencies. Let *materialists* in homœopathy sneer at the doctrines claiming homœopathic aggravations under these circumstances if they choose; happily for science it does *not* alter the fact, though the opposite may circulate with their material doses through the blood-vessels of the whole body, be that body large or *small*. It will be readily observed, if this position is incorrect, that absolute physical force and power, acting in opposition to a specific diseased tendency, must be appealed to, in order to the manifestation of a single case. So too upon the same view *all* must come under the destructive influences prevalent at the time, after the manner of pathogenesis, without reference to age, sex, temperament, or specific condition of constitution, under any circumstances that can be named, all must fall or live alike; distinctions could not exist. But fortunately, gentlemen, such is not the fact.—There are distinctions and they are predicated upon the *condition* of the body at the time of exposure, and the parallel relation of the agent acting in the development of the case or cases. We may, upon this view attempt an answer to the oft-repeated question, why is not each and every person within the limits of an infected district acted upon by the exciting cause, and displaying its results? Why does not every house become, for the time being, a sepulchre for its inmates? We answer again upon the principle before us, that constitution and relation are wanting in all cases of escape. All do not sustain a complete or even partial relation to the attenuated poison, therefore it cannot become effective. This view may be strengthened by the facts presented in what has from all time been called acclimation. Those who have had yellow fever and recovered from it, and have been accustomed to breathing the air of an infected district are not so liable to its ravages as those who have just entered it. We also observe the same fact in this instance, spoken of in foregoing maladies, viz., subsequent attacks as a general thing, are much slighter, less severe than the first or preceding. So obvious is this fact, that it seems to me, we can come to no other conclusion, than that

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claimed by the principle, if we admit another fact along with it, to wit, that the virus *remains the same* in all its properties. The idea of becoming acclimated under any circumstances, and therefore wholly or partially guaranteed freedom from attacks of disease, must be preposterous, if the *same conditions and the same relations continued to exist*, as at the time of first exposure. The *cause* remaining the same, the circumstances developing it, continuing the same, the *effects* must also remain the same. Apparent or seeming anomalies in this respect are not mere chance productions. A radical change must have been effected in the organism and not in the external exciting cause alone considered. A constitution not adapted to the effluvium or miasm of yellow fever will not receive its impressions, consequently no results can be manifested. It therefore becomes an important duty to be accomplished by the profession to familiarize themselves with the physical conditions of their patients,—to learn the modifications from a normal standard, and if possible, learn the cause or causes, and by this method be led to the existing relations. Am I saying too much, when I aver that if this kind of investigation is pushed to the limits of which it is susceptible, the physician at an infected district will be enabled to pass from house to house, from office to office, and from street to street, and determine with some degree of certainty who must flee for their lives, and who may remain with a greater or lesser degree of impunity?

We shall refer to this point again at the close of what we have to say on the subject of the law. But to answer the last question. Why are all not alike attacked with the same severity during the prevalence of yellow fever? Why will one man have it in its worst form, another in the medium form, and still another in the mildest possible manner? So firm is my belief in the law of relation, that I am willing to hazard more than an opinion, that each of the organisms laboring under the disease, if their exact conditions could be found, would demonstrate conditions expressly and exactly parallel with the differences observed in the severity or mildness of each case, and more, that every shade in its minutest possible form of exist-

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ence, ever has been and ever will be thus reflected in the pathology of each given case. We may not have noticed them;—indeed we could not have done so, for the relative condition of the body to any given cause of disease, whether tangible or not, never has been mooted to any extent, nor reliably asserted. The mind of the profession never has been directed intelligently upon this point, *all important* as it is, therefore a corresponding want of attention. No one claims, or can claim any more for a certain morbific agent, than it is capable of acting upon the system, nor that its specific range of action is changed; no one has ever presumed to assert, that the virus of small-pox will, when applied to the animal organism, produce measles or ague and fever, and thus with every disease-creating agency. They all remain as so many units, having specific actions and specific relations.—It is only when the condition of the body comes within striking distance by its relations, that the virus can become effective in aiding to depress vitality and thus develop what we call disease. This being true, and as we have just stated, the perfection or imperfection in every possible shade of like appearances will be displayed according to the remoteness or nearness of physical and dynamic relation. Hence we have in the fact just what we might have expected, "a priori," under the practical, never-varying, never-failing operations of the law of relation. And hence again the reason for the differences observed in the mildness or severity of the appearance of yellow fever.

But suppose we examine this law in its application to the facts connected with the development of ague and fever. It is well understood that there are certain low and marshy districts, where ague prevails annually. We are therefore forced to the conclusion, that these places exhale or send forth some kind of poisonous miasm in an extremely attenuated form, which is brought in contact with the organism. In the vicinity of the marsh reside a great number of persons and families, as in cities or township villages, every class of community is represented, from the highest to the lowest in the scale of human existence. The miasm is inhaled by or brought in contact with all. Now the fact may appear that all are not subjects of ague, all

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do not contract the disease, and among those who do become the subjects of it, no two are just alike. Some have it severely, some medium, and others less than medium, while all from the worst to the mildest, present a different shade, until the manifestations disappear in health, as the hues of the rainbow lose their gradual tinges of color in common light.

These are facts we say within the knowledge of every man. They have never made any practical impress upon the minds of the myriads of men engaged in therapeutic and pathological investigations. They have been regarded as something very singular, and left to coming posterity for explanation and application. And if, perchance, a gleam of light from this direction has shone upon the mind, it has quickly been obscured by clouds that have constantly loured over the immensity of facts presented in pathological and therapeutical science. Let but the finger of the law touch this subject, and all is clear to the meanest comprehension. It says, the virus in this instance is a unity, specific in its constitution, and operative only in those cases wherein the organism is in relation of similar irritancy with its specific action. It were extreme folly to attempt an account of the phenomena, or causes productive of this kind of suffering upon the ground that there were as many kinds and shades of viruses as there are shades and forms of ague manifestations. The grand truth is, the explanations are not to be found in that direction. The form of ague and every present shade of its character is alone predicated upon the nearness or remoteness of the relation of the body to the virus. If the organism is in a sound similia relation the ague will be complete, if partial or imperfect, so will the manifestation become parallel with unerring certainty, measuring with an exactness, that may challenge refutation, the condition of the body and its true relation to the poisonous influence. This and all other forms of dynamic diseases are in fact but homœopathic aggravations, and the cure by the use of agencies whose actions have been determined "a priori" by experiment, is but the result of dynamic antidotal action in pursuance of the same law. I take it upon myself to say, that if this explanation be not correct, homœopathy is a gross delusion. There can be no such thing as

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dynamic disease upon any other principle. If the organism is so profoundly healthy as to sustain no dynamic relation whatever to any given virus, it becomes an impossibility for such a one to contract disease of any kind. He can only be infringed upon by mechanical or chemical causes.

ARTICLE XIV.—*On Chorea Sancti Viti.* By JOHN REDMAN COXE, Jr., M.D., of Philadelphia.

THIS disease, commonly called St. Vitus' dance, although regarded by Cullen, and most medical writers, as an idiopathic one, is, in my opinion, for the most part, if not at all times, to be regarded as a mere symptomatic affection of the chronic state of hydrocephalus.

This disease affects both sexes, and principally children. It however occurs occasionally in adults; of which there is a very strongly marked, and curious case, recorded in the Medical Repository for 1804.

It is stated by Cullen to be, "chiefly marked by convulsive motions, somewhat varied in different persons, but nearly of one kind in all; affecting the leg, and arm on the same side, and generally on one side only."—"These convulsive motions commonly first affect the leg and foot.—Though the limb be at rest, the foot is often agitated by convulsive motions, turning it alternately, outwards and inwards. When walking is attempted, the affected leg is seldom lifted, as usual in walking, but is dragged along: as if the whole limb were paralytic; and when it is attempted to be lifted, this motion is unsteadily performed, the limb becoming agitated by irregular convulsive motions."

"The arm of the same side is generally affected at the same time, and even when no voluntary motion is attempted, the arm is frequently agitated, with various convulsive motions. But, especially when voluntary motions are attempted, these are not

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properly executed; but are variously hurried, or interrupted, by convulsive motions, in a direction contrary to that intended, as particularly in an attempt to carry a cup of liquor to the mouth, which can only be done, after repeated efforts, interrupted by frequent convulsive retractions and deviations."

The mind is often affected with some degree of fatuity; and even as the varied, desultory, and causeless emotions, conspicuous in hysteria.

This disease, though usually confined to one side, occasionally alternates with the other, and although generally removed in young persons, on their approach to puberty, it is said frequently to have become habitual, and to continue through life.

Its theory, as given by authors, is certainly very unsatisfactory.—Some have supposed it paralytic—some spasmodic, and others both. It has indeed, probably from its rare occurrence, excited but little attention among physicians.

The case above alluded to, as recorded in the Medical Repository, is so interesting in itself, that I am induced to give a concise account of it; especially as that work is to be found among very few physicians of the present day.

The patient was a robust man, of forty years of age, who in June, 1801, began to complain of irregular or convulsive motions of the head, mouth and hands. He had, however, for a long time previously, irregular motions of the hands and head, which gave him no concern. He had employed various medicines, &c., for a considerable period, without any effect and at length became affected with coma and stupor. These were relieved by purgatives and venesection, but the irregular motions continued. At the period when he was first seen in September, 1801, all the leading symptoms were found to be nearly as above enumerated, and he was attended until his death on the 10th of October. Upon a post-mortem, no apparent disease was discovered in any part, save in the head. All the vessels of that organ were turgid with blood, and twelve ounces of fluid were found in the ventricles. From the symptoms apparent, when first seen in September, there was very little or no idea of

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water in the ventricles, in the mind of the physician; for the patient seldom complained of pain in his head, neither was there strabismus, nor dilated pupils. From these, and other reasons detailed, it was imagined the water must have very gradually accumulated. Indeed the amount evinces this to be the fact, together with the enlarged state of the foramen ovale, which connects the two lateral ventricles, which readily admitted the little finger.

The cause of his death was conceived to be owing to a sudden effusion, to which the brain could not immediately accommodate itself, whereby apoplexy was induced. Such a disposition evidently appeared, in the general turgid state of all the vessels of the brain; for many of those which naturally carry only a pellucid lymph, were in this case filled with red blood. Although his brain had accommodated itself, to the slow effusion which had for so long a period been taking place, it is evident, that any sudden addition, however small, would act precisely as though none had previously existed, and therefore, that apoplexy would inevitably ensue.

This case, and several others of a similar character, induce me to consider that chorea is not an idiopathic disease, but that it arises from the long-continued action of water on the brain, in other words, that it results from the action of chronic hydrocephalus. My reasons for this opinion are briefly, as follows.—In general, we know hydrocephalus to be a disease, rapid in its progress and termination. It certainly, however, frequently exists as a chronic affection, as numerous dissections of Bonetus, Morgagni, and many others sufficiently testify. When it comes on thus slowly, it permits the brain to adapt itself to the pressure of the fluid in the ventricles; doubtless, by a portion of its substance being taken up by the absorbents; without producing its direful symptoms in their full extent; but inducing various grades of apoplexy, palsy, epilepsy, and occasionally of this singular affection, chorea.

Hydrocephalus generally attacks children, so does chorea, and both occasionally occur in adults. The symptom of strabismus, does not universally occur in hycrocephalus, and al-

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though mostly absent, it yet sometimes takes place in chorea. The cause in both must be apparently the same. Hydrocephalus sometimes follows inflammatory fever, when the head has been much affected, so does chorea; and both occasionally occur, from blows on the head. Both likewise, are accompanied with symptoms of fatuity; but not perhaps, invariably. A too rapid growth of the body in early life, by determination to the brain, may, and does frequently, excite hydrocephalus; and chorea evidently appears, at times, to depend on the same remote cause for its production. A sudden check to accustomed secretions, appears occasionally to be the remote cause of both these diseases. The muscles of the face are affected in both diseases, producing spasmus cynicus, risus sardonicus, &c. Chorea has frequently been ascribed to intestinal worms, and hydrocephalus has, as frequently, had the same cause assigned to it. Many more analogies might be drawn between these two diseases; but these are probably sufficient, if not to establish chorea as a symptomatic affection of the chronic state of hydrocephalus, at least to induce us to hesitate in pronouncing it an idiopathic disease. Should it be asked, if hydrocephalus is its cause, why, since the former is not unfrequent, the latter does not more often appear? I shall candidly admit my ignorance, but in return, I may be permitted to inquire, why hydrocephalus does not more frequently produce apoplexy, paralysis, epilepsy or other diseases, depending on a pressure of the brain? It will be equally difficult, I imagine to reply satisfactorily to this; for the truth is, we know infinitely too little of the nervous system to pretend to found any very accurate judgment thereon.

It may again be demanded, why chorea is not a more fatal disease if it arises from dropsy of the brain? Certainly there is no reason why it should be so, if the disease producing it is not invariably fatal itself. We may, however, I imagine, ascribe it to that law of nature, by which the brain becomes habituated to the *slow*—although it cannot—to the *rapid* deposition of water. In the above case, no less than twelve ounces of fluid were found in the ventricles, and no one can doubt that it must have accumulated very slowly, by which

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means, the absorbents could remove any immediate danger of death, by simultaneously abstracting a portion of the brain; but, if, as in this case, any sudden excitement should produce an increased and rapid deposition of more fluid, beyond the power of the absorbents to remove as rapidly, then death from apoplexy, or some other form of disease, must inevitably occur.

I may here observe, that other animals than man, are subject to chorea. A large coach dog belonging to my father, was attacked with it, subsequent to his recovery from the distemper, and which both my father and myself were well convinced would have, by dissection been proven to evince the existence of hydrocephalus. A whole litter of pigs suffered under this disease, until they were three months old, when they gradually recovered. The staggers in horses, I have often thought very analogous to chorea, and as depending on the same cause, viz., water in the brain, and I think proof of this could readily be obtained, were dissection to be made by our comparative anatomists.

Having thus endeavored to render it probable, that chorea is not to be classed among idiopathic diseases, I shall merely add, that the mode of cure, which is generally found most successful, is in the employment of those remedies best adapted for removing effusion in the ventricles.

I have found, Acon., Bell., Hell.-nig., Hyosc., Stram., Cup.. Acet., Zinc. and the Sulph. of Zinc. beneficial. Of these Zinc. and Stram. were generally the most useful, in the 6th and 15th potencies; though all the others were used, when indicated.

This disease is frequently very obstinate, and requires great care and unremitted attention, on the part of the physician, but by patience, perseverance, and carefully changing the medicines, as the symptoms vary, we will in a reasonable time, radically cure our patients of this distressing, and frequently dangerous disorder.

In two cases of females, one 19 years, the other 24 years, where the chorea was evidently produced by *suppressio mensium* (from cold sweat) I derived in one case, great benefit

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from Puls.^{6}, in the other from Apis-mel^{b}, after Puls. had failed—after the reproduction of the discharge—the disease gradually subsided in a few months, and a radical cure was effected by those two medicines alone.

Article XV.—*Adjuvants to Medical Treatment*, by James T. Alley, M.D. of New-York.

Included in the class of adjuvants to medical treatment and firmer in the confidence of the invalid, both from priority of use and evidence of benefit, than any of the popular systems of medication at the present day, is that child-hated, mother-administered household imposition—a bed-time purgative. Whatever else in domestic medicine the patient is so fortunate as to escape, it is but rare that his digestive apparatus is not arraigned and stamped with guilt, and a search and seizure process made of all the contents of the stomach and bowels, and not content with this, an exorbitant demand made upon the fluid secretions, and that too, with but little regard to the character or condition of the disease. According to my own observation, I have never been able to discover either the theoretical or practical benefit of this method of treatment, and have learned to distrust its efficacy, and discard the little advantage it seems to have for one more satisfactory in its results. The intimate relation and close proximity of the vessels which separate and first receive the nutritious matter from the digested mass, to the causes of irritation which are supposed to call for the use of cathartics, should induce us to be careful, not only from the causes of disturbance which the fecal matter may produce, but much more so from the medicinal irritation and ultimate effects of the purgatives in best repute; for whether the medicine produce its curative effects by absorption or the reflex nervous action, it is evident that the active principle of it is absorbed, and that too by vessels on which it acts as a foreign and intrusive substance, and which from their construction, location and action, were designed to receive only the bland nutrition necessary for the growth and sup-

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port of the system, instead of such agents as Aloes, Gamboge, Colocynth, Scammony, &c., in the drastic doses in which they are administered, and although these may in exceptional cases remove the intestinal obstruction without causing a greater disturbance, yet this is no pretext for their habitual use, or their being classed as the "ground-work" of practical medicine. One of the ways in which a purgative is said to be beneficial, is by removing the fecal matter, which is looked upon as an exciting cause of disease. Affections of the head, the throat, the chest, or the general system, are regarded as the morbific effects of this clog in the intestinal tract, and to these parts especially are the remedies directed. But it is important to notice that here, causes and effects have but seldom a continuous action, and that which to-day may have been the exciting cause of a general disturbance, will very soon by the natural peristaltic motion, at least be so removed as to cause less serious results than any unnatural interposition of our own would produce. Of course I am not now speaking of that condition in which hardened scybala are present (although these do not call for drastic medicines) but of general costiveness, which is the attendant symptom of most organic diseases. And even though there be a remaining inactivity of the intestines, which retards our movements in operating upon special organs, we are compelled to compromise between the injury of even a mild evacuant and the existing impediment. But in saying thus much, the premise has been taken, that either the primary or exciting cause of disease is often the languid action of the bowels, which is but infrequently the case. The demands of nature evidently are, that when each organ is in a healthy condition and its functions properly discharged, a daily evacuation should rid the system of that which has been separated as the residuum from the action of the absorbents, and the product of numerous exhalations called excrementitious matter. But nature has also provided, as though to remove the necessity of evacuating the bowels, and thus interfering with the direct treatment, that when active disease occurs, the stomach in sympathy with the whole economy, refuses the reception of food, so that there is no accumulation necessary to be removed. Constipation then in acute dis-

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ease is oftener an effect than a cause, first of withdrawal of the accustomed stimulus in the ordinary quantity of food, and second, of the perversion of the action of the secretory and excretory system and the consequent loss of proportion of the gastric and other fluids furnished in digestion, and if in cases of this kind untimely attention is paid to purgative measures, instead of being a justifiable preparatory step, it is but neglect or antagonism to the treatment of the special indications, and allowing uninterrupted progress of the malady commenced; for though you may purge and wash from the bowels every particle of filth, it may have no more effect upon the remote affection than external ablution; for the morbid action when once established, continues independently of remote influences, and especially of the inaction of the excretory system, for there is often nothing to excrete. If then we endeavor to restore the function of the organ affected, or at least as a primary aim, give relief to its embarrassment, we have placed it in a condition ready to respond to the natural excitants and join the harmonious action of each for the general whole. Not that one simple evacuant in some acute diseases is not beneficial, particularly if there has been a previous period of constipation, but it should never be given until all the inflammatory symptoms have been subdued, and the febrile excitement removed, and then only in such form as to be mildest in character and gentlest in operation. I have said thus much of the necessity of attending to that which is erroneously regarded as merely the result of constipation, because the homœopathist is often reviled with disregarding causes and treating effects, which is entirely untrue. It is always our duty and aim, as pathologists, to use every means to ascertain the true seat and nature of disease, and at a proper time to remove anything which may excite or continue it, yet there are few diseases in which it is not our first duty to attend to the symptoms, even though the cause is in a measure still existing, for I repeat that it is a law of the animal economy, that it will not receive a continued impression from an exciting cause (except in a few instances, which will be mentioned hereafter), first, because every energy of the system

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successfully rallies to its relief, and second, the impressibility of the part to the morbid irritation is lost by continuance, so that the diseased action is neither excited or transmitted, just as in certain conditions a drachm of Calomel, Rubarb, Aloes, Colocynth, and the most drastic cathartics may be given and have apparently no effect in exciting the action of the bowels, for the simple reason, that a tolerance has been obtained to the influence of these excitants, and that they have lost their stimulative power on the part to which they are applied. It is true that there are symptoms of little importance, especially in chronic diseases, and which require no notice of themselves, for they disappear as soon as the primary trouble is removed, but not so with others. In the common forms of headache, for instance, many of the symptoms are undoubtedly to be referred to disorder of the stomach. Yet an hour's indigestion followed by perfect recovery on the part of the stomach may have excited a reflex nervous or congestive disturbance in the head, which may last for several days, and it is here our specific remedies may be used with almost certainty of fulfilling their indications, whilst if we officiously emptied the stomach, it would be at the risk of being no benefit to that organ, and with a certainty of aggravating the symptoms we strive to relieve.

But enough has been said of constipation as a causative, and of the propriety of removing, *en masse*, the contents of the bowels, yet, although purgatives are not beneficial, it does not follow that the condition of the bowels should at all be disregarded. The slow morbid action of the digestive organs should receive attention as soon as the more urgent symptoms will permit, and instead of this should be substituted a gentle medicinal influence, sufficient to eradicate the languid process, and leave each function discharging its appropriate office, though to effect this we have sometimes to continue medicinal agents for several days, the time and quantity always regulated by the indications present.

The second mode of benefit which may be said to be derived from cathartics is, that they act as a derivative agent, withdrawing a certain amount of vital stimulus from the part

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diseased, and expending it upon the part on which it acts in response to the medicinal irritation employed. A few words only on this will suffice. It is undoubtedly true that where a previous obstruction has existed, even more than a natural movement may exist in restoring the balance of administrative power, for it is only when this is equally distributed that the system is in health, but that an irritant to the bowels to withdraw the undue stimulus from the organ affected to themselves is either theoretical or practical, is doubtful at least, for there is more often and almost always in all chronic stages of disease, rather a lack than a superabundance of the vital power, and the excessive irritation of any one organ or set of organs by its general effects, rather adds to than derives from the morbid action. If counter irritation must be employed, let it be external, where we can watch its influence, instead of allowing it to interfere with parts already incompetent to the task imposed upon them, and whilst it exercises the same derivative influence, it does so without medicating the whole system, where medication would often be injurious.

The third and last method of the reputed advantage of purgatives to be mentioned here, is that arising from a drainage of the fluid secretions, or what is falsely called an imitation of nature, in endeavoring to establish an outlet for the discharge of morbid material. If we are to fall back upon the antiquated theory, that in disease there are certain bad humors or spirits to be driven from the system before health can be obtained, then there is some excuse for the harsh measures resorted to by the ancients, but investigation has very well shown, first, that there is no loss of proportion in the component parts of the blood or the ordinary secretions in the febrile diseases, in the early stage of which cathartics are so often employed, and second, that in those diseases in which the watery portions predominate as in anæmia, &c., no treatment can be more injurious than what is called the antiphlogistic or reductive. In fevers, whether simple or inflammatory, there is no undue quantity of fluids in the body, but an irregular action in the organs which secrete and ex-

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crete those fluids, and though every secretion is drained to the utmost, yet if the primary disorder is not removed it but lessens the power of the recuperative action and diminishes the chance of a natural cure. In dropsies of whatever variety no permanent benefit is derived from the most efficient purgative. I have seen the acute and chronic forms of hydrocephalus treated by drastic cathartics continued for days and weeks, with no other effect than reduction of strength and probability of recovery with every repetition of the dose. So too of ascites, where gallons of fluid have been expelled through the bowels, no adequate diminution is made in the abdominal secretion, because it is directly opposed to the natural action. It is vainly endeavoring to force a natural fluid through an unnatural channel, for it is evident that the beautiful arrangement of nature in providing the several forms of excretion was such as to keep them separate and distinct, and perhaps there are no two functions in the body having less sympathy with each other than those of the bowel and kidney, the contents of each being in no wise adapted for the formation of the other; yet nature has not left the kidney as the sole channel for the fluid excretions, and from often being the seat of disease, it is so ordered that the skin sympathizes so deeply with it as to be an eminent relief to its repeated obstruction. The conclusion then from this is, that no organ should be punished for the inability, of another, at least in the curative system, but that the morbid action should itself be removed by specific agents. Mechanical means may at times be used as measures of relief, unscientific as they may be, but it is not too much to say that cathartics carried as usual to the effect of their derivating and draining influence, are never of advantage, if the true indications are met by homœopathic medication. It is true there are temperaments and habits which render it necessary repeatedly to use some mild evacuant, and an attack of disease is often prevented in these bilious and costive constitutions by using such remedies. More especially is this expedient in organic diseases of the liver, where the bowels lose the natural stimulus of the bile, and need some continued substitution, but more injury is done with

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constant dosing of popular pills, &c., than with any other agents, because they are completely free to indiscriminate use. Many are so habituated to this, that they require fifteen or twenty of the infallible pills to have an effect, which is of itself a convincing proof of the injury they have caused. Whilst these very cases are often relieved by a few days' appropriate medication.

Article XVI.—*The Movement Cure.* By Charles F. Taylor, M.D.

Homœopathy is confessedly and practically liberal. A practitioner of this school does not consider himself an *ist* but a *physician*, whose duty it is to cure the sick, not to do specifically one thing or another. This characteristic willingness to receive truth from whatever source it emanates from has led homœopathic physicians to employ many obviously rational means, not specially embraced in the Hahnemannic philosophy. Thus in Europe the principal advocates of the "Movement Cure" are homœopathic in their tendencies, and Dr. Roth, a homœopathic physician in London of high standing, has devoted himself for the past eight years to this subject, and it is principally through him, by lectures, by articles in the (London) "Homœopathic Times," and by the several works he has written and published, that the subject of treating disease by movements has been brought before the English reader. And in presenting the claims of a system of practice entirely new to the American practitioner, but one more capable of philosophical demonstration and more in accordance with physiology and accepted medical truth, I expect a quicker appreciation and a more hearty response from my homœopathic brethren, than from any other branch of the medical profession.

The treating of many forms of chronic disease by "movements" is not new, but has been practiced for many years in Sweden, and latterly it has been introduced into many parts of the rest of Europe, especially Germany and England, and is at this moment, commended by physicians of the highest standing in those countries, not only for the striking success attending its

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application, but for the obviously rational explanation of its *modus operandi*. Indeed, Ling, the originator of this practice founded an Institution at Stockholm under royal patronage so long ago as 1813, in which various forms of disease have been treated up to the present time. Ling died in 1839, and the institution much enlarged, is now under the direction of Professor Branting. There are forty or fifty similar ones in Europe.

Ling's system does not consist of exercise in the ordinary acceptation of that term, but it embraces specific movements, applied to particular parts, in a definite manner, to fulfill certain special indications. The manner of their application depends on the anatomy and pathology of parts, the condition of the patient, and the special function or functions it is desirous of promoting; or, the physiological action to be established.

These movements are divided into three classes, viz., active, passive and duplicated. The active movements are those controlled by the patient's own volition and not influenced or modified by any other force. These are sometimes, but not so constantly used in the treatment of the sick.

Passive movements are those in which the patient is entirely inactive, and they are applied by another, in such a manner as to promote certain conditions in the parts acted upon. For example, a rotation of the foot, while the patient is reclining at ease and not calling the arterial blood away to other parts by muscular contraction, increases circulation and warmth in the foot; so passive flexion and extension of the limbs, in very weak persons, causes considerable forward movement of the fluids in the vessels influenced by the attached muscles; vibration of a part, pressure, as on an enlarged gland, causes absorption; pressure over a paralyzed nerve stimulates its functions, &c., &c.

A duplicated movement is where two forces are used; that is, either the patient's movement is resisted and thus intensified by the operation, or the movement made by the operator is resisted by the patient. The first is called *concentric*, a shortening of the muscle, and the latter *excentric*, for the contracting muscle is actually drawn out longer. There is a mechanical (on the capillaries) and physiological difference in these two movements, and conditions where one would be exclusively appropriate, would contra-indicate the other; but they may be used

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together. The duplicated movements constitute the large majority used in treating the sick.

A distinctive feature of Ling's system is that all movements are made VERY SLOWLY.

In order to understand the application of some of the distinctive features of this system, it may necessary to state some principles in the physiology of muscular nutrition, in the form of several propositions:

1. Muscular contraction, causes, or perhaps is caused by a chemical change in the fluids within the cells composing the ultimate muscular fibrilla; the fluids thus changed passing into the venous capillaries, and the arterial capillaries presenting blastema to the cells for organization.

2. This contraction takes place under the stimulus of *volition* or nervous action (as reflex) which is the cause of the contraction.

3. All function is the result of physio-chemical change, therefore, in every muscular contraction, this change takes place in nerve *before* it does in muscular tissue, in consequence of its (nerve) effort to produce the effect (contraction) in the muscles; hence—

4. *Rapidity* of motion, being the result of rapid innervation, exhausts the nerve function more rapidly than slow moments.

5. Again, in every movement only enough fibres contract at the same moment to perform the required movements, and as each contraction of a muscular fibre lasts for only a certain (short) length of time; therefore—

6. In a slow movement, the greater length of time necessitates a greater number of fibres to contract, because those that contract first have sufficient time to exhaust their force, and thus the contraction is propagated more or less through the whole muscle. If resistance is offered this result is increased many fold, the power of each fibre being exhausted much more speedily.

7. Each volition, according to its intensity, causes a certain loss of innervation; but a certain portion of the force generated is not immediately expended on the part towards which it is directed—except perhaps in very violent movements—but accumulates in the ganglionic nerve-centres to be expended, if re-

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quired, in keeping up the action set in train without (for a time) calling upon a renewed impulse of the will; hence again,

8. Slow movements (all other things being equal) effect interstitial change in muscular tissue *more*, and in nerve substance *less* than fast ones.

9. The principal expenditure of nerve force arises from volition, but those movements, the result of reflex action, directed by the medulla spinalis, cause very little fatigue. This is strikingly illustrated when we mechanically walk along a familiar street, wrapped in thought, alike unconscious of time, distance or fatigue, but a short distance along a strange street will cause great weariness. In sewing, knitting and in most handicrafts, if the movements were directed wholly by volition, continuous efforts would be impossible. In Ling's system the will is very little exercised, because the patient is *acted upon*, the time, direction and force of the movement being controlled entirely by the operator, the patient expending only enough nervous stimulus to cause muscular contraction.

10. Nutrition (as of a muscle) is a process of disintegration caused by the exercise of *function*, (as contraction) and assimilation, materials for which are furnished by the arterial blood.

11. In supporting animal heat, muscular tissue is the last employed to support this function (as in starving, wasting disease) except perhaps in forming urea from disintegrated parts, since nitrogenized matters have the slightest affinity for the oxygen of respiration; hence—

12. A rapid circulation does not imply increased nutrition, but increased animal heat, and a greater destruction of particles, in consequence of the greater amount of oxygen taken into the system by the rapid respiration. Thus a circulation beyond the normal wants of the tissues is an expenditure of nervous energy to keep it up, and a waste of tissue (at first hydro-carbonaceous) to keep up the increased heat. It is the same whether this excitation is caused by disease, drugs or mental states (excessive volition).

13. Disease is always accompanied by diminished innervation, hence, according to the preceding view;

14. All sick people require slow movements, because they can thus get the greatest amount of interstitial disintegration

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and assimilation, with the least expenditure of nerve force, which latter should always be conserved in the sick.

Having so great control of so many conditions, one can easily imagine how definite physiolpgical states can be induced by movements at the will of the operator. This treatment is based on the assumption that there are two capillary states in all cases of chronic disease; viz., what is called a *venous* and an *arterial* capillarity; and it is the capillary system that the movements are intended to effect; the kind and quality of the particular movement depend upon which of these conditions is to be acted upon. A relaxed and expanded tissue is said to have a venous capillarity; while a retracted tissue is said to have an arterial capillarity; that is, it is the venous or the arterial capillaries that are affected, as the case may be. Thus in asthma, diarrhœa, and relaxed tissues the venous capillaries are at fault; but in consumption, constipation and hard, contracted tissues, the arterial capillaries are not in a healthy condition. Extreme and unmistakable illustrations of these different capillary states are found in the hypersemia of the lower extremities in pregnant women, where the venous blood cannot return into the circulation, and in those stiff and contracted muscles, the result of inflammation, where the arterial blood cannot flow *into* the capillaries sufficiently to afford proper nourishment to the tissues. An example of each of these conditions may be seen in lateral curvature of the spine; the shortened muscles on the concave side of the spine being in an arterial, and the lengthened muscles on the convex side being in a venous capillary state. In treatment, the movements are such as to correct these capillary conditions.

According to Ling there are three orders of manifestations, in man, the harmony of which is health. But when there is a want of harmony, or ill-health, the balance is to be restored, and health promoted through those manifestations *only* that are abnormal. These three orders of manifestations are:

1st. Intellectual manifestations, or the influence of the mind over the bodily functions through the brain and nervous system.

2d. Chemical manifestations; nutrition, embracing assimilation, dissimilation, calorification, food, drink, air, medication,

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and all means of operating on the system through the nutritive functions.

3d. Dynamic manifestation; all the movements pertaining to the body; circulation, respiration, secretion, muscular contraction, &c.

Thus we can act on the body to correct abnormal manifestations, *through those manifestations themselves;* viz., through its *intellect,* its *nutrition,* and its *motions.* Ling's ideas do not conflict with the known truths of other systems, but simply place a large and equally important class of manifestations under the control of the physician. If "motion is the expression of life," surely these expressions may be modified by varying motions. In treating the sick, a balance of vital activities is to be obtained through those manifestations having relation to the pathological condition. Hence the movement cure is not of universal application; but it is all-sufficient in many cases that cannot be reached through other means; sometimes it is an auxilliary; in other cases, especially in all acute diseases, it is contra-indicated. The following are some of the diseases in which the treatment by movement is particularly useful.

1. All those functional derangements arising from muscular relaxation; feeble circulation and nutrition; imperfect hæmatosis; inability to take active exercise, from the weariness and nervous exhaustion consequent upon the effort. I need not minutely detail the manifold symptoms these cases present, nor assert the well-known discouraging results of the usual treatment of such cases. Many, I may say most of our cases of female derangements arise mainly from this cause, especially those derangements of the pelvic organs so common in our day and country. The poorly nourished tissues have a direct tendency to assume pathological states, especially the uterus and its appendages, because the abdominal contents above possessing feeble sustaining power in themselves and little support from the abdominal walls, fall, and the lower portion of the abdomen, pressing into the pelvis and upon its contents, themselves also weak, and the result is, versions, venous stases, sub-inflammations, ulcerations, prolapsus, &c. The remedy must be found in the direction from which the disease originated. Such movements as develop without exhausting, perfect hæmatosis, cause absorp-

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tion in particular parts, assist circulation in the extremities, and especially those that strengthen the abdominal coverings and contents, and keep them in their place, besides movements to answer special indications, would be appropriate in such cases. Numerous instances might be given of the successful treatment of this class of disease, did space permit.

2. Scrofula appears to be a condition in which the lymphatics are more especially implicated. These vessels having no central organ of impulse, like the heart, to propel their contents forwards, in consequence of the inadequate support given to their walls by the feeble tissues surrounding them, and the imperfect condition of the lymph itself arising from imperfect nutrition, all conspire to cause stagnation in the lymphatic vessels, and those glandular enlargements characteristic of this affection. Muscular contractions, when not accompanied by nervous exhaustion, propel the lymph forwards and towards the general torrent of the venous circulation, the vessel walls are supported by the tonicity of the adjacent tissues, and the lymph itself is more perfect because the function of the muscular and glandular systems are more perfectly performed.

Miss W. of Ct. came to me on the 10th of March last. She was very intelligent, and with that peculiar expression of the eyes and countenance showing the strumous diathesis. She had been growing weaker and generally worse for three or four years past. Her condition was as follows: paleness and languor of expression; relaxation of all the muscular tissues, causing a considerable double lateral curvature to the left; head protruding forwards; constant coldness of feet and hands; indigestion; constipation that had been present from childhood; anteversion of the uterus, and leucorrhœa; difficult, sometimes painful, micturation, with frequent suppression of the urine for many hours; enlargement of the cervical glands along the anterior edge of the trapezius, so much as to amount to actual deformity, on the right side being swollen out even with the cheek. Near the angle of the right inferior maxillary one had suppurated a few weeks previously. The treatment by movements was continued till May 11th, when she left for her home, presenting the following conditions; curvature almost entirely

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restored; the neck sat upright on the shoulders without any effort of hers; the feet and hands were constantly, to use her expression, "warm as toast," no leucorrhœa or other derangement of the pelvic organs, and no suppression of urine for many weeks; constipation slightly better; the enlarged glands were reduced so as not to be noticed, only at one point, except on a close digital inspection; digestion improved, and she was cheerful and happy, instead of being in a desponding state of mind.*

Disease of the spine and spinal distortions are successfully treated by movements. It can be readily seen that in simple lateral curvatures the result of muscular weakness and unaccompanied by caries of the osseous structure, that to develop particular groups of muscles might restore the spine to its natural position. But this principle is still more important where the curvature is caused by or accompanied with disease of the osseous and intervertebral substance. In such cases one great object is to relieve the point of disease from pressure. For this purpose a great variety of contrivances have been invented, all theoretically answering the indications, but all proving inadequate in practice. *No* organ can remain long in health without performing its function; and while the only function of muscular fibre is contraction, the sure way to induce disease is to prevent, by supporters and mechanical apparatus, the exercise of this power. Hence the profession has been under the necessity of abandoning this mode of treating these cases. The muscles themselves, when properly developed, will relieve the pressure from the point of ulcerative absorption, in the most perfect manner, and at the same time this development will indicate a corresponding improvement in the general health and consequent amelioration of diseased action. I have selected the following case from quite a number, not as the most successful (for some have entirely recovered) but as illustrating in a single case a larger range in the application of the movement cure.

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* I would give the prescriptions, but the abbreviated technical language used would not be understood, and to write it out in full would occupy considerable space, and still not be very definite, besides it is not necessary for the purposes of this article.

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Abby C., ten years old, the daughter of a clergyman in an adjoining State, came under my care the 17th of the last January. She had been suffering from sciatica and other forms of neuralgia, of the most excruciating kind, at intervals, for the past year, and had been treated for such, but without any relief. From her manner of sitting I immediately suspected disease of the spine, and examination revealed an incipient kyphosis involving the first and second lumbar vertebræ. She was precocious, with pale, watery complexion; cold clammy hands and feet; the neuralgia was principally in the right side, and that side was partially paralyzed, retaining about half its normal strength; walked with a stiff, hitching gait, the right leg carried forward, in consequence of a contraction of the right psoas muscle, probably from incipient psoas abcess, caused by the diseased vertebræ; the sight of the left eye so nearly lost that she could only discern a dark imperfect outline, but could distinguish nothing distinctly; no deformity perceptible, with clothes on, but a settling together, as it were, of the whole body; headache; restlessness at night; general feebleness and indisposition to play; indeed the case showed all the symptoms of ulcerative absorption of the bodies of the vertebræ, attended by many of its worse symptoms. The treatment by movements was pursued daily for three months, when the spring weather in the city not seeming to agree with her so well, I sent her to her parents in the country, who will carry out my directions for a simple treatment till she can return to me again. But the improvement, even in her case, was very marked. Very little neuralgia; much less coldness of extremities; strength restored to right side, so that the *right arm and leg were actually stronger than the left;* sleeps well; lively, with disposition to play like other children; *sight wholly restored to the left eye;* the settling down or inclining forwards relieved, but as she would stand more erect, the contracted psoas draws her more towards the left, for this muscle continuing to retain much sensitiveness, cannot be acted upon to develop its length till the sub-acute inflammation subsides, when by treatment she will be enabled to stand perfectly erect; and her general health had in all respects greatly improved, though I had fears that the ulcerative process was not wholly

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arrested. Since going home I hear that she gradually improves.

These two cases, with the preceding remarks, will give the professional reader a sufficient idea of the wide applicability of this method of treatment, to answer both general and special indications. Indeed the facility with which this treatment can be adopted to special purposes, is another, and perhaps the most distinctive feature in the practice. The idea, that there are well-defined differences in the effects of different movements may seem novel at first; but Ling and his followers have done but little more than classify, arrange and systematise ideas and practices that are to be found in every community, and are observed by all. For instance, it is well known that carriage-riding is more useful for the consumptive; horseback-riding for the dyspeptic and constipated; in Ireland, the liver complaint is cured by climbing trees and swinging by the hands from the branches; and in some parts of this country suppression of the menstrual flow is cured by causing the patient to creep down-stairs "head foremost." Even the positions men assume in different trades have much influence, so that different classes of people have their characteristic diseases.

Having thus briefly and imperfectly directed attention to the subject of employing bodily movements for the cure of many forms of chronic disease, I submit whether it is not a subject worthy the investigation of every member of the medical profession, who desires to advance medical science and promote the interest and health of his patrons.

650 *Sixth Avenue, New-York.*

ADDITIONAL CASES.

CASE I. *Pott's Disease and Curvature of the Spine.*

This is a case of a little girl, ten years old, living in the central part of this State, who was brought to me on the tenth of January last. She had been failing in health for the past year or two, but still did not exhibit the usual degree of prostration commonly attending this disease in its advanced stages. This was undoubtedly mainly owing to the very intelligent and judicious care taken of her by her mother, who adopted every hygienic means in her power to promote her daughter's health. She had light complexion and hair, blue eyes, and was very intelligent

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for one of her years. Complained of growing weakness; pain in the back, especially after any sudden jar or motion; less disposition to enjoy her customary active sports; easily fatigued, &c. She had, on examination, an angular curvature of the spine, embracing the seventh and eighth dorsal vertebræ, which presented a sharp point projecting backwards. Above this point, the spine curved very much to the right, the right shoulder was thrown up and backwards, and the left shoulder much flattened. Below the projecting point, the spine curved very much to the *left* and also *forwards*. This combination of curvatures caused a very serious and complicated distortion. Taking them separately the lateral curvature was S shaped, and the antero-posterior resembled an inverted interrogation point, (ʔ) the spine in the lumbar region turning sharply forwards (lordosis.) She walked leaning a good deal to the right, with the abdomen projecting forwards. She remained at that time under treatment by movements for two weeks, with visible improvement, when she returned home with her mother, who carried out my instructions as faithfully as her facilities would allow. On the 28th of March she returned, a little improved in figure, and much improved in general health and strength. With the exception of two weeks, during which she was sick with the scarlet-fever, she has remained under treatment till the present moment. (June 25th.) At this time no one can detect any distortion with the clothes on, and but comparatively little with the back exposed. She walks perfectly upright, and all her movements are free and easy and no one would ever imagine that she once was so seriously deformed. Only when excessively fatigued does she show any indications of leaning towards the right. Even the seat of ulcerative absorption between the seventh and eighth dorsal vertebræ is not united by anchylosis, but the projection (kyphosis) seems to be gradually straightening out, and returning to its proper position in the spinal column; though a complete restoration is not to be expected. Her health seems to be perfect; never has any pain in the back, even after the severest exertion, but is extremely playful, cheerful, and happy.* No supporters, or any kind

* I intend to publish the prescription of movements used in this case so illustrated by wood cuts that it can be easily understood by all.

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of mechanical apparatus is ever used or allowed in the treatment of these cases.

Case II. *Paralysis with Muscular Wasting.*

M. E. B., a little girl from Rhode Island, seven years old, came under my care the third day of March last. When one year and a half old she met with a fall which brought on a gradually-developed paralysis of the right side. Of this, however, she recovered so far as to get nearly perfect use of the right hand, though it is somewhat the smaller of the two; but the right leg, after the first efforts towards recovery, seemed to get no better, but rather grew worse. It was one inch shorter than the left, and very small and feeble. She often fell down in walking, and could not sustain the weight of the whole body on it for a single moment; whenever she attempted to do so, it would immediately give way, and precipitate her to the floor; there was great relaxation of the ligaments of the foot and ankle, the toes were drawn down towards the heel, particularly when she was excited; indeed the bones of the foot were so loosely held together, that they could be easily moved upon one another with the fingers; and there was general indication of relaxation in that leg. She was under treatment about two months and a half, and can now use that leg with very great facility and strength. It has grown larger and stronger, being now able to sustain the whole body with ease, even while curtseying upon it, till the leg is at right angles with the thigh, and then raise into the upright position again; the foot is natural-shaped, and the former relaxation about the ankle and foot is nearly gone. This case had also a lateral curvature of the spine to the right, caused by the short leg and weakness of that side, but it was entirely removed by the treatment, and a recurrence prevented, by causing her to wear a cork sole on the right foot, so thick that the right hip is of the same height as the left.

Case III. *General Weakness and Decline.*

E. S., of this city, seven years old, presented a condition of general weakness and decline in children, without serious derangements of special functions, very often to be met with, and very difficult to treat with benefit, by the ordinary means em-

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ployed in such cases. She was a pretty little girl, and only child of one of our best citizens, and notwithstanding very judicious care and nursing on the part of the mother, still continued to be feeble. Her appetite was fickle, the bowels irregular, and she was subject to various attacks of sickness, more or less severe, without any assignable cause. In general, without being positively sick, she appeared weak and relaxed, with an expression of countenance denoting lassitude and weariness; frequent flying pains; considerable tenderness of the abdomen, particularly just below the stomach; cold hands and feet; indisposition to stand firmly erect, and so great relaxation of the muscular tissue that the spine was slightly curved to the right, and the shoulders unequal. There was indisposition and inability to take much active exercise, which was always followed by great fatigue. The treatment by movements in this case seemed beautifully adapted to meet the indications. At the expiration of about two months treatment it was surprising to see how strong and muscular she had become; indeed, very few children in the country of her age and size have better control of their muscles than she; her form was improved; most of the former symptoms of derangements were either absent or very much lessened; the expression of her countenance was lively and animated; cheeks rosy, with a purer blood; she delighted in using her strength, and was often more than a match for companions older and larger than herself; and she went to her sports with a zest and delight very pleasant to behold by all those who consider physical health as the basis of intellectual and moral character and usefulness.

Case IV. *Loss of Power.*

This is a very remarkable case, as illustrating the control this treatment has over innervation, in assisting volition to accomplish its purposes.

Miss. C. had suppression of the menses for nine months, and during the last four months she had been confined to her bed. She could neither walk, stand, nor even sit up erect. During all this time she had been treated by some of the most eminent physicians in this city, but with no perceptible benefit. Her

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last physician,* finding his treatment wholly unavailing, sent for me to try the virtues of the "Movement Cure." I found a beautiful young lady of nineteen, lying on her couch, wholly unable to assume any other position. She was not wasted, but her limbs, though plump, were soft and weak, and though she could use the arms with tolerable facility, the lower extremities refused to obey the will to any considerable extent. There was a temporary diminution of the amount of nervous stimulus that could be directed to the muscles of these parts. Treatment was commenced on the 27th of May. On the first day of June she walked a few steps alone, and in a week more she was able to walk about her room, sit up nearly all the time, and go out daily to ride. I gave her treatment twenty-five times, during which she gradually gained in strength and healthful appearance, and for the last two weeks she had the entire control and use of her limbs, in all respects, and at the end, was able to start for her home in a distant part of the country, much to the gratification of her parents and friends. She not only regained the control of her limbs, but her muscles grew daily more firm and strong, the color returned to her cheeks, her spirits rose and she appeared well on the road to perfect health. Even if the *rationale* of treatment in this case consisted in getting control of the *morale*, as from the rapid improvement, some might suppose, still it would demand no less consideration on that account. But in this case there was an actual inability. She was very desirous to walk, and often tried, assisted by her physician. After thorough trial, he expressed to me the opinion, that she had not the power to do so. The reason was, that each effort to use her lower extremities in walking, was so much beyond her actual capacity, requiring so great an expenditure of volitionary power, as to be perfectly overwhelming, even before the first step was taken. But though she had not sufficient nervous stimulus to distribute to the *whole* lower extremities at the same time, with any considerable effect, yet she had power to move a *small portion* at a time. The treatment consisted in assisting her to get perfect control of one small portion of contractile tissue at a time, and while *all*

* Dr. J. M. Sims, of the "Woman's Hospital."

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other parts were at perfect rest. Thus at first she could move her toes only a very little; while she made the effort to bend them more, she would be assisted to do so; then, as her power over their movements increased, the action would be increased, by offering gentle resistance to her movements, &c. Thus, of the ankle, the knee, and all other separate parts, and finally, of a whole extremity. At the same time, the movements were such as to accelerate the circulation in the venous capillaries, and an influx of arterial blood, under the influence of which only, can innervation, or muscular contraction, take place.

Case V. *Constipation.*

In the preceding article, I have remarked that "this treatment is based on the assumption that there are two capillary conditions in all cases of chronic disease, viz.; a venous and an arterial capillarity;" and also on "the facility with which this treatment can be adapted to special purposes." The following case illustrates both of these ideas. A lady had been principal of a female seminary for several years, the cares and anxieties of which had so far impaired her health that she was obliged to abandon her vocation. The prominent symptom was an inveterate constipation. She was also subject to frequent attacks of gastritis. She commenced treatment by movements in December last, and at that time had had but two or three spontaneous evacuations for eight months, in the mean time suffering much from gastric pains, depression of spirits and the usual symptoms attendant on such a condition.

But, let us inquire, why are the bowels ever constipated? Either because the muscular fibres of the intestines have lost their integrity and cannot produce sufficient vermicular motion to propel the contents forwards; or the secretion of intestinal fluids is diminished, rendering the fæces hard and not easily propelled; or, most likely, both these causes combined. Now, the condition for tonic health of the involuntary muscular fibre is a sufficiency of arterial blood; and the necessary condition for secretion is a proper supply of healthy arterial blood to the glands. Hence, in constipation there must be a deficient nutrition of muscular fibre and secreting glands. It therefore follows that vermicular motion and intestinal secretion will be secured

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by securing an arteriality of the intestinal capillaries. The opposite condition occurs in chronic diarrhœa, where the imperfect circulation in the venous capillaries permits the serum of the blood to effuse into the intestinal tube. Movements that correct these conditions would of course be efficient in curing these disorders. In the above case, ten days treatment, in accordance with these indications, were sufficient to restore to the bowels the spontaneous and uninterrupted use of their functions, which continued without further treatment for nearly two months. Several similar cases have resulted, if not so speedily yet as satisfactorily as the preceding. The above cases have all been selected not to give the specific means employed, but to direct attention to, and to illustrate some of the *principles* on which this treatment is based.

ARTICLE XVII.—*Therapeutic Indications.* Translated from the French of Dr. ESCALLIER. By HENRY B. MILLARD, B. A., Student of Medicine.

AMONG the various morbid phenomena, which to a certain extent are dependent on individual idiosyncracies, none seem to me to be of greater importance than the varieties of rhythmus. If we call to mind that in the pure materia medica there is a class of drugs which are characterized by an aggravation or diminution of their pathologic effects under fixed circumstances, the importance of the indication of which I propose to treat will be at once perceived.

To elucidate this point I need not cite those cases of bronchitis in which the cough and oppression manifest themselves, with some almost exclusively at night, upon waking in the morning, or perhaps towards evening, are excited by movement, by repose, or after eating, while with others the symptoms are alleviated by these very circumstances. Nor need I mention cases of rheumatism, neuralgia and diarrhœa, which are brought on under the above conditions, as well as by the influences of moral emotions, changes of temperature, by heat or cold, contact or pressure, while again these *causes* act as cures.

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On the other hand, among the drugs proved by the Hahnemannian school, and of common use in acute diseases, there are some whose pathologic effects are numerous and bear a certain resemblance to each other, which may be accounted for by the fact that their force seems to be directed to the same system of organs, and yet the pathegenosis of these medicines presents the most notable differences when the influences under which their symptoms are intensified or weakened are taken into consideration.

I refer particularly to the following drugs: *Rhus-toxicodendron*, *Pulsatilla*, *Mercurius*, *Bryonia* and *Nux-vomica*. Each of these produces very marked effects upon the bronchi, the fibro-serous tissue, and the nervous cords, while all are indicated in bronchitis, in the spasmodic symptoms with which it is complicated, and even in asthma, acute rheumatisms and neuralgia.

But at the first examination of the pathogenesis of these substances, we find a resemblance of bronchitis, acute rheumatic affections and neuralgias which differ from each other in a very decided manner, and among these points of difference the most important is that of the aggravation or diminution of their effects under different circumstances.

That I may make these differences clearly comprehended, I will give as briefly as possible a comparative summary of them.

The symptoms of *poison Sumac* are worse in the evening, at night, and with perfect rest, while they are lessened by rising from the bed and walking about; on the other hand they are aggravated by external cold, while frictions and warm applications alleviate them. It may be added that though gentle exercise relieves them, they are aggravated by all rough movements or severe exertions.

The effects of *Pulsatilla* are particularly discernible in the afternoon and evening, and in a recumbent posture; they are lessened by motion, though not so decidedly as those of Sumac; but unlike the latter, they are aggravated by local heat, and relieved by cooling applications.

Mercury also offers an example of aggravation at night and in bed; but this aggravation begins and ends with the night, strictly so called; its pains are increased by the warmth of the

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bed; are not relieved by cold, and are rendered more acute by motion.

Bryonia has for its marked characteristics, aggravation upon movement, in the open air, after eating and towards midnight.

The symptoms of *Nux-vomica* offer some very striking analogies to those of *Bryonia*, for like them, they are aggravated by motion, after eating and in the open air; but they display their full strength about two hours after midnight and upon waking in the morning. They are also strongly marked at the beginning of the motion, by the continuance of which they are diminished.

So much being premised, I will present the record of a number of cases, in which the remedy that cured them was chosen according to the indication whose importance I have endeavored to show. I need not add, that contrary to the true therapeutic method, I did not sacrifice all other indications to this one alone; it aided me, on the contrary, in deciding what drug corresponded best to the great, the true indication resulting from the aggregate of morbid symptoms.

The first case is not mine; yet I cannot resist the desire to publish it, because it proves my thesis, and because it was through its means that the smile was arrested on my lips which the bare mention of homœopathy was wont to excite; it opened my eyes to the truth, that under that word lay concealed a sound method of therapeutics, and finally induced me to examine thoroughly the work of Hahnemann.

CASE FIRST.—*Acute Bronchitis in a tuberculous child.*

A. W., a boy aged seven years, has been troubled with a cough for several years, and has been pronounced tuberculous by the various physicians who have been called to attend him. He had been suffering from a miliary sweat for several days previous to my visit, and I found him laboring under a violent cough, accompanied by convulsive paroxysms, with considerable oppression and a mucous râle so distinct as to be perceptible at a distance. This cough, continuing through the day redoubled its violence towards evening and rendered repose impossible. The little patient sat up in bed most of the time complaining constantly: his thirst was urgent, appetite gone; pulse ranging

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from one hundred in the morning to one hundred and twenty towards evening. Percussion yielded a dull sound on each side of the upper part of the chest; auscultation gave an abundant sub-crepitant râle throughout the whole chest, mingled in the upper part with *soufflè* and hurried *craynements*.

I should state that there was with the patient the commencement of a lateral curvature of the spine, and that his neck was sunk deeply between his shoulders. I administered without success, for more than ten days, various opiates and preparations of Belladonna, of Bay-Laurel-Water and Hyosciamus; discouraged at length, and fearing to saturate the child with drugs, I prescribed a simple leech, abandoning to nature the task of bringing about a favorable crisis, if it were yet possible. But the symptoms showed no signs of abatement and the patient seemed at length about to yield to the continuance of pain, insomnia, and to consumption.

Under these circumstances he was placed in the care of Dr. Bordet. During the night which followed the administration of the first remedy (I learned afterwards that it was Rhus-toxicodendron 5th dilution) the patient enjoyed *an uninterrupted sleep of eight hours*; the cough diminished daily; the mother called on me to express her happiness at the result, and to request me to visit her son with Dr. Bordet, who himself had expressed a wish to that effect, and to see the progress that had been made towards effecting a cure. My surprise was extreme, the child was lying in a horizontal position, with nothing worse than a very easy and thick cough, breathing with facility and without the ordinary râle. His appetite had returned with sleep; the fever had disappeared. On auscultation the crackling and *soufflès* were heard more distinctly particularly at the apex of the left lung, but at the two inferior lobes were detected only rare bullæ of sub-crepitant râle. No other remedies than Rhus-tox. had been given. I did not lose sight of this child, who continued to live. Dr. Bordet had combatted the primitive affection with a certain success; but almost every winter the acute symptoms reappeared, and what is remarkable, presented the same appearance, but yielded also immediately to the remedy which had first subdued them. In several years of my practice, I have often had opportunities of verifying the action of *Rhus-*

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tox., making a trial of it particularly in those cases of bronchitis in which the cough acquired towards evening a character so spasmodic as sometimes to provoke vomiting of the food taken at dinner. Unfortunately I did not record all those cases in which the symptoms were of an acute character. I give, however, one of the last that I have met.

Case Second.—Miss G., aged two years, has coughed for several days, and for the last three days the cough has been so peculiar and so severe as to cause her mother much anxiety. Towards eight o'clock in the evening there are fatiguing paroxysms, and on lying down they become so incessant as to deprive the child of sleep until towards midnight. She then falls asleep, but only to awake at four or five o'clock in the morning, when her cough recommences and continues till she rises. The face presents marks of suffering and insomnia, the appetite is diminished; her spirits are depressed; the skin is hot in the evening. Her regular physician advised the application of leeches, and she was brought to me to see if they could not be dispensed with.

I prescribed (March 12th, 1856), *Rhus-tox.*, 12th dilution, five globules in one hundred and fifty grammes of water, to be taken by tea-spoonfuls, three times during the day and once or twice in the night. In the early part of the night which followed the first doses there was a marked aggravation of the symptoms, but when towards midnight the child fell asleep, she did not wake till eight o'clock, with a thick and easy cough. She passed a comfortable day, which was succeeded by a quiet evening, and after one or two feeble paroxysms slept the whole night. There remains now only a catarrhal cough, which yields readily to a dose of *Hepar-sulphur.*

To these observations might be added others, in which the efficacy of *Nux-vom.*, *Pulsat.*, and *Bry.* is shown in cases of aggravation of the cough peculiar to these drugs. I do not find my notes, where *Nux-vom.*, in particular has been tried, but every day's experience confirms the facility, especially with children, when the most acute symptoms have yielded to Aconite, with which it overcomes the paroxysms of spasmodic

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cough that appear in the morning and resist with an invincible tenacity the power of every other remedy.

Pulsatilla and *Bryonia*, especially after the indications I have mentioned, showed themselves quickly efficacious in the the two following cases.

Case Third.—*Acute Bronchitis, Nocturnal Cough, with vomiting of food.*

M . . ., a child aged two years and a half, of a lymphatic constitution, has been troubled with a severe cold for three months; its parents allowed it to go on all this time without making any efforts to arrest it. The cough comes on by paroxysms; they are very frequent, increasing in frequency and intensity at night, at which time they are also often accompanied by vomiting; in the day time and especially in the open air they diminish.

There was an abundant mucous râle at the apex of each lung; the face was pale, eyes red and weeping, nose filled with mucus which ran continually, and part of which formed crusts: frequent pulse, with heat of skin; glands under the jaw enlarged; at night intense fever, face animated, uneasiness and insomnia. (25th March,) Pulsatilla, fifth dilution, a drop in fifty grammes of water, in tea-spoonfuls every three hours during the day, and every hour in the night.

From the first night, the fever diminished, the patient slept a little, the paroxysms were less frequent and severe, and were accompanied with vomiting only two or three times, in place of ten or twelve as they had been before; the second night he vomited but once; the third only a little *glaire;* April 30th, his countenance was totally changed; not so pale nor so bloated; the redness of the eyelids had almost wholly disappeared; the eyes and nose nearly dry; there was no fever; the cough consisted only of feeble paroxysms with mucous expectorations; the child laughed and played, slept well and ate heartily; a second dose of *Pulsatilla* and one of *Sulphur*, fifteenth dilution, dissipated the cough; the use of this latter remedy was continued a fortnight, to modify the lymphatic constitution of the child, who at the end of a month was restored to perfect health.

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CASE FOURTH.—*Acute Bronchitis, Cough with Spitting of Blood and Vomiting, especially in the day time after meals.*

Just as the child, whose case I last related, was almost well, his father was seized with a violent cold, but of a totally different character. Here there was more cough in the night, nevertheless he slept well, but in the day time, particularly in the morning and after each meal, he was seized with severe and prolonged paroxysms; while they lasted, his face became purple and he appeared on the point of suffocation; these fits were followed by bitter eructations; after meals his food was thrown up, and sometimes with it clots of blood. diminished appetite, great thirst, frequent pulse, skin hot. (28th May), *Bryon.*, fifth dilution, a drop in a hundred and twenty-five grammes of water, a tea-spoonful to be taken in the morning and half an hour before eating.

From the next day there was a marked improvement; the paroxysms diminished and the vomitings ceased; June 4th, his cough had left him, except very slight paroxysms in the morning; a second dose of *Bryonia* was prescribed by way of precaution, and the cough was soon entirely cured.

The three following cases show the remarkable efficacy of *Rhus-tox.* in the conditions described above; only they do not relate to simple bronchitis, but to bronchitis with suffocation; in the last one indeed, complicated with asthma.

CASE FIFTH.—Madame M...., aged fifty-two, ceased to menstruate four years ago and has not been well since. Subject to colds, and to light and fugitive rheumatic pains which she attributed to her position as *concierge;* she was attacked four years ago with an excessively painful sciatic neuralgia of the left side; the violence of the pain, she said, was such as to drive her almost mad; she resisted the numerous applications of quacks and bleeders; it was not until after several months of acute suffering that the disease left her, and since that she is troubled with:

Cough and constant oppression, which are worse each winter, and acquire their greatest intensity in the evening, and above all in the recumbent posture; she cannot rest in her bed, except after midnight, when she succeeds in catching an hour or

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two of repose; but towards morning she is awakened by a return of her symptoms, and is forced to sit up in bed and often to leave it and walk, or open the window. The cough always comes on in paroxysms, accompanied by a sensation of choking in the larynx, râlement in the chest and suspension of respiration.

Let us add, first, that these symptoms are lessened or disappear entirely in dry weather, and that they acquire their maximum of intensity in moist weather; second, that she suffered from diarrhœa during the whole of last summer, when her chest symptoms were much more endurable.

For some days, in addition to the symptoms above enumerat ed, she has had the following: heaviness of the head, heat and swelling of the gums, with great difficulty in mastication, febrile heat in the evening, with elevation of the pulse, moderate appetite, some thirst; slight diarrhœa, with one or two evacuations a day. From time to time there are attacks of heat in the face. January 15th, 1856, I prescribed: *Rhus-toxicodendron* fifth dilution, a drop in one hundred and twenty-five grammes of water, a spoonful to be administered every four hours. On the 19th, she came to inform me that she felt a decided improvement in every respect; she had no more fits of suffocation, had coughed less and slept better, without once being forced to rise from her bed; this last night she had awakened but once, a thing which had not before occurred for several months.

Her cough was easy: the pain in the throat and heat in the chest had disappeared. She can walk and ascend the stairs with much less difficulty. Her appetite has returned, and her dejections have assumed a natural consistence. I prescribed Sacch.-lactis, then a new potion with Rhus-tox., 30th dilution, four globules in one hundred and twenty grammes of water, a spoonful to be taken morning and evening.

Obliged to be absent five weeks, I revisited her March 4th. Her symptoms had not reappeared. She had no longer any cough nor oppression; her color was clear, all the functions were regular; she wished only advice for the disorders that might arise from the cessation of her menses, burnings in the face, sweats and great dependency, for which I prescribed: *Ly-*

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copod., 30th. Since then I have received intelligence from time to time of this patient, and her cure is now established.

In this case, if only the aggregate of the symptoms and the nature of the lesion which they represented had been regarded, other remedies, such as: Sulphur, Phosph., Arsenic, Puls., &c., might perhaps have been indicated; but the circumstances of the aggravation and diminution of the symptoms induced me to give Rhus-tox. at first, and we have seen how the choice determined by this valuable indication has been justified. The same guide directed my course in the two following cases.

Case Sixth.—M. V . . ., an artist, a painter, of a strong constitution, bilious-nervous temperament, accustomed to a diet perhaps too luxurious, has been afflicted for many years with bronchitis, accompanied by asthmatic symptoms. In the intervals of the acute attacks, he is troubled with shortness of breath and paroxysms of coughing in the morning, followed by expectoration. The attacks of bronchitis invariably follow a coryza, which is brought on by a slight chill, and suddenly arrests itself; in the evening, commences, and increases in the early part of the night, an intense dyspnœa, which does not permit him to rest in a recumbent posture, and if he succeeds in obtaining a little sleep in his arm-chair, he is disturbed by frightful dreams, Then the cough is rare, dry and comes on in paroxysms. These symptoms last usually from eight to twelve hours; general blood-letting affords temporary relief.

When I was called to visit the patient, Dec. 11th, 1855, he had been since the evening before in the state which I have described, a coryza having been suppressed that morning; he had passed a terrible night, the day had been more comfortable, but at five o'clock the symptoms were beginning to increase in violence. Percussion of the chest yielded perfect sonorousness; upon auscultation a sonorous ronchus and the sibilant râle were recognized at the summit of the chest on both sides. There were slight chills, the pulse was at eighty-four, the appetite diminished, the tongue white, with constipation.

I prescribed: *Aconite*, 6th, two globules to be taken immediately in a spoonful of water, and Rhus-tox, 12th, five globules in one hundred and fifty grammes of water, a spoonful

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every two or three hours. The next morning the 12th, I found the patient delighted; he had slept all night, not indeed, without some restlessness, but he had slept in his bed, and this morning enjoyed a much freer respiration. The patient finished taking the potion, and the following night slept more calmly; the next day the coryza reappeared, the cough was more moist, but the patient made many efforts to expectorate. The respiratory *bruit* was much less concealed than the evening before by the sonorous and sibilant râle. (*Nux-vom.*, 12th dilution, three globules in one hundred and twenty-five grammes of water, a spoonful every four hours). The 16th, was in a very comfortable state; coughed but seldom, expectoration clear and easy, but very little oppression; there was now but a slight sub-crepitant râle at the base of the thorax; two easy stools in the morning, preceded by the expulsion of a good deal of wind.

Three weeks after, the same causes were followed by the same effects: *Rhus* subdued with the same rapidity the asthmatic symptoms, and *Nux-vomica* followed by *Sulphur*, completed the cure.

Case Seventh.—*Nocturnal Asthma with Chronic Bronchitis; failure of Sulphur and Arsenic; cure by Rhus-toxicodendron.*

M. P . . ., a shoemaker, aged thirty-one years, of a feeble constitution, has been sick for three years, his illness dating from the autumn of 1849, when he fell into a perspiration in a damp place, which was followed by a chill. He recollects feeling, at that time, a painful sensation of cold in the chest. Shortly after a cough with oppression followed, which lasted all winter; in the following summer the cough diminished, but the feeling of suffocation increased, and until October last both these affections remained firmly related, sometimes becoming more intense, and at others diminishing, in spite of a number of remedies, among which were Polygala, Cod-liver-oil, blisters and fumigations of Belladonna and Datura-stramonium.

Since last October his condition has been worse. No sooner does he lie down than his chest becomes full, there is *sifflement*, bubbling of the blood, palpitation of the heart, extreme anguish

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and fear of death. He cannot remain seated, but is obliged to rise and walk about, when his respiration gradually recovers its regularity; he succeeds in coughing, and this cough continues for two hours, with expectoration of clear and abundant mucus.

This attack over, he goes to bed as quietly as possible and generally succeeds in getting asleep; but the respiration remains whistling during sleep, and it is rare that he does not awaken towards three or four o'clock in the morning with a fresh accession of cough and oppression. After this accession the patient complains of pain in the shoulders.

Aside from the symptoms of bronchitis, the general health is good. The man is sober and regular in his habits. But it is important to remark that his father who had died a few weeks before, had been asthmatic for many years. The patient not being under my direct observation, I could not establish the physical signs furnished by percussion and auscultation, which would probably have been those of emphysema. The patient does not complain of palpitation of the heart. His symptoms are worse in damp weather.

January 9th, 1852, I prescribed *Arsenicum-album*, six globules, 24th dilution, in one hundred and fifty grammes of water, a spoonful every four hours. The 27th, it was announced to me that he had passed two bad nights, the last one had been comfortable. Until February 12th, the continuation of the remedy produced no change; the attacks returned at intervals of twenty-four, forty-eight or at the most sixty-two hours, sometimes in the evening, but oftener at the beginning of sleep, and sometimes upon waking.

Sulphur administered in the 24th and 12th dilution on the 12th of February or 10th of March, produced a more decided change than Arsenic; the attacks are not so frequent nor so strong.

Finally, taking into consideration the time when these attacks were most frequent, the influence of dampness, and remembering that they were brought on by a chill from rain, I prescribed: *Rhus-tox.*, six globules, 12th dilution, in one hundred and fifty grammes of water, to be taken by tea-spoonfuls only in the morning and after the attack. April 4th, I

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learned that he had taken the potion prescribed, which had been once renewed, for twenty-one days, a spoonful every morning, and that he had had but one attack; he coughs scarcely any, and the bronchial whistling has greatly diminished, even in the recumbent posture.

(Sacch.-lactis) On the 6th of April, having got into a profuse perspiration by some severe exercise, he was chilled upon returning home, seized with coryza, and afterwards with bronchitis, accompanied by dyspnœa; on the 12th of April recourse was again had to *Rhus-tox.*, and on the first of May the patient wrote to me that the symptoms had yielded to the first dose and that the attacks had not reappeared. The remedy was continued at distant intervals; two globules a week; the 15th of July there was a slight attack, but no medicine had been taken during the two preceding weeks.

I saw the patient at this time, and could detect in him no other signs than those of pulmonary emphysema; there was neither any alteration of the respiratory murmur, which indicates tubercules, nor signs of cardiac affection. A long course of treatment should have been instituted to cure completely this constitutional difficulty, which since this time reappeared in bad weather with symptoms much reduced in violence, but which *Rhus-tox.* generally overcame promptly. The following cases relate to various rheumatic affections. *Rhus-tox.* maintains here its former reputation; its characteristics are those which have struck me most, and of which I have made the most frequent application.

Case Eighth.—*Subacute Articular Rheumatism.*

A female servant of one of my patients, aged twenty-two years, has never menstruated; because, having worked from childhood in a sugar-mill, she was a great part of the time up to her waist in water. Nevertheless her general health was good. In two years she has suffered attacks of subacute rheumatism, which returned two weeks ago, preceded by a chill, and accompanied by a sore-throat, which has just left her.

The patient suffers only in the articulations of the joints of the lower limbs. She compares her pains to those of a fracture or dislocation, when she makes an effort to rise from her

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seat, to ascend or descend the stairs, and in the evening when she is in bed. When she is seated or walks gently about, the acute pains give place to a simple numbness. There is also a kind of burning with a feeling of excoriation on the soles of the feet, which is insupportable at night. There is no swelling except about the malleolæ, which are sensible to pressure, while inspection and pressure of the hips and knees reveal nothing important, in spite of the severity of the pains which exist in those parts, and of the circumstances which I have mentioned.

Her pains render sleep absolutely impossible. She is however without fever; her appetite is middling and regular; nor has she abandoned her occupation for one of a less fatiguing character.

July 28th, 1852, I prescribed *Rhus-tox.*, 10th, dilution, one drop in one hundred and twenty grammes of water, a spoonful every three hours. From that night, after acute suffering in the afternoon and evening, the patient slept till morning; by the next day the stiffness which she felt in rising from her seat and descending the stairs had left her. (Continued *Rhus-tox.*, a spoonful morning and evening.) On the 31st, she complained only of burning in the soles of her feet, which yielded to *Phosphorus.* August 3d, I prescribed *Sepia* for the stiffness, which she again experienced in the knees. On the 7th, she was completely cured.

Case Ninth.—*Muscular Rheumatism.*

M. M . . ., a tailor, thirty-seven years of age, of habitual good health and strong constitution, has suffered for a year from pains in his right arm, especially in rainy weather; but within the last twelve days having slept with his window open on a rainy night he was wet, and since that time his sufferings have been greatly aggravated: the fascia of the extensor muscles of the forearm, particularly, have been the seat of drawing and lancinating pains, with a numbness which extended to the ends of the fingers; these pains last all day and in the evening, above all, when he was gone to bed become insupportable; he is often obliged to rise in the night and walk about, by which the pain is somewhat lessened, as also by

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wrapping his arm in cotton, in spite of the heat of the season. Five vapor-baths, general and local, have made an impression upon the disease scarcely perceptible. The patient, of course cannot work, otherwise he has no fever, and he retains his appetite.

August 3d, 1853, *Rhus-tox.*, 5th dilution, one drop, was prescribed in one hundred and twenty grammes of water, a spoonful every four hours. A second dose produced no effect: after the first night the patient obtained a few hours sleep; the third day, he was able to return to his work; he now suffered only light pains which he has suffered more or less for a year, and for which he refuses to be treated.

In such a case, may not the rapid efficacy of this remedy, be compared to that of Sulphate of Quinine, in a case of legitimate intermittent fever?

Case Tenth.—*Acute Arthritis of the Knee.*

One of our wittiest writers and caricaturists, about thirty-five years of age, of a lymphatic temperament, occupies a damp room on the first floor. For several months he has experienced fugitive and wandering pains in various articulations of the upper and lower limbs. But for the last six weeks the affection has been almost exclusively confined to the right knee. There had been in the interior of the synovial capsule, an effusion of fluid, which had yielded to the application of mercurial ointments; but the swelling is but very little diminished, and the pains have become so acute that the ordinary remedies, external and internal, produced no effect upon them. Called to visit this patient, I established the following conditions:

1st, The joint of the right knee is the seat of a considerable swelling, soft, with puffiness of the exterior tissues, particularly on a level with the anterior ligament; 2d, if this ligament be moved sideways during the extension of the leg, that hard and dry rubbing is detected which indicates that the internal surfaces are the seat of rugosities and distinctly-marked inequalities; 3d, no pain is caused by this rubbing nor by pressure; but the movement of the joint and above all its straightening when the limb is flexed, is accompanied by very sharp pains; 4th, the pains appear after walking, in the evening and night,

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they are lancinating and feel as if they were at the surface of the bone, and so severe that he has not been able to sleep for several nights; 5th, the pains reappear in the joints at night but are less acute and moveable; 6th and lastly, the pulse is frequent, rises at night and is accompanied at first by chills, then by sweats, thirst and clammy mouth, loss of appetite, the tongue is yellow, the skin sallow and pale.

Nov. 7th, 1855, I prescribed *Rhus-tox.*, four drops, 12th dilution, in one hundred and twenty grammes of water, a spoonful every four hours, during the day-time, and every three hours in the night. Two days after he informed me that the pains had diminished sensibly the first night, and the second, had disappeared almost entirely. *Rhus* was administered once in the evening; in the morning Sulphur 4th, twenty-four globules in one hundred and twenty-five grammes of water, one spoonful. From Nov. 12th, the nights have been comfortable; the swelling of the knee has greatly diminished; the lateral rubbing of the patella indicates that the inequalities of the joint have almost disappeared; there is no fever, the appetite has returned and the countenance is better; on the 13th, (*China*, 3d dilution). The 15th, he was much improved in every respect; he had no pain except upon extending his leg; he complained of heaviness of the leg (*Ledum-palustre*). The 17th, the grating of the surfaces could not be perceived, and all appeared to be going on well. (*Ledum-rhododendron* and *Causticum* were successively employed to combat the remaining local affection). The stiffness yielded to vapor-baths.

In this interesting case, had it not been for the circumstance of nocturnal aggravation, it is certain, that on account of the locality of the disease and of the lesions which already existed, I should have thought of other remedies which seemed at first to be better indicated; but the first trial of this drug, and the unfavorable result of the use of Sulphur, proved the high importance of the indication which determined my choice.

In the two following cases, Nux-vomica was prescribed for chronic rheumatic pains, with morning aggravation: with prompt and complete success.

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Case Eleventh.—M. C. . ., a lacemaker, aged about thirty-three years, has suffered since he entered a newly constructed house, nine years ago, from double ophthalmia and pains in the limbs. These pains consist of a drawing stiffness, which occupies the different joints and appears principally in the morning at waking; he feels this stiffness upon changing his position in his bed, upon rising from his seat, and on beginning to walk; it is equally difficult for him to go up or down-stairs; he *hops* rather than walks. The joints of the fingers are also, in the morning the seat of a swelling and are sensitive to the touch. These symptoms are all aggravated by damp weather.

The ophthalmia consists of a partial injection occupying the corner of the eyes, now of the one and now of the other, sometimes of both, accompanied by weeping, especially in cold damp weather and in a bright light. In other respects the sight is good. The same is true of the general health of the patient, whose *physique* does not indicate much strength. He has never had any diseases of the skin, nor any severe sickness.

Aug. 17th, 1850, I prescribed *Nux-vomica*, 10th dilution, one drop in one hundred and twenty-five grammes of water, to be taken in three doses, in the evening and on the two succeeding days. The 7th of September, the patient announced to me that he had been a little better, but that within a few days pains had returned: he had taken no medicine for twelve days. (*Nux-vomica*, 15th dilution, one drop in one hundred and twenty grammes of water, to be given in three doses, in three successive days). On the 18th there was no more pain; the redness was confined to the cornea and to isolated patches. (*Nux-vom.* same as the last.) When I next visited him, he did not suffer any; the joints were as free in the morning as in the day-time; even the joints of the fingers were in a normal state. But the eyes were still much affected. (Pulsatilla, 5th dilution, one drop in one hundred and twenty-five grammes of water, a spoonful morning and evening.) I did not see the patient again until the following June, when he informed me that neither the ophthalmia nor the pains had returned since he had taken the last medicine, notwithstanding the winter had been very severe.

About a year ago I was again called to treat M. C . . ., for another disease. There was no doubt as to the perfect cure of the rheumatic pains.

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' In the cases which I shall next give, from the appearance of the pains and of the swelling of the joints under the influence of walking or standing, I was induced to administer *Causticum.*

ARTICLE XVIII. — *Acidum-Nitricum in Intermittent Fever.* By WM. H. WATSON, M.D. of Utica, N.Y.

AMONG the various remedies for fever and ague which have been from time to time mentioned in the pages of the North-Am. Journal of Homœopathy, nothing has been said of an article which in my hands has proved far more efficacious in eradicating the disease than any of those remedies that are in general use among the practitioners of our school.

I refer to the Acidum Nitricum, which I have been in the habit of using for the past two years, and always with the happiest results. During this period its value has been tested in some thirty cases, a number of which previously to coming into my hands had been unsuccessfully treated by physicians of both the allopathic and homœopathic schools. It *never* fails to break the paroxysms ;—in most cases there being not a single return of the chills, and in no case will the patient suffer from a third attack after commencing its use.

I employ the first decimal dilution of the Acidum-nitricum-purum, giving the patient a half ounce of this preparation, with directions to take six drops in a tumbler half full of cold water, and to repeat the dose every four hours when not sleeping, without any reference to the occurrence of the paroxysm. It may be sweetened with loaf-sugar if desirable. For any incidents or complications of the disease, Bell., Ipec., Nux, Opium, or other remedies may be administered whenever they seem indicated, as intercurrent remedies but without omitting the Acidum-nitricum.

The cases to which the remedy seems particularly adapted are those occurring in individuals with sallow complexions, dark hair, and of the bilious and lymphatic temperaments, who are subject to diarrhœa and to derangements of the liver and

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upon whose skins, are frequently seen those dark-brown discolorations or *maculæ hepaticæ*, popularly known as liver-spots. The patient often, also, has a merry delirium during the paroxysm. It is still more appropriate if Mercury has been previously administered by some physician of the opposite school.

In persons of an opposite temperament, with blue eyes, fair complexion and light hair, it does not act quite so rapidly. In such subjects, I usually administer Sulphate of Quinia in one-quarter grain doses, triturated with loaf-sugar, after the manner suggested by Dr. Pulte of Cincinnati;—one dose every hour, till the chills are arrested, commencing twelve or eighteen hours before the expected paroxysm.

The following is the formula for the Quinine: Sulphate of Quinine, fifteen grains; white sugar, a drachm. Triturate thoroughly and divide into sixty powders of which one is to be taken each hour.

When the paroxysms have been arrested, the Acidum-nitricum should be used as above described.

It must be remembered, in treating intermittent fever that the paroxysms are very liable to recur, and I think that it is from inattention to this circumstance that physicians often fail to permanently cure the disease. In most cases the first recurring chill shows itself at the end of one of the septenary periods, either seven or fourteen days from the occurrence of the last paroxysm. This tendency is usually very regular in each case. All therefore that is necessary, is, to commence administering the Acidum-nitricum about two days before the period of expected relapse, and use it for *three* days in the manner above described, as being necessary to arrest the disease when fully found. This system of anticipation should be perseveringly continued at each septenary period for two months, after which time there will be no further danger of relapse.

In conclusion, I would say that the Acidum-nitricum considered simply as an *antiperiodic* in *arresting* the paroxysms of intermittent, ranks second only to the Sulphate of Quinine,

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while in *eradicating* the disease it far surpasses it in efficacy, since *it* NEVER fails, which is frequently the case with the latter remedy.

ARTICLE XIX.—*On the Employment of Cathartics in Typhoid Fever.* By R. LUDLAM, M.D., Chicago, Ill.

Cathartics have long ranked as a most important means in in the treatment of our essential fevers. In one form or another they have been thought necessary, and there is perhaps, in our practical lives as physicians, no prejudice more difficult to overcome than is the one which has, and very naturally, grown out of this fact. Every homœopath knows this to be true. But, whatever may have been said or written in times past in advocacy of their almost universal employment, the profession are beginning to question its propriety, and for the simple reason that physicians are daily becoming better acquainted with their real virtues,—if indeed they have any, and their true therapeutical indications in the treatment of our febrile diseases. And this is a matter for our hearty congratulation. Not one of us but is gratified in deposing a theory, or in annihilating a practice which, to say the least, has augmented man's inhumanity to man, if thereby, and instead thereof, we may but promote health, and preserve life, among our fellows.

Of the various diseases, and in the treatment of which, cathartics as a class are being in our day most wisely rejected, enteric, or typhoid fever is perhaps the most prominent. Its more general prevalence of late years, with its accustomed severity, obscurity and fatality, under "old-school" management, afford sufficient explanation to the fact as stated; and they must apologize, if needs be, for our further advocacy of this much-to-be-desired reform.

There are two reasons why we disapprove of the employment of cathartics in typhoid fever, *i. e.:* 1. *They are useless.* *They are injurious.*

1. *They are useless.* Granted the commonly received pathology of this fever, how can these medicines be of benefit in

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either its earlier, middle, or later stages? If administered in its incipiency not one of them is specifically capable of removing the *matter* which has occasioned the disturbance. In brief, it is impossible, by their inherent virtues, to supplant the attack. "I suppose," says Pinel, "that no one is so little enlightened, as to think he can suspend, by the aid of remedies, the course of an acute disease, such as an essential fever, or a phlegmasia." And yet, in our late day, we frequently hear physicians expressing themselves satisfied in the opinion of having cut short the course of typhoid fever, by the early and prompt administration of a cathartic.—At the least, this is a popular doctrine in Western medicine. Still the truth remains that, theoretically and practically, it is alike impossible.

In the middle stages of this disease they must certainly take rank as above. Their employment at this period, is based upon the idea that some such evacuants are necessary for the removal of accumulated secretions, and which are thought to be both acrid and unwholesome. Those individually styled bland and mild in their operation are usually recommended. But the presence of such products in the alimentary canal, is more imaginary than real, as any one's careful observation will surely determine. With the deficiency of proper fœcal matter, resulting from the lack of good and substantial aliment; and the assurance that the much-talked-of accumulations rarely, if ever, exist; a conservative catharsis must take orders with the hydragogue as equally useless if not as injurious. Indeed the proposition to purge away such offending (?) matters is of a kidney with that which prescribes emetics in certain bilio-gastric disorders, since, in each case the difficulty is actually increased in a ratio with a repetition of the evacuant. In both, we remove a lesser, but only to produce a greater, evil,—fire at a symptom, at the expense and risk of aggravating the original disease, all the while demonstrating a practically absurd empiricism. The more we remove such slight obstructions *per force*, the more we stimulate their secretion; as, the oftener we vomit, the more troublesome will the symptoms of gastric disorder become.

The strongest argument, however, against the utility of such medication, in this particular disease, lies in the fact that, other things being equal, recovery becomes the more certain in case

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of their non-employment. The brilliant success of homœopathy in the treatment of typhoid fever is a practical witness to the truth of this; and it follows, that, if homœopathy succeed as well as allopathy, not to speak of superior successes, without them, the whole class of purgatives, as thus applied, are useless and not worthy the name of remedies. This conclusion forces itself upon us as the issue of careful and repeated experiment. If not beneficial it only remains that all such treatment is either unprofitable, or pernicious, or it may be both.

2. *They are injurious.* It may, at first glance, appear somewhat paradoxical to style a class of medicines *useless* and then attempt to prove them *injurious;* but a little explanation will serve to resolve the seeming contradiction. By the term useless we imply a failure of the good hoped for as a consequence of their employment, and not that they have failed of all results whatever. They do produce results, and in contradistinction to the good accruing from a set of well-chosen remedies, we style these results as poisons—not curative,—baneful, not beneficial. Cathartics are supposed to operate in various ways either directly or indirectly, in expelling downward the contents of the alimentary canal. By some the muscular coat of the bowels is stimulated to increased action through, or by means of an impression received directly from the mucous coat. They are excitors of an abnormal peristaltic action. Now if we recall the fact, that, in typhoid fever, the pathological deposits take place most frequently in the intestinal canal, and underneath its mucous membrane, it must become a question of import whether the use of the above-named remedies therein be not calculated to augment instead of relieving the mischief. By their employment that rest and quiet so requisite for recovery, and without which it cannot take place as it should, is interfered with and broken up. The irritation and inflammation are excited, aggravated, and made to become general. The tendency to a troublesome diarrhœa, co-existing with enteritis, is reduced almost to a certainty; while, in a word, every dictate of sagacity, skill, and experience recognizes such means only as the most mischievous. We could not expect in case of an external local inflammation, that beneficial results would follow so harsh a system of treatment; nor would it answer quite well to experiment

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with, or to advocate, the free use of the flesh-brush, or any of its kindred, in such diseases as erysipelas, ophthalmia, furuncle, or cancer! And yet, practically speaking, an old-fashioned prejudice would be the very last to draw a parallel between these different affections, the essential differences of which consists only in their locality.

Others make the *liver* the channel of their operation. The class styled cholalogues are perhaps, next the saline hydrogogues the most popular of all the cathartics employed in this fever, as indeed they are in almost every other. And we have often thought it astonishing to contemplate the numerous and important offices of the liver in the animal economy! . The slightest disturbance anywhere within the precinct of life, is the signal for an attack from without upon this organ; and she it is who must shed *bitter* tears for the sins of her neighbors as well as herself. But why punish the liver, any more than the brain, the lungs, or the heart, in such a disease as typhoid fever? If it be "torpid and inactive" is not the same apt to be true, in this affection, of every other organ, every other function? Shall it be, forsooth, because the bile, its normal secretion, has something to do with keeping the bowels open? Better withhold them here also, since it is evident that all acrid and abnormal bile must be a fertile source of irritation, through immediate contact with parts already diseased. This is plain common sense; and there is no more ridiculous and absurd idea advanced anywhere in the details or doings of medical practice, than has sprung from the habit of "touching the liver," in treating our various infirmities, and so striving to heal them through the exorcism of a purely speculative "torpidity." Indeed, to the unitiated, it must appear strange that such physicians as are supposed the most perfectly to understand the workings of organic physiology, should in typhoid fever, for example, recommend a specific means of farther taxation upon a system already on the verge of vital bankruptcy. That they should forget that the whole corporate membership is struggling, though it may be silently, to acquit itself of damages already assessed.

Of the various *hydragogues*, vegetable as well as mineral, we need say but little in this connection. With the exception of the

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saline members of this class, none of them have been very extensively employed in the treatment of this fever. We may remark, however, the evident capability of these latter to do more harm than good. Beside being equally hydragogue in their proclivities, they are all sedative to the general circulation. These, then, constitute the most valid reason for their rejection. And yet, strange as it may appear, if there be any particular class recommended, and in preference to others, in this disease, the saline cathartics are certainly the most popular. As though it were not sufficient to sap the foundations of life, by forcing an increased secretion and exhalation from the extensive surface of the alimentary tract, without courting a depraved vitality the most of all things to be dreaded. Said a prominent allopathic friend to us, a little while since, "I have learned, as the result of a lengthy and careful experience, that it is better not to employ cathartics in treating typhoid fever. To speak more definitely," he continued, "I find my patients do the very best with the least medicine I am content to administer; provided they take but just enough to obviate the dangers of a purely nervous prostration." And this testimony is by no means an isolated one.—It has a parallel in the practical experience of thousands, nor is the idea of their proposed rejection confined to the narrow limits above specified. Those of us who have practised allopathy, with an eye open to their baneful as well as their beneficial results, must be possessed of experiences enough at the very least to suggest their subtraction from the great majority of our accustomed efforts toward health.

The serious nature of typhoid fever will not be questioned. In this city and various other points in the West and North-West its great fatality has occasioned no little dread and excited not a little inquiry among physicians of both schools as to the best means and method of its management. Almost every variety of treatment has been suggested and acted upon. As a consequence unsuccessful results may be less numerous now than formerly, yet the disease is not in general, so amenable as we believe it should be to medical treatment.

To be brief, it is our deliberate opinion that, were cathartics, in every shape and style, as such, left out of the account, a far greater ratio of typhoid fever cases under our professional ad-

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visement would certainly recover. Our judgment is based upon ample experience *pro* and *contra*, and we are very certain that no one should question its correctness without at last an equal amount of evidence to the contrary.

17 Metropolitan Buildings.

Article XX.—*Case of penetrating wound of the Abdomen*, by Walter Bailey, M.D. of New-Orleans.

New-Orleans, March 7th, 1857.

Messrs. Editors,—I send you the following minutes of a surgical case to show the virtues of Belladonna in preventing peritoneal inflammation in penetrating wounds of the abdomen.

Feb. 15th, 1857, 7 o'clock, P.M.

Officer U., aged twenty-four, of the police, came to my office, led by a friend. An hour previous he had received a stab in the abdomen, by a dirk, 2½ inches to the right of, and ½ inch above a horizontal line drawn through the umbilicus. The external wound was one inch in length, extending horizontally; and out of it hung a piece of the omentum, some three inches in length, which appeared to consist of a strip cut from the lower edge of the flap. This had stuck to the besmeared shirt, and partially dried. From the appearance of his clothes, he had bled profusely, and was then laboring under great depression. After receiving the stab, he had tied a handkerchief tight around the part, outside of his clothes, and then with the aid of a friend, had walked over half a mile to my office. He informed me that the infliction of the wound caused intense pain; and that the pain was still very severe. As I was at the time engaged, I directed his attendant to take him to the nearest police station, which was ¼ of a mile distant; cause him to lie upon his back, and place a cataplasm of flaxseed-meal of the size of two hands over the wound, putting twelve drops of the mother tincture of Belladonna upon its under surface; also to put two drops of the same tincture into half of a tumbler of water, and to take a

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spoonful every hour. I furnished the tincture myself, to be sure of using a genuine article.—15th, 9 o'clock. Found my patient at the police-station, lying upon a bench with a quilt over him, and with his wet clothes and shoes on. It had been raining hard, and in going from my office to the station, his clothes, from his hips to his feet, including his stockings, were completely saturated. But, as there were no others to be obtained, we were obliged to let them remain on. The medicated cataplasm had been prepared and placed, and the medicine taken according to directions; and the pain had decreased slightly. Ordered the treatment continued through the night.

16th, 8 o'clock, A.M. Found my patient comfortable but weak; and complaining only of some pain immediately in the wound. No swelling of the abdomen; the portion of omentum which was left hanging out of the wound now forms a pear-shaped tumor, constricted in the wound, and is as large as a hen's egg. Has had an operation from the bowels this morning. Ordered the same remedies continued; giving the internal remedy every two hours, and renewing the cataplasm every four hours.

17th, 4 o'clock, P.M. Last evening my patient was carried in a cab to the house of a friend, distant ½ a mile from the police-station. Found him complaining of some pain about the wound, extending over a circle some four inches in diameter, and deep in the abdomen. The tumor hanging out of the wound continues of the same size and has become quite hard. It is sensitive to pressure, but not to touch. When pressed between the fingers he complains of a sensation as if hot needles were run up through the epigastrium and under sternum; continued treatment.

18th. Does not complain of any pain in the abdomen, except some flatulence, probably occasioned from lying constantly upon his back, complains of a little soreness about the external wound. Adhesion between the sides of the wound and the constricted neck of the tumor has formed; continued treatment.

19th. Found my patient in the same condition as yesterday, except he has no flatulence. Drew a ligature around the neck of the tumor, even with the abdominal integument. During

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this operation, he complained of severe pain, which he describes as similar to hot needles being run up through the epigastrium. From the first formation of the tumor of omentum, it secreted serum; but since yesterday its surface has been covered with a little pus.

20th. The tumor was not completely strangulated by the ligature yesterday, and a considerable quantity of blood has oozed out from the surface. He has suffered considerable pain, similar to that which he suffered during the application of the ligature. Drew another ligature around the neck of the tumor, tighter than before.

21st. The tumor is completely strangulated, and has shrunk to half of its original size. Has suffered no pain since the second ligature was applied; continued treatment.

22d. A part of the tumor has come off. The balance I clipped off even with the integument with scissors. Discontinued the medicated cataplasm, and also the Bell. internally. Placed a few narrow strips of adhesive plaster about the wound to support the integument, and to favor granulation. Allowed my patient to sit up, and eat some meat, if he chose, having been previously restricted to farinaceous diet.

23d. Complains of no pain or soreness in the wound. Has had an operation from the bowels; the first since the morning of the 16th. Has walked out.

25th. Wound health over, and the patient well.

Not the least interesting feature in this case is the circumstance that no evacuation of the bowels took place from the morning after the wound was received until the ninth day; while no medicine was given except the minute doses of Bell., (two drops in half a tumbler of water, a spoonful taken every two or three hours during the day). This shows how useless it is to give large doses of Opium to check the peristaltic action of the intestines in wounds of those organs. For the shock which the system receives, at once checks the peristaltic action sufficiently to favor adhesion, provided we can keep down peritoneal inflammation.

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That there was extensive injury done to the intestines in this case, there can be but little doubt; for the dirk must have penetrated from four to six inches; and from the appearance of the external wound, and the portion of omentum that hung out of it, the dirk must have been wrenched round in the wound. I would here remark, that the depression of the system continued for several days; and reaction was by no means solicited.

Some will be ready to ask why I did not at once cut off the portion of omentum which hung from the wound, or return it into the abdominal cavity, and thus get rid of it? It answered the purpose of a plug or valve in keeping the air out; and to have cut it off, even with the integument, would have allowed it to retract; and internal hæmorrhage would have followed; and had I attempted to return it, success would have been doubtful; and if I had succeeded, I should only have increased the suppurating surface in the abdominal cavity; for it would have been impossible to have placed the two cut surfaces in apposition so as to allow of adhesion.

New-Orleans, March 7th, 1857.

W. BAILEY, M.D.

N.B. It is highly gratifying to us, that our call for cases and practical matter, meet with such kind and able responses. We sincerely trust that every homœopathic practitioner will forthwith commence to furnish his quota to the general stock of knowledge.—Every physician must have some successful cases to report; and it is a duty which he owes to humanity, to his profession and to himself, to place them upon record. Any one who is in possession of new facts, or has experience with new remedies, should be regarded as recreant to his profession if he neglect to make them public. At the same time experience with old remedies in well-known diseases are very valuable; we cannot have too many proofs of the efficacy of well-known and well-tried remedies. PETERS.

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ARTICLE XXI.—*Cases in the Practice* of TULLIO S. VERDI, Newport, R. I.

GASTRODYNIA.

Mrs. G. . ., a lady of thirty-five years of age, had been subject for two years to violent attacks of gastrodynia. She used to have them every two weeks, then every week, and finally every other night regularly. She consulted physicians, of the dominant school, from the beginning, who when discouraged by the non-success of their treatment, advised a change of climate. She left Newport accordingly, and consulted other eminent practitioners of the opposite practice, but received no benefit, and returned home discouraged. Upon the advice of a friend of mine she came and consulted me. Her account of her case was as follows: "I am a great sufferer, I have tried many things for relief, but in vain, I come to you as my last resort." She told me what I stated above and then added: "I come to you this evening to acquaint you with my case, that you may better comprehend it when you see me laboring under an attack; for then I am in horrible spasms, I faint and am unable to speak. I am taken at first with rumbling in the bowels (borborygmi) and soon after with violent spasms of the stomach, lancinating pains shoot through my bowels, which finally terminate in a tensive pain in one spot, generally the left groin, distending the part and producing a large and prominent tumor. This lasts for four or five hours, when the escape of gas seems to relieve me; but it leaves me in a great state of exhaustion, from which I recover only in two or three days, when another attack puts a stop to my hopes of amelioration and throws me into the same agony as before." She then concluded: "I expect an attack to-night, and will send for you that you may see me in that terrible condition.

I told her that meanwhile I would give her medicine, which might ward it off; and gave her *Nux-v.* 1st dilution, six globules night and morning; I recommended her to wear a woolen bandage snugly around the abdomen, and to take one injection of luke-warm water whenever no natural evacuation of the bowels would take place within twenty-four hours.

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I expected to be aroused next night, but no bell rang. I did not know what to make of this silence, and I thought the lady had left the place, when three weeks after I met her in the street, and she came to me to thank me warmly for having cured her of a disease, which had been killing her by inches (so she expressed herself).

In fact, she never has had an attack since except a slight one on having left off the bandage and the medicine. She continued the medicine for a month, which for two weeks I alternated with China. She now takes no medicine, wears the bandage, and has no attacks of gastrodynia.

PARALYSIS OF THE MUSCLES OF THE ANTERIOR TIBIAL REGION OF THE FOOT.

Mr. T . . ., a gentleman of the age of forty, sanguine temperament, of an apoplectic build, having in his youth indulged in the use of alcoholic stimulants and rich diet, and given himself up entirely to that inexorable tyrant, business, which in this country breaks down the body and crushes the soul, he finally commenced to experience partial numbness in differents parts of the body. He called upon his physician, a gentleman of the old-school, who said it was not much of anything, and hardly thought it necessary to warn him against his habits. Tired and broken down, he came to Newport for relaxation, where he was attacked by complete paralysis of the anterior tibial muscles, the muscles of the fibular region, and all the muscles of the foot. Sensation was so completely lost that he could not feel my hand striking strongly upon it; the parts were cold, and a little œdematous.

On raising his leg the contraction of the tendo-achillis, not being counterbalanced by the anterior muscles, would draw the os-calcis backwards, which movement would cause the tarsi-metatarsi and phalanges to follow it, reminding one of the manner in which a chicken raises its foot. In placing the foot again upon the ground the toes would reach the ground first in a passive manner, and the ankle give way and slip under the weight of the body.

He had an anxious and sad expression, complained of heaviness and dullness of the head—uneasiness in the region of the

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kidneys—and his urine was turbid, heavy, and of a dark-brown color.

Treatment: Digitalis for three days. Urine improved.—Digitalis alternated with Nux-vom. for a week; some feeling returned to the left foot; urine much improved, no more uneasiness about the kidneys.

Suspended the *Dig.*, continued *Nux* for a week longer: sensation and warmth returned to both feet, slight motion of the toes of the left foot.

Alternated the *Nux* with *Rhus-tox.* for a week: the flexors and extensors of the left foot could evidently play their part, and a slight power could be also perceived in the muscles of the right foot.—Mind cheerful and hopeful.

Continued both remedies a week longer: left foot well, right foot rapidly improving.

Continued the same treatment another week: still improving; but complaining of certain uneasiness not quite equivalent to pain, about the joints, particularly in the morning.

Suspended the *Nux* and the *Rhus*, and gave *Bry.* instead; after two doses all these symptoms disappeared, he continued to ameliorate, and two weeks after he left Newport perfectly well to resume his business, but not his hygiene I hope.

APPLICATION OF THE TINCTURE OF IODINE IN ACUTE INFLAMMATORY RHEUMATISM OF THE KNEES AND ANKLES.

M. Levilloux was suffering from an attack of inflammatory rheumatism; his constitution had evidently become rheumatic by exposure in former years; but never had he had an attack so violent as this; the inflammation of the knees and ankles was very great, the heat insupportable, the pain agonizing. I visited him in a friendly way and begged him to take the remedies I would prescribe for him; he consented.

I commenced with *Acon.* and followed it by *Bell.* without obtaining any amelioration. I prescribed then *Rhus*, which palliated the pain for a little while, but finally remained inert. *Coffea* soothed him for the first two nights, but afterwards afforded no relief; the inflammation continued, and the pain became excruciating. He begged me for an anodyne which would afford him a few moments of painless rest. But anodynes he

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had taken under allopathic physicians, without success, and even *Veratrine*, which by-the-by, produce in him the violent symptoms of Veratrum, had been used in vain, so that had I even been inclined to yield to his entreaties, I could have done him no good. In these conflicting feelings of sympathy and duty, not to swerve from the law I had adopted, Iodine presented itself to my mind as not being anti-homœopathic, and being capable of producing absorption by its action upon the capillaries. I prepared the Iodine—two table-spoonfuls of the tincture, diluted by a table-spoonful of water, and with a camels-hair-brush I painted his knees. The patient experienced such an immediate relief, that in his transition from the pain he exclaimed: "Je ne souffre plus; je me sens comme un homme qui, étant près de se noyer, vient d'être sauvé."

This sudden change, I must own, almost alarmed me, as I feared a metastasis might take place; but no, in vain did I watch him; he fell into a good sleep, from which he awoke only on the next morning, quite refreshed.

I continued the application twice a day, and the swelling was diminishing rapidly; but then his ankles became inflamed and very painful, but the pain was immediately stopped by applying the Iodine there also.

In two weeks he had so improved, that he could walk in his room, but a change in the atmosphere brought another attack. He applied the Iodine that remained, but in vain, it had no effect; he became discouraged, and gave himself up to moaning and screaming. The lady of the house acquainted me with his condition; I went up to him and found him delirious, declaring that even the *Iodine* would now refuse him relief. I looked at his knees, they were hot and much swollen. I then thought that probably the *Iodine* he had used, having been exposed for several days, had evaporated and lost much of its power. I sent for some fresh at the druggists; as soon as it came I applied it; and every stroke of the brush he would exclaim: "Docteur, vous me donnez la vie." In fact, when I had done painting his knee he was entirely freed from pain. I left him; he fell asleep; slept tranquilly all night; I saw him next morning—there was no return of the pain—he continued to improve; I gave him *Iodine*, internally three drops to a tumbler of

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water, a tea-spoonful four times a day; he is now well, and has joined us is in our social intercourse in the house.

When I told him I was going to report his case, he said very kindly, he would endorse my statement by his following declaration:

"Vers les premiers jours de Mars de cette année je fus atteint d'une violente attaque de rheumatisme inflammatoire; les genoux et les chevilles du pied en étaient le siège principal. Inutile de mentionner la complète incapacité de mouvement et les douleurs intolérables dont je suffrais jours et nuits. Le mal se maintent dans toute sa violence à peu près trois semaines, en résistant à divers remèdes internes et applications extérieures. Enfin le Dr. Verdi, de cette ville, eut recours à la teinture d'Iodine saturée d'eau dont il *peignit* les parties enflammées et endolories. Dès la première expérience et presqu'instantanément, j'éprouvai une sensation de fraîcheur locale et puis l'appaisement de la douleur qui finit bientôt par disparaître. Des heures de soulagement et de repos furent le résultat obtenu d'abord, sans que les nombreuses et énergiques applications de cette substance aient produit la plus faible perturbation dans le reste du système, ni aux intestins, ni au cœur, ni au cerveau. J'attribue à l'emploi de l'Iodine l'amélioration qui s'opéra dans mon état.

Newport, R.I., 14. Mai, 1857.

J. V. Levilloux."

This being a fact of some importance to the victims of this terrible disease, and the application of Iodine having never been mentioned by authors as a topical remedy in *acute* inflammation of the synovial membranes, we offer it to our fellow-practitioners for more accurate and complete investigations, as we will not have opportunities enough that will assure us of its power or dissipate our hopes.

Respectfully yours,

T. S. Verdi.

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Article XXII.—*Paroxysms of Iliac Pain relieved by Coffee.* By Dr. Lazarus.

An usual form of what would be generally termed colic has presented to me several instructive phenomena. It has occurred during the last four or five years, at first at rare intervals, and under the form of a hernia of the left inguinal canal, never coming down into the scrotum. This was not always accompanied with pain or signs of visceral disturbance, and yielded to a careful exercise of the taxis, so that I came to regard the difficulty as one of rather a mechanical character, and the pain as the ordinary effect of strangulation. I observed that a cup of good coffee acted like a charm in facilitating the reduction of the hernia, and in re-establishing the normal peristaltic movement.

Within the last eighteen months I have suffered, on an average, as often as every six weeks, paroxysms of this peculiar strangulating pain, sometimes connected with palpable hard distensions of the bowel, as large as my fist, above the left inguinal canal; sometimes equally severe, with no hernia nor palpable distension any where. When any circumstance has prevented me from getting, at the very beginning, a cup of strong Mocha or Java coffee, well made, and not spoiled by boiling it; the disease has become dangerous and obstinate, presenting the following characters: pain of a pinching or strangulative character, circumscribed, lying in a tract from the left inguinal to the umbilical region, always to the left side of the median line, sometimes so violent as to compel me to roll on the floor, seeming to demand pressure and friction, which however gave no relief.

The paroxysm, when not interfered with by remedial measures, never passes off, but increases in violence and obstinacy, its longest duration was three days and two nights, it then came near killing me, and was eventually relieved by repeated and copious injections of soap-suds as warm as could be borne.

There is not usually constipation; when there is, the rectum and colon are easily moved and discharged; this doubt-

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less facilitates the ultimate relief, but by no means suffices to procure it; the most obstinate and protracted pains having persisted unchanged after such evacuations, and sometimes been suddenly relieved without evacuations of the lower bowels or even any sensible passage of wind. On one of the more recent occasions a sitz-bath of cold spring-water, twelve inches deep, continued about fifteen minutes, procured such a spontaneous cure after twelve hours of suffering, and when hot fomentations and hot injections frequently repeated, had failed. The attacks generally came on early in the morning, and suddenly, without previous indisposition, sometimes after having slept comfortably. (My sleep is habitually too short and too light.) I have several times thought the attack due to having eaten acid fruits, especially baked apples, the day before. At other times, I could accuse myself of no indiscretion in diet. Whether occurring early in the morning or at other hours, the paroxysms have always observed a sufficient interval after meals to allow the presumption that the small intestines were partially empty, and they have never occurred at night *after I had retired to bed.*

If relief is not promptly obtained, the stomach sympathizes within an hour, then vomitings commence and the coffee becomes useless, because it is not retained or not absorbed; the vomitings become more violent as the paroxysms are prolonged, they give indirectly a partial relief, after having thrown the body into general perspiration in the muscular effort, but this is very transient. The secretions of the stomach are quite normal. After some hours, hiccough sets in, and continues, very annoying, until the whole paroxysm is relieved. The seat of the pain being too low to be affected by the most violent vomiting, and too high to be reached when the colon is filled with injection, must be referred to the small intestines, and from its location on the left side, with a tendency to the inguinal ring, I have referred it to the ilium, which is frequently concerned in such hernias.

Warm fomentations and dry heat applied over the seat of the pain always exercise a palliative influence, and in some slight attacks proved very useful, but they are inadequate and unreliable, whether water or spirits be used.

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The same remark applies to the hot sitz-bath and the vapor-bath and to mustard-plasters. Injections of coffee deserve attention; I have tried them with success after some hours of suffering. I have tried ineffectually on several occasions, Nux-vomica, Bryonia and Colocynth in low dilutions. The effect of coffee is clearly specific; and it fulfils every indication of cure very promptly when the conditions of its absorption exist. It is probably in the volatile oil that this virtue resides, as I have found no effect from boiled coffee that had not the aromatic flavor. I commend the experimental employment of coffee, prepared either according to the French or Turkish formula, not only for nervous and spasmodic colics, but also as a resource which may aid the taxis in strangulated hernias, by energizing the peristaltic movement of the intestine. The oil of coffee might be rubbed into the skin, or absorbed from injections when the stomach will retain nothing.

M. E. Lazarus.

Article XXIII.—*Cases from Practice.* By P. B. Hoyt, M.D.

The first case that I will mention did not come under my own observation, but I have it from such a reliable source that I cannot disregard it.

Mrs. C—, was taken with typhus fever, and treated after the manner of allopathy, as it existed about twenty years ago, but all to no purpose (if indeed we disregard the medicinal effects that were produced, the great reduction of strength consequent upon it.) She became so reduced that her life was despaired of, and after the continuation of the fever for thirty-one days, and as a last resort, Mr. C—, prepared a decoction of the Bap.-Tinct., taking of the root a piece about 3 inches long and ⅜ inches thick, steeping it in a ½ pint of water. He commenced by giving her five or six drops of the decoction once in fifteen minutes, increasing till he gave near a tea-spoonful at a time. In about one and a half hours the surface presented an appearance as though she had been literally scalded, so red was the surface, accompanied with a most intense superficial heat; at the same time noticing

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large drops of sweat standing on her forehead, the medicine was discontinued. In a few moments a profuse perspiration appeared all over the body, which continued for near twelve hours, or till she was bathed freely with brandy and water. From this time she began to improve, and with the occasional administration of a drop or two of the remedy she gradually got well, without any recurrence of the febrile symptoms. It is worthy of remark that immediately upon the administration of the medicine, she became quiet, and fell asleep, having been very restless and delirious for three weeks previous.

Second and Third Cases.—Mr. and Mrs. S—. being very unwell, I was called and found them suffering with symptoms of continued fever. After prescribing Ac., Rhus-tox., &c., without much effect, and my patients growing rapidly worse, I was induced (empirically it is true) by Mr. C—, father to the lady to use the Bap.-Tinct. in decoction as before stated. I remained watching carefully the operation of the remedy. To my great surprise in about an hour the perspiration appeared on the forehead of my patients, which gradually covered the entire surface, in about six hours they were thoroughly bathed in tepid water, and on seeing them next morning scarce a vestige of the febrile symptoms remained, and by a careful diet and a few doses of Ac. and Bry. they recovered.

Fourth Case.—Mr. R—. was taken with typhus fever, (and treated by Drs. Beckwith and Tifft of Norwalk, Ct.) for several days, with the usual homœopathic remedies; when Dr. B. remarked to me that R. must die; but not willing to lose a patient, a proposition was made to give the Bap.-Tinct. I was deputised to administer the medicine and to watch its effects; I used in this instance an alcoholic tincture, drop-doses every ten minutes, prepared from the fresh root. Although I had much difficulty in keeping the patient quiet enough to sweat much, yet I succeeded in reducing the fever more then one-half by morning, and by a continuation of the remedy he was saved. I think I never saw more fierce delirium in any case, before or since, yet when morning came he recognised us as we called, and said, "Doctor I am better." One other case nearly of

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the same nature came under my notice, which terminated quite as favorable as the above. I have not seen it used, nor tried in any other cases of this kind. I prescribed it several times for a sensation in the mouth as though it had been scalded, with marked result.

In preparing the tincture, I use one part of the bruised fresh root, to two parts alcohol by weight, digest and filter as other remedies.

P. B. Hoyt, M.D.

Article XXIV.—*Provings of the Baptisia Tinctoria.* By Prof. J. S. Douglass, Prof. S. R. Beckwith, W. Rowley, L. W. Sapp, J. E. Smith and P. B. Hoyt, at the Western College of Homœopathic Medicine, Cleveland, Ohio.

Feb. A.D. 1856.

Prof. J. S. Douglass.—Aged 55, nervous sanguine temperament, in good health at the time of proving.

Feb. 5th, ten o'clock, A.M. took one drop of tinct. after which was active in the open air; perceived no effect. Repeated at two, P.M.; again active and no preceptible effect. At bedtime took two drops; slept two or three hours and waked from a troublesome dream, with difficult breathing, a sort of nightmare; felt on waking as if the room was insufferably hot and close, hindering respiration. Feeling of greatly increased compass and frequency of the pulsations of the heart, pulsations seem to fill the chest, the pulse (usually but little over seventy) I judged to be ninety or over, full and soft. There was most uncomfortable burning heat of the whole surface, especially the face. The tongue dry on rubbing it against the roof of the mouth, smarted and felt sore as if burnt. The heat compelled me to move to a cool part of the bed, and finally to rise and open a window, and wash my face and hands; with these symptoms there was a peculiar feeling of the head, which is never felt except during the presence of fever. A sort of excitement of the brain which is the preliminary, or rather the beginning of delirium, which with me never fails to take place if the fever continues and increases to considerable intensity. After an hour

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these symptoms abated and I again went to sleep and slept soundly until rather a late hour in the morning.

Feb. 6th. On waking, tongue dry, with the same burnt feeling, and a little dullness of the head, appetite for breakfast good.

At 9 A.M., took one drop. The same feeling of the tongue continued slightly through the day, with hot and perceptibly flushed face and slightly confused feeling of the brain. Slept soundly the following night. Feb. 7th. No symptoms except slight dryness of the tongue. Took two drops and shortly after took coffee with breakfast; no effect through the day. Before bed-time took two drops, slept two or three hours, and dreamed of laboring hard in deep snow, suffering with heat from the exertion and finally being smothered in the snow. Awoke with great difficulty of breathing, the lungs felt tight and compressed, could not get a full breath, felt obliged to open the window to get my face to fresh air, the same burning heat of surface, dry tongue, increased pulsations of the heart and accelerated pulse, and the same peculiar feeling of the brain as on first night. An hour passed before I could breathe easily and felt comfortably cool. Slept well the remainder of the night, after having for a short time slight febrile, chilly horripilations over the lower limbs and back.

Feb. 8th. In the morning, slight dullness, heat of the face and dry tongue, appetite good. Slight dry burnt feeling of the tongue, and flushed face and dullness continued through the day. Slept profoundly all night, and was not even waked in the morning by the breakfast-bell, a very unusual occurrence.

Feb. 9th. No symptoms except a bloated feeling of the eyes, and a general feeling of having slept too long and too hard. At half past 11 A.M., took two drops, very soon slight chilliness in the lower limbs and back. The brain a little stimulated.

At 1 P.M., feeling dull, especially in the occiput, where there was slight pain and fullness, lay down and slept an hour, waking from a slight sort of nightmare, with moderate tightness of the chest and correspondingly difficult breathing which was soon over.

At 3 P.M., took two drops soon after dinner, ate pickles and stewed apples, with nutmeg. No effect observed.

At bed-time took two drops. After sleeping about two hours had nightmare, from which it seemed to me I was a long time in

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rousing myself, by violent effort to move, and make a noise. The anxiety continued some time after waking. No other marked symptoms except burning heat of the feet, in which there was very evident feeling of pulsation. After a half hour went to sleep and slept soundly.

I omitted to mention in its place, that each time after waking from the nightmare, the parts on which I lay, soon became exceedingly painful, especially the sacral region and hips. After laying for not more than ten minutes upon the back, the sacral region became intolerably painful, as though I had lain on the barn-floor all night, and inducing the conviction that a short continuance of the position would produce bed-sores. When turning on the other side, the same sensation was produced on the hips, obliging me at last to turn on my face to relieve these parts. This symptom generally subsided with the other symptoms.

In regard to the nightmare, it is proper to say, that I was formerly considerably subject to it, but for many years have never had it, except when sleeping on my back, or perhaps very rarely when on my left side. In all the instances recorded I was sleeping in my usual position, on my right side.

Feb. 10th, at half past 2 P.M., took three drops. Within a few minutes, heat of the face, soon followed by the same febrile excitement of the brain, like a beginning febrile delirium in a greater degree; disposition to talk; the external vessels of the head and face were full; the head felt large and the eyes were shining. With these symptoms was intolerance of pressure on all parts on which pressure was made; could not rest my back against the chair without having pain from the pressure, obliged to change the sitting posture every few minutes for the same cause, and even my feet became equally painful from resting on the floor; the hands felt large and were tremulous, with a peculiar thrilling sensation through both hands and feet, somewhat going to sleep, or a want of circulation. Saliva rather abundant, somewhat viscid and flat tasting; gone empty feeling at the stomach. These feelings were soon followed by dull pain of the sacrum, compounded of a feeling as from pressure and fatigue from long stooping. Soon extending round the hips and down the right leg. Took dinner at half past 3 o'clock

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with tolerable appetite, though the taste of food was not quite natural. After dinner read an hour, with very distinct recollection of what was read. Lay down, but experienced difficulty of breathing, which in about half an hour became so great, that I was obliged to rise; was afraid to go to sleep from a feeling of certainty that I should immediately have nightmare and suffocations. This difficulty of breathing is not so much from constriction of the chest as from a feeling of want of power in the respiratory apparatus, such as I have only felt during a fever. In the evening went to meeting, the lower limbs on walking feeling weak and vascillating. After returning, feeling of rather painful weariness of the back and lower limbs especially the right, and the right shoulder and arm—constant want to take a full breath. Fearing a bad night, took a cup of cold coffee, took a precaution against nightmare, and retired with a feeling of inability to make other mental or physical exertion.

Feb. 11th. Through the day rather weak, indisposed to think; a want of power to think, heat of face, during the evening uneasy, restless, could confine myself to nothing; wanted to be moving from place to place; unhappy; mind seemed weak rather than confused. About 9 o'clock yielded to an inclination to rest and went to bed two hours earlier than usual, and slept soundly till half past 7 A.M.

Feb. 12th. Good appetite, but feel rather weak and tremulous, and as though I was recovering from a fit of sickness and yet incapable of making any vigorous mental or physical exertion. Felt stronger on walking in the open air, which produced however continual and profuse lachrymation. Constipation from the first day of proving till to-day, when the bowels resumed their usual condition. Slept soundly on the night of the 12th, and from that time all the symptoms gradually subsided, but did not wholly disappear under three days.—Prover left handed.

Prof. S. R. Beckwith.—Slight nausea, with increased heat, slight dizziness and languor, muscular debility, inactive mind, no disposition to move, restless, burning sensation over the whole body, followed by perspiration, vomiting and diarrhœa, stools dark; debility, loss of appetite, slow, round, full

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pulse; filthy taste with flow of saliva; constriction and oppression of the chest; drowsy, stupid, tired feeling; aching in limbs; pain in back extending to sacrum.

It has been employed by several physicians in Ohio with extraordinary success in typhoid fever.

W. Rowley.—Aged twenty, rather slender, nervous, sanguine. After third dose some headache in front, afterwards passing to the back part, feeling of great prostration with flashes of heat from small of back in all directions, nausea. Third day, severe headache in front, low spirits, prostration, pain in the stomach, abdomen and right hypochondrium passing down to the right iliac region, drowsiness, disposition to have the eyes half closed, pulse slow and weak.

L. W. Sapp.—Aged twenty-one. Sanguine, healthy. After first dose thirst and flashes of heat over the face. General heat after going to bed; unusual sound sleep; in the morning dull stupid feeling after breakfast; slight yellow coat on the tongue, dull pain in the abdomen on pressure, sallow appearance of countenance. Bowels costive for two days; dull, heavy aching in lumbar region on going to bed at night; dull heavy feeling of head and headache in the morning after rising; dreams at night. On second morning tongue coated whitish and slightly congested, dull pressure in the occiput, heat in the forehead, slight chill about 11 o'clock, A.M. Rheumatic pains in right side, loss of appetite, pulse seventy, rising about 2 o'clock P.M., to one hundred; chill over the back while sitting by a hot fire in the forenoon. An indescribable sick feeling all over, great languor, pains in the stomach and a feeling as if there was a hard substance in it. In the evening cramp in the stomach and chills over the back, great chilliness in going into the open air. Soreness in the front part of the head on moving the eyes or turning them upward. Deep sleep till 3 A.M., on waking, flashes of heat and feeling as if perspiration would break out, soreness in the region of the liver, swelling of the epiglottis in the morning. Urine high colored, soreness in the brain worse when stooping, soreness of the muscles of the neck. (Prover left handed.)

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By J. E. Smith.—(Aged about 32. Sanguine temperament, somewhat lymphatic.)

First dose Feb. 8th, at bed-time. Heat and burning in the lower extremities so intense as to prevent sleep much of the night; when asleep continual dreaming, bowels loose next morning (very uncommon), slight dullness in the brain all day. Second dose, on the 9th at bed-time; sleepless, disturbed; brain feels numb with occasional stitches or shocks in various parts of the head. Took none on the 10th, felt nearly well on the 11th.

11th. Took the third dose at bed-time. Dreamed all night; in my dreams triumphed over all opposition; in the morning headache in the front part of the brain, inability to memorise as usual, stitching pain in cardiac extremity of the stomach, throbbing in the heart, so as to be distinctly heard; slept well at night. 13th, diarrhœa, loud borborygmi, pains in the *liver*, soreness in the anterior part of the thighs, worse after sitting a while, darting pain in the left knee, and malleolus of left side, Twitching in the left deltoid muscle, which has been constant since taking the first dose, and to-day the same is felt in the latissimus dorsi of left side. Slight pain of head; with bruised feeling of forehead. Lachrymation on going into the open air. General tired, bruised, sick feeling in all parts of the body, yet do not feel very bad. 14th, have taken no medicine since the 11th, feel somewhat better than yesterday. Slight erratic pains in various parts, constipation. 15th, symptoms subsiding, constipation severe, with hæmorrhoids in the afternoon, quite troublesome; took a dose of Nux-vomica. 16th, bowels regular, hæmorrhoids cured.

By P. B. Hoyt.—Aged thirty-two, nervous sanguine temperament.

(Head.) Vertigo, dull pain in front part of head, sharp pain over right eye, then over the left, dull pain in both temples, growing more and more intense, dull, stupid feeling all over the head, with severe pain at the occiput. Head feels heavy, as though I could not sit up; headache day and night, causing a sensation of wildness; noise increases the headache; cannot confine my mind; a sort of wild wandering feeling.

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(Eyes.) Soreness of eyeballs, eyes feel swollen, with burning and slight lachrymation, congestion of the vessels of the eye; they look red and inflamed.

(Face and Mouth.) Dullness of hearing, catarrh, dull pain at the root of the nose, face feels flushed and very hot, cheeks burn, a profuse flow of sweetish bitter saliva, followed by a dryish or glutinous substance; lips stick together. Tongue coated at first white, with reddish papillæ here and there, followed by a yellowish brown coating in the centre, the edges being red and shining, tongue feels thick and swollen; numb pricking sensation of the tongue; bad taste in the mouth.

(Throat.) Slight angina, throat feels swollen or full, with oppressed respiration, sharp pains in the chest when taking a long breath. Slight nausea and want of appetite, constant desire for water. Constipation, fullness of abdomen, flatulence, pain in hypogastrium, soreness of abdominal muscles, as if from cold or coughing severely. Urine not very copious, but of dark red color, a sort of burning when urinating. Extremities feel hot, except the feet, which are cold. Stiffness of all the joints as though strained, whole surface of body feels hot and dry, with occasional chill, principally up and down the back, as if ague were coming on. All the symptoms were increased by taking a glass of beer. Dreams about fighting and disputations, but always come off best, restless, does not sleep quietly, wants to get up, and yet does not want to. Many of the symptoms continued four or five days. Pulse at first accelerated, afterwards became very low and faint. Chill all day, with fever at night, rheumatic pains and soreness all over the body.

ARTICLE XXV.—*Cases from the Practice* of WM. BANKS, M.D. of New-York, (continued).

2d Group. WOMB-DISEASES, continued.

CASE 3d. *Ulceration of the os uteri with leucorrhœic discharge.*—Mrs. C—, a tall, well-proportioned and robust looking woman, placed herself under my treatment last May. She informed me that for more than two years she had suffered almost constantly with severe pain in the small of the back, was

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subject to attacks of headache, was easily fatigued both mentally and physically by the slightest exertion; her menstrual discharges, though appearing regularly, were scant and accompanied with great pain, and she always had more or less leucorrhœa. The statement she made of her symptoms naturally led me to suspect that her indisposition was dependent on some serious uterine disorder, and I therefore demanded an examination of that organ. A digital and specular exploration showed ulcers located on the *collum uteri*, and the mouth of the womb dilated sufficiently to permit the introduction of the first joint of the index-finger, by which, another ulcer, situated in its interior, was unmasked. Mrs. C—, as I have stated, was a robust woman, with large, developed thorax, almost a redundancy of flesh and clear, ruddy complexion. Her physical condition, as is thus seen, was totally unlike that of the vast majority of women similarly affected; a pallid face, emaciation with muscular flaccidity and debility are the usual concomitant symptoms of uterine ulceration; and this was the first case I had ever seen which did not present those characteristics. I at once, however, placed it among those cases of uterine disorder, which, according to Dubois, Cazeau, Churchill and others, are dependent on a too great richness of the blood, or to speak more medically, on an excess of fibrin, which prevents that fluid from freely percolating through the tissues at the catamenial period, thus producing uterine engorgement and subsequent inflammation and ulceration. The indications, then, were to deprive the blood of its excess of fibrin, and by thus rendering it more liquid, enable it to pass readily through the tissues in which it had been retained. This, I knew, could be accomplished by the protracted internal administration of alkalies. I therefore prescribed the following remedy:

℞ Sod. Bi-carb. ℈ij.
Aq.-font. Oj.
A table-spoonful three times per day.

After one month's administration of this alkaline solution the menstrual period arrived, and the catamenia were more abundant than they had been for some time, and their discharge attended with less pain. The ulcers also presented decided improvement, but as their progress towards cicatrization was less rapid

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than I wished, I touched them with solid Nitrate of silver, which induced a speedy cure. Mrs. C— continued this treatment (the alkaline) three months, at the end of which time her health was perfectly re-established. I will here remark that I have administered the *Sodæ bi-carbonas* several times to men who were suffering from sanguinous plethora, and with equally favorable results. In fact the alkalies seem to possess the same power in this species of plethora that *Ferrum* does in anæmia, that is of restoring the blood to its normal condition.

Case 4th. *Menorrhagia with œnemia.*—Mrs. N—, who applied to me about the same time as Mrs. C— presented a case diametrically opposite to the one just described. Pallor, emaciation, debility and a superabundant catamenial flow were its characteristic symptoms. There were also severe neuralgic pains at each menstrual epoch, and occasionally leucorrhœa appeared and continued several days after the catamenial flow had ceased. The neuralgia was confined to the womb and the ovaries, and was unremitting; it was much more severe sometimes than at others. There was also considerable digestive derangement; anorexia alternating with boulimia and constipation. A tonic constitutional treatment was evidently required in this case, and at the same time a local treatment directed against the digestive derangements and neuralgia. To accomplish the first indication, I administered metallic Iron prepared according to the method of Dr. Véron; the second was attained by persisting in a fruity diet, with occasionally, a small dose of Aloes, for two months. The neuralgia was successfully combatted by the application of *emplastrum conii*, at the advent of the catamenia, over the inguinal region and portions of the abdomen, the skin of which had been previously rubefied by sponging with a little weak *Liquor-ammoniæ*, and the internal administration of a few doses of the *Extractum-conii*. My patient, who is now (Aug. 30th,) in the mountains of the interior of New-York, writes me that her health was never better than at present.

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3d GROUP.—VENEREAL DISEASES.

Case 1st. *Syphilitic Tubercle, situated in the Popliteal Region.*—Philip Ricord and other syphilographs place those tubercles resulting from constitutional venereal infection in the category of tertiary effects, and such they undoubtedly are, for resisting obstinately the treatment to which primary and secondary effects readily yield, they are only manageable when subjected to the medication usual in other forms of tertiary syphilis. They may be located on any part of the person, but the face and back are their points of predilection. There are several varieties of the syphilitic tubercle; some, about the size of a pea, are collected in symmetrical groups. These are only found on the face, and generally in the vicinity of the nasal alæ. Some are in irregular clusters, are about the size of a small filbert, and are usually seated on the back, between the shoulders. Others, as large as an almond, occur singly or remotely separate. These are only seen in those parts where there are large masses of flesh, as in the gluteal region, the gastronemial region, &c. The first and second variety, when permitted to run on to inflammation and suppuration, produce superficial ulcerations only, which are easily managed, but the third species, when not promptly attended to, frequently gives origin to deep-seated ulcers, producing considerable destruction of tissues; hence the name *syphilide tuberculeuse perforante,* which Biett applied to them.

Mrs. G— came to my office in September, 1856, to ask my opinion relative to a tumor located on the popliteal region of the right leg. It had made its appearance, according to her statement, about two months previous to her visit to me. She at first felt no inconvenience from it, but for a week or more it had grown somewhat tender to the touch and pained her when she walked much. On examination, I saw clearly that it was a syphilitic tubercle of the graver variety, and as her antecedents, with which I was acquainted, warranted me in speaking to her without too much reserve, I at once informed her of my opinion. I did not, however, succeed in convincing her of the correctness of my views, for though she admitted having had chancre seven years anterior to the appearance of the tubercle, I could not induce her to believe that her present ailment was depen-

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dent on another malady so remote, and she accordingly declined following my advice. I saw no more of her until the January following, when I was called to see her at her own room. I found her then, pale, exsanguine, and excessively debilitated, and her leg, which she quickly made me inspect, in a most deplorable condition. A broad, deep pit occupied the seat of the former tubercle, sufficiently capacious to contain a walnut, and from which a bloody pus was streaming. A dark purple areola slightly elevated above the adjacent parts encircled the pit, the tela cellularis of the lower portion of the thigh and knee was deeply sclerema which rendered flexion of the limb painful and difficult, and a net-work of varices extended from the hip to the ankle. As I knew perfectly well the nature of the disease, I was not alarmed at its formidable appearance, for no disease yields with more certainty to correct treatment than syphilitic tubercle. Four salient points presented themselves in the iasis of this case; the first was to neutralize the specific poison with which the system was saturated; the second, to give tone and vigor to the digestive functions, and thus obviate the ænemia, emaciation and debility; the third to obliterate the sclerema and varices, and the fourth, to aid by topical applications to the ulcerating pit, the healing effects of the internal constitutional remedy. The first and second points were attained by the administration of this admirable prescription of P. Ricord:

℞ Potass-hydriod ʒij.
Infus.-quas. Oj.
A table-spoonful, twice a day.

The third point was attained by moderately tight bandaging, and the fourth, by alternate dressings of the ointment of *Hydrargbiniod.* and *Vinum-aromaticum.* Seven weeks of this treatment improved the patient so much that I suspended the medicines, internal as well as external, and resorted to dietetics to finish the cure. Canvass-back ducks, venison, hare and other "dark meat" game, washed down with Champagne and Burgundy wines, and which the amplitude of Mrs. G.'s pecuniary resources enabled her to indulge in without stint, induced a superb state of health.

William Banks, M.D.
119, 10th st., New-York.

(To be continued.)

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Article XXVI.—*On Agaricus Muscarius.* By C. T. Liebold, M.D. of Newark, N.J.

Dear Doctor,—

Awakened by your powerful appeal, and urged by the feeling of gratitude for information received through your valuable Journal, I submit to your examination the following cures effected by Agaricus Muscarius; should you find one or the other worth an insertion, it would afford me great pleasure. There is no new idea, or happy thought in them; they only tend to confirm your observations and advice. C. T. L.

To Dr. J. C. Peters.

On the evening of the 25th of April, I was requested to visit a patient aged about thirty years, who had been sick for eighteen days, and all that time under allopathic treatment, but as there followed no amelioration, but constant augmentation of the painful disease, the two doctors had to give up the case. I found the patient sitting in his bed, the right leg drawn up to the chest, moaning and crying for pain. The face bore the most frightened expression I ever have beheld in a patient, and showed better than his lamentations the torture he had to endure. Questioned where he had pain, he showed me his back, where I found the whole lumbar region of the right side presenting a view much more like a battlefield than a decent man's back. The scars of twenty-one cups and innumerable blisters spoke clearly that there had been a "regular active treatment." The considerable swelling, which extended from the hip-bone up over two or three of the lower ribs, I attributed then more to the treatment than to the disease. As he pointed out the most painful spots to be about midway between the spine and hip-bone, and near Poupart's ligament, with a tearing and drawing pain down the leg, where I found outside, some inches over the ankle a blister sentry, I hastily concluded that I had a severe case of "neuralgia ischiatica" before me, which diagnosis the first days of the homœopathic treatment seemed gloriously to confirm. The pulse was then about ninety, thin and wiry. Complexion yellowish; tongue red, with some

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whitish, papillous exudations on both sides. No appetite; much thirst; taste flat, some times bitter. From ten to fifteen, frothy, serous, frequently blood-streaked evacuations, with colicky, cutting pain in the abdomen before and tenesmus afterwards. (That had been the state of the bowels, more or less the whole winter.)—Urine normal in appearance and no pain when urinating. It had been tested by the allopath and declared sound; I likewise found no change after heating or addition of Acid.-nit.—The evening exacerbations were very marked. By 6 o'clock P.M. he got very anxious, restless and even delirious, profuse sweating, alternating with dry heat. *No sleep for one minute during eighteen days*, except after powders (Morphium) of which he took six in one night.—Gave him six powders *Colocynthis* $\frac{1}{10}$, one every third hour.

26th, 4 P.M. *Found him walking the room*, bent, but able to straighten his leg, which was quite impossible before. Pain in the leg nine-tenths diminished, but severe in the lumbar region, when attempting to take the erect posture. Coloc. $1\frac{1}{10}$ every fourth hour.—27th. About the same; complains of much cutting pain in the abdomen, before the diarrhœa, which he thought the powders aggravated. China $\frac{1}{3}$ two drops, Nux-vom.3 $\frac{1}{10}$ alternately two hours. 28th. Pain and diarrhœa less, more yellowish. Medicine continued. Begged me to give him something for the nights, which were nearly the same as described above, only that about 3 or 4 o'clock in the morning he fell into a sleep disturbed by many dreams. For the next four or five nights I gave him Acon. $1\frac{1}{10}$ or Arsen. $2\frac{1}{100}$ but the former did the most good. On the 29th and 30th, Merc.-sol. 2 and $3\frac{1}{10}$ every three hours during the day. May 1st. All pains less, save severe stitches and a constant burning pain in the swollen part. The scars had healed, but the swelling increased every day, was very painful on pressure; *no redness or signs of inflammation. Feels as if there was an elastic body inside, which produced it.* On account of the excessive swelling he had to be in bed for the greater part of the time, lying on his back; moving to one side or the other was very painful. Tinct. Rad. Aconite freely applied externally, China $\frac{1}{3}$ three drops, Nux-vom.$\frac{1}{3}$ one drop, every third hour alternately. Acon. $1\frac{1}{10}$ at night.

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2d. Feels stronger. Medicine continued. 3d, 4th, 5th, 6th, Lycopod.$\frac{1}{2}$, China$\frac{1}{2}$, Cardui-mariæ$\frac{1}{2}$, Plumb.-ac. $1\frac{1}{100}$ were administered successively, but without the least benefit.

7th. The swelling was now fully from seven to eight inches long and four to five broad, from near the spine to the hip-bone, protruding nearly two inches, on the edges as high as in the middle; some places more firm than others. None or very little swelling of the right side and corresponding part of the abdomen. Severe, burning, prickling pain and intense heat, mostly in the right great toe, somewhat less in the other toes and sole of the same foot, still less in the fingers-ends of the right hand, and in the toes and fingers of the left side. This very annoying symptom, was said to be a feeling, as if from frost-bites, no swelling or redness, except where he rubbed much. After the patient got well, the skin on some of those affected parts peeled off.

My patient now made me feel very uneasy. Almost every medicine he had taken, had so far acted very well, by completely doing away with the symptom it was given for, or at least relieving or mitigating the pain, but none had attacked the root of the disease, as was very obvious.—Twenty-nine days sick, very little appetite, bowels still very loose, four to six evacuations in twenty-four hours, (no blood in them) will account for the great prostration.

In this great embarrassment, when my wits were very near at end, by a perusal of Agaricus Muscarius in Nos. XV. and XVII. of the N. A. Hom. Journal, my eyes fell on the italics "*excessive enlargement of the liver.*" I at once resolved, to give this valuable medicine a fair trial, and had a tea-spoonful of the tincture rubbed in four times a day, at the same time he took three drops every three hours.—8th. *Swelling greatly diminished, soft and spongy, no pain.* Medicine continued.—9th. *Almost every trace of the swelling had vanished, he could walk, move and bend his body, without any inconvenience.* I scarcely could believe my own eyes, so great, so rapid was the change in forty-eight hours. He took the medicine in one-half of the aforesaid doses for twenty-four hours longer, as I hoped, it would correct the bowels also, but failing to do so, he took from the 11th to the 18th China, Nux-moschata, Phosphor and Nux-

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vom. from ½ to 3d dilut., likewise without any avail. Then I gave Acid.-nitricum 2d $\frac{1}{2^{0}}$, one dose, four times a day, and on the 24th I had the pleasure to discharge him, well in every respect and with a ravenous appetite.

That this case was "excessive enlargement of the liver," I am fully convinced now, notwithstanding it occurred not on the usual place. Had the disease been in the muscles, nerves, kidney, intestines, the concomitant symptoms, must necessarily have been others than those present. Additional proof I find in the following: The patient had had jaundice two years before, as he related to me during his sickness and from that time he never felt quite well. His father, who had been sick for many years, died in his 58th year, from what was called by the the doctors "induration of the liver" (Leberverhärtung).—The first doctor who treated my patient (by the bye, the best one of the six or seven German allopaths in this city, and who has the largest practice), stated to a friend of the patient, who went to him particularly, to inquire about his diagnosis and prognosis, that there would form "*abscess of the liver and that there was no hope as to his recovery.*—Lastly, the specific medicine, acted in so most wonderful a manner,—*Post hoc, ergo propter hoc.*

Agaricus-Muscarius certainly deserves a trial in hepatic affections; where Acon., China, Merc., Carduus-mariæ (Vol. IX. of the N. A. Hom. Journ.) leave you entirely in the lurch, you and your patient will be very thankful to find something, which will help you out of the trouble.

Likewise I have found Agaricus-Muscarius very useful—more, than Cham., Ign., Bell., Opium, &c.,—in infantile convulsions, especially in one form, and a very frequent one too, mostly occurring during dentition, where after febrile excitement, sometimes of only very short duration, coma supervenes—eyes half open, showing the white, breathing not very hurried, but often a deep inspiration, followed by a sigh and slight convulsive twitchings of the extremities. Before I commenced the use of Agaricus-Muscarius I was very unhappy in the treatment of these cases, as severe convulsions and then death would very often cut short the time for experimenting. Here I gave first Agaricus-Muscarius in the 3d, 2d and 1st dilution, but finding not much relief, I now generally give from five to eight drops of the tinct.

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in a half ounce vial with water, every hour or two a tea-spoonful. Very recently I have had three such cases, two of them I took from allopaths, and which were so quickly restored to health, that the parents were much astonished. When the hands, feet and head are still very hot, I give Bell. in alternation with it.

In one very protracted case of rheumatism, in a boy, fourteen years old, with metastasis to the heart, there appeared additionally in the third week cramps in the hands and feet. After two or three shocks through the whole body, as if the poles of a galvanic battery were touching his spine, he would present his foot or hand from under the bed-clothes, drawn and bent in a shocking manner. Rubbing with Camphor-spirit, would relieve it, in one or two minutes. The right side was oftener, but the left more strongly affected. Colch., Verat., Nux-vom, Secale-cor., Cuprum acted so little that on the fourth day scarcely from three to five minutes were free between the attacks, which now came sometimes in both feet or hands together or in the face. It is singular, he could sleep for five hours during the night (never in the day-time) without moving, but as soon as he opened his eyes it came afresh. Agaricus-Muscarius ½ two drops, then in longer intervals, IMMEDIATELY wrought a change for the better; the cramps came only four times on the second and ceased entirely on the third day's use. A subsequent severe relapse after some weeks, caused by wet feet, was speedily cured by the same remedy. The original rheumatism meantime pursuing its weary course unmolested and only successfully combatted by the patient and energetic use of Bryonia. Asa-fœd. acted only as a palliative for a short time in the cardiac affection. Spigelia was of no use at all.

In vertigo Agaricus-Muscarius will have few equally potent rivals. One case of very old standing in a woman, after the cessation of the menses, with partial deafness, prolapsus uteri, &c., where the attacks came on every day from two to six times, and so unexpectedly, that she more than once had fallen on the stove, once burning herself very badly. Many allopaths had undertaken the case fruitlessly. Agaricus-Muscarius½, about twelve powders morning and night, wrought a cure, and there has been no relapse for more than two months.

A boy was epileptic for nine years; latterly the attacks were

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lighter than before, but came every day, in the afternoon. Agaricus-Muscarius, morning and evening, for one week. *In four weeks he was quite well*, then had one relapse; he now takes a dose every two days.

I have clearly seen that the tincture I use (from Hurlburt) is not so very strong or dangerous a remedy. In a case of St. Vitus' dance, in a girl, twelve years old, who had had the disease for two weeks, she was treated allopathically, and where every limb and the whole body, was day and night in most violent motion. After the first dose of Agaricus-Muscarius she slept for six hours. Took the medicine for eight weeks, directed to give four drops of the tincture, four times a day; but from the quantity the father procured, I know that she got often more than double that dose. The disease abated gradually, but quickly got worse when I tried Ignatia or Stramonium. I watched most carefully for any drug symptom, but as the girl had a marvellous appetite, slept for eight or ten hours at night, bowels regular, mind clear, power of speech returning, gained flesh and got rosy cheeks, and all that under the use of more than *sixteen* drops of the tincture every day, I saw no cause to interfere, the more so, as it was most interesting for me to see how much of that preparation might be given without impunity. She is well yet, ten weeks after I discharged her cured.

As vinegar dissolves the active ingredient, would it not be well to have the tincture made by Acid. acet. or pure strong vinegar? I believe Agaricus-Muscarius is by far too much neglected by a large majority of our school. I know some who scarcely had noticed its existence in the materia medica. I myself belonged to that creed before my eyes were opened by your most esteemed Journal. I shall be happy if one or the other will by the foregoing facts be induced to give it a trial; but then don't use it timidly; if you please, give it a fair and a hearty trial, and you will find that our hero will not only kill flies, but real elephants of disease.

C. Th. Liebold, M.D.
of Newark, N.J.

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Reviews and Bibliographical Notices.

1. *The Elements of a New Materia Medica and Therapeutics*, based upon an entirely new Collection of Drug-Provings and Clinical Experience, by J. C. Peters, M.D., E. E. Marcy, M.D. and Otto Füllgraff, M.D.

Under this title commenced the valuable Appendix, which first appeared with the fourth volume of this Journal, and which has now been continued through ten successive numbers, occupying upwards of 450 pages. Although laboring under many discouragements, and with the consciousness, on their part, that the attempt to give a perfect pathogenesis of many of the drugs, which they must necessarily include, would be entirely futile, the editors have nevertheless succeeded thus far beyond our expectation, and as far as our own acquaintance with the members of the profession extends, have secured the unqualified approbation of all their readers. So true is this, that we feel it altogether superfluous to compliment the editors upon the success which has attended them in this arduous undertaking, and entirely unnecessary for us to say that they have performed their part with untiring energy and fidelity.

Nor is this the object of the present notice. We feel that we have been remiss in not assisting them in a work requiring so much efficient co-operation, and by way of atonement, we would call the attention of the whole homœopathic fraternity, to the importance of the work thus begun, and remind them of their duty to assist in its completion.

The work, now printed as an appendix to this Journal, is not to be looked upon as a mere appendix which is to be casually read like most of the matter of a quarterly or monthly Journal, but it is the design of its editors to make it a book of reference. a vast store-house of knowledge, gathered from every country and clime, and from the most learned as well as the most ignorant person, in the profession, or out of it, who has anything new to add to the common stock of information, until when all that is possibly attainable shall have been collected and arranged in proper form, it shall be the most valuable, because the most complete text-book of Materia Medica in the world.

That the necessity of such a work exists is very evident. Of all that have ever been published, those which contain the pathogenesis of the remedies are confessedly the only ones which are based on any scientific principle, but it must be acknowledged that from the Materia Medica Pura of Hahnemann to the latest edition of Jahr, there are none that do not contain a great amount of useless repetitions, and fanciful or speculative symptoms, whose apparently inextricable confusion has been a source of well-founded, not to say, of just and reasonable ridicule. In the Symptomen Codex of Jahr, which has been the chief guide of so many homœopathic students, there are whole pages which more resemble the unintelligible jargon of a raving maniac, than the scientific collection of facts for future analysis. Besides it has been very much like "looking for a needle in a hay-mound," to find any one distinguishing complex of symptoms in any of the so-called polychrests, and all the learned repertories, which have tried to throw light upon the search, have only served "to make the dark more darkling."

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We would, by no means, condemn the bridge which has carried over so many in safety, nor would we, now that we have learned to read, look back with contempt upon the first imperfect lispings of our mother tongue. Rather would we recognise these crude beginnings as necessary, the feeble, timid step of childhood as the necessary prelude to the firm and strong walk of manhood, but it certainly is proper, "when we become men to put away childish things."

Now what are the essentials of a materia medica to the physician of the present day, we will not say, who grounds his therapeia on the law of similars alone, although for our own part we recognise no other law as scientifically demonstrated, but we will put it on a scale liberal enough to comprehend all who deserve the name, and ask, what are its essentials for the true, enlightened, educated, unprejudiced physician? for him who practices medicine conscientiously, to relieve suffering, and cure disease in the safest, and speediest manner possible? And we answer, we conceive them to be simply these: It should contain all that is known about every remedial agent that has ever been, or probably may be used successfully in the treatment of disease: comprehending, of course, the history and scientific character of the agent; its peculiar adaptation, or affinity for any or all of the organs of the body; what symptoms it has excited in the healthy, or the diseased; and what it has cured in the sick. It should present the whole genius of each remedy, by developing not only its pathogenesis, but also the pathological sphere to which it corresponds.

Medical men may argue as they will; to be successful in the treatment of disease, they cannot be exclusively symptomatologists, nor exclusively pathologists. If they pretend not to know, or care anything about the pathological condition of the patient, but to look exclusively at the signals of distress which the diseased organism hangs out, they deceive themselves, because in estimating the prominence or importance of those signals they involuntarily follow them back to the hand that holds them, be it down deep in the centre of the ship, on the deck, or at the extremity of the masts. On the other hand, it is not enough to see where and what the disease is, but the remedy must be found which has a particular affinity for it, and that will always be the one whose correct pathogenesis would indicate it if there were no other guide. Symptomatology cannot be separated from pathology, for the two are indispensable to each other's usefulness, and must be of mutual assistance. To the pure homœopathist, undoubtedly, the former is the more important of the two, because the pathological seat of dynamic diseases is generally uncertain, often absolutely indeterminable until too late for any remedy; in such case the only guide is furnished by the totality of the symptoms. In fact, if a drug thus selected be successful as a remedy, it decides the question as to the pathology of the disease, when without that experience we would be altogether uncertain, but still this very pathogenesis to be a correct guide must have been based on the fact of its correspondence to that pathological sphere.

For instance, I have seen a case of pure spasm, which resisted all remedies that were used, and disproved all the theories of diagnosis which were formed by several accomplished physicians, a rigorous post-mortem examination of every part of the body failing to detect the slightest trace of disease. Had I known as much of the pathogenesis of remedies then, as now, it is possible that I might have found a curative agent by symptomatology alone, as I have done in similar cases since, but then I discarded all, save pathology, and the *ipse dixit* of my medical grandfathers.

Again, there are instances where several drugs excite very similar symp-

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toms in the healthy, and the knowledge of the pathological condition of the patient, and of the pathological sphere of the remedy must be known to enable us to decide which is the homœopathic specific. Arsenic and Zinc both cause anasarca and other forms of dropsy, but in very different ways: the one, by impairing the integrity of the spinal marrow, and the ganglionic and capillary nerves; the other by its effects upon the kidneys and their eliminating functions. Now in a case of albuminuria, who would be most likely to select the proper homœopathic remedy? assuredly he who had ascertained the pathological cause of the anasarca, by analyzing the urine, &c., and then decided upon the medicinal agent which corresponded not to the totality of the symptoms merely, but also to that pathological sphere of action.

A materia medica, then, which will meet the wants of the profession must combine both the pure pathogenetic effects of each drug, and also its pathological sphere of action, which latter is obtained only by a comparison of its pathogenesis with those clinical experiences which show it successful in the cure of such symptoms. This is what the work under consideration proposes to do:

First, it rejects all symptoms which have not been experienced by many different provers, unless those symptoms have been repeatedly cured by the medicinal agent, and then they are presented with the pathogenesis, however imperfect, which has been obtained, because they form part of the clinical experience which demonstrates the pathological sphere of the remedy.

Second, it requires that the pathological changes induced by the drug shall correspond with its pathogenetic phenomena, and be recorded directly under each organ.

Now if this work can be perfected in this manner it will become the most valuable and complete text-book of materia medica and therapeutics in the world, not only to the homœopathist, but to all medical men of every creed or school.[1] But to accomplish so gigantic a task, it is necessary that its editors should not only "draw upon the experience of reputable physicians in all parts of the world, and record clinical facts from all responsible sources," but they must have the active co-operation of the living and practicing members of the profession: they must have the practical suggestions of every isolated individual who has a new fact to offer either in pathogenesis or in therapeutics. And surely, among the great body of the young and enterprising, of the old and wise, of the benevolent and good men who constitute the medical profession of the present age, there must be many who would gladly contribute their own experience for the mutual benefit of their brethren and the world.

To such, and to all, the editors have extended an earnest invitation to assist them in their present arduous undertaking, and they are determined that if it contain imperfections, it shall not be in consequence of any want of exertion or untiring perseverance. They have pledged themselves to use any and every respectable authority, and to give each its credit for any clinical or pathogenetic experience communicated to them.

In conclusion, therefore, we take the liberty of kindly urging, all the members of our benevolent profession, as they love its progress and the good of their fellow-men, without waiting for personal solicitation, to communicate to either of the editors whatever peculiar experience they may have had with any, or every remedy. This can be done without great inconvenience, or expense of time, because the medicinal agents are taken up in alphabetical order, and from each number of the Journal it may be seen which are to be treated in the succeeding number, or what would be

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better, we would suggest to the editors to announce in each number of the Journal the names of the drugs which are next to appear in the appendix.

If after all appeals to their professional brethren, they still are obliged to depend upon their own exertions in the completion of their great work, we think the editors may at least defy criticism, for having in the outset earnestly entreated all to speak who had anything to say, they will then be entitled to demand that all shall "hereafter forever hold their peace."

PRESTON.

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2. *Human Physiology, Statical and Dynamical; or the Conditions and Course of the Life of Man.* By JOHN WILLIAM DRAPER, M.D. L.L.D.

"In certis unitas: In dubiis libertas: In omnibus charitas."

I doubt not that to some narrow-minded men it may seem that the pages of a homœopathic Journal might be better employed than in giving circulation to reviews of works proceeding from the pen of an allopathic author. Certainly it will thus appear to one very worthy member of the profession whose name recurs to my mind. This doughty champion of Hahnemann became wonderfully wroth with an enterprizing brother because, forsooth, "he *would* keep the works of the best allopathic authors, and *would read* them too." Nor is he alone in this respect, as the experience of many of my readers will testify. It is lamentably notorious that there is a large class of the same kidney. Such vaunt themselves in the belief and outward expression that they are "pure Hahnemanians." Sprouted from almost every other employment in the course of a year or two into full-grown doctors, these boasters play with the lives of the community under the guidance of Jahr, unabridged, and a book or two on "domestic practice." Works on physiology, chemistry, diagnosis, materia medica, &c., they regard with horror. THEY practice entirely upon the "totality of symptoms." "Totality of symptoms"—yes, forsooth, and have not the slightest shade of an idea what pathological state they indicate. They do not know that a thorough knowledge of all collateral sciences is most especially indispensible to the homœopathic practitioner.' They do not know that our boast, that we have reduced the practice of medicine to an exact science, can be true no further than the colateral sciences also become positive and exact; and we are thus enabled rightly to interpret that "totality of symptoms" for which all prescribe.

Not unfrequently these pure symptomatologists fall victims to their dogmatism. This same worthy, mentioned above, was once called upon to treat the following symptoms in a gentleman of sixty years. Excessive angina, swelling of the feet, throbbing of the carotids, great pain down the left arm. What did this "pure symptomatologist?" Gave Rhus, forsooth, for "rheumatism of the arm," and China for "general debility." It is needless to remark that the patient got no better very fast, and finally fell into the hands of an allopath, who cured him with most orthodox homœopathic treatment, viz., Aconite, Digitalis, Arsenicum. Alas! for such stupidity!

But enough of this. No sensible man can for a moment doubt that the homœopathic profession ought to be foremost in the pursuit of scientific attainments. More especially should they continually labor for the development and perfection of that one branch which is now most undeveloped and imperfect, viz., physiology.

Since this, too, is the aim of Prof. Draper in the work the title of which

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appears at the beginning of this article, I have deemed it not unfitting to review a few of its more prominent and interesting features.

Following, as it does, the splendid contributions of Todd and Bowman, Kirkes and Paget, and Carpenter, to this science, it might be supposed that it would fall upon the already-surfeited appetite. Far from it: We rise from their perusal, and turn to the pages of Draper with an ever-increasing zest and relish. Doubtless something of its interest is due to its really superb typographical execution. No medical work has issued from the American press which is its superior, or perhaps even its equal in neatness and durability. The extraordinary whiteness and fineness of the paper, and distinctness of the print, add very much to its attractiveness, while the three hundred engravings by which it is illustrated are not excelled by any of their class. Still more is it distinguished for its clear, though unusual arrangement, which is probably the result of a long digestion and frequent iteration of the subject in lectures before the students of the university and elsewhere. . This manifests itself in the ease with which the chapters are divided by marginal headings, and also in the conciseness of the sentences, thus making its perusal a pleasure rather than a task. How different, in this respect, it is from Carpenter's large work no reader of the two can fail to perceive. True, the style of a scientific treatise is a matter of secondary importance, but it is *only* secondary, and therefore deserving of attention.

Dr. Draper suggests the division of the whole subject into two branches; viz., statical and dynamical physiology.

"Throughout the work physiology is treated after the manner known in natural philosophy. It was chiefly, indeed, for the sake of aiding in the removal of the mysticism which has pervaded the science that the author was induced to print this book. Alone, of all the great departments of knowledge, physiology still retains the metaphysical conceptions of the middle ages, from which astronomy and chemistry have made themselves free. To exorcise it from such nonentities as irritability, plastic power, vital force is the duty of the rising generation of physicians. It is also their interest. Empiricism will never be banished from the practice of medicine until physiology is made an exact science." Pref. p. 5.

Rhetoric justly condemns the too minute division of any subject, as likely and indeed certain, to produce confusion in the mind of the reader or hearer by the separation, and separate treatment of parts which are in their nature connected.

Worse, if possible, and still more useless is the attempt to study any subject (science especially) unless it be properly and naturally divided. The "golden mean" of these two extremes is difficult to find, it is true; and the decision of the question in any particular instance must be left to that non plus ultra of critics—public opinion.

Resting Dr. Draper's case here, it seems as though no one could rise from a perusal of his work without an abiding consciousness that an immense advantage in the study of physiology has been gained from this simple division. Our only wonder is that it has never been made before. We may, perhaps, better appreciate the importance of such prudent divisions by imagining what a conglomerate mass arithmetic would become, were all the parts of mathematical science which bear to it an intimate relation united in a treatise upon this subject.

Somewhat like this, however, has been the arrangement of works upon physiology. It has been regarded too much, either as an isolated whole, or else as a mass of particulars. We have been content to view it as some huge and intricate castle: with whose principal halls and entrances we

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are familiar enough; the more obscure apartments and winding passages of which, considered singly, we have visited and carefully explored; over whose complicated exterior our weary eyes have wandered—now on this side, and now on that; but a general and complete conception of which, such as its planner and architect must have had, we have never obtained, and whose relations and adaptedness we have, consequently, never fully understood.

Whether the divisions of the subject laid down by our author are philosophical, and likely to result in the greatest good may be, perhaps, a matter for discussion. Certainly they have already served to develop in the mind of Prof. Draper some most interesting bearings in this subject upon mental, moral, and other portions of physical science, which also he has embodied in the second division of his work. As regards the minor subdivisions of the first part of his work, the ground which alone is common to him with others, they are much the same as those of preceding writers: while those adopted in the second portion—the course of life—though natural and obvious enough, still bear internal evidence of being previously untried steps. Indeed, this whole branch of his subject appears more like an essay than a treatise, as, indeed, it is.

But one review of this very original work has fallen under my observation, and this appeared in the last January number of the Am. Journal of Med. Sciences over the signature "J. L. S." Although from a pen of undoubted ability, the production gives an extremely limited and imperfect view, both of the work as a whole, and its several parts. It simply takes up one or two points, in which the author differs from Prof. Draper, and which are comparatively unimportant, leaving the great mass of the book entirely unmentioned.

The principal fault which the reviewer lays to his charge is that of too hasty generalization; or the inference of a general principle from the statement of a few particular cases. This however, if true, would not absolutely prove his generalizations either untrue or ill-founded. On the contrary they might be both true and well-founded. However, we must acknowledge that from the meagreness of the facts adduced in their support (doubtless for want of space) some of his conclusions, especially in the dynamical part of his work, do *appear* without sufficient foundation. Still this may be only appearance. There are multitudes of proofs to the mind of a scientific man of the absolute truth of some general statement which from the nature of the mind he cannot recall—much less explain to others. And further; if he *could* both call to mind and explain the various experiments which he has made in the course of a life-time, and also the mental processes with which each was accompanied, the limits of a readable and saleable treatise could not contain them.

Neither is it a supposable case that any man in writing a scientific treatise which he hopes may outlive himself, would cast aside the experimental conclusions of other distinguished men without the most rigid scrutiny and adoption of them should they prove true. "J. L. S." however, does not think so, for he proceeds to criticize Dr. Draper's theory of the circulation, taking as an infallible standard the researches of Magnus twenty years ago; whose experiments and conclusions have been verified and adopted, as he himself admits, by only two or three physiologists since they were published.

Still less show of reason has he for the remarks made upon the first chapter of the work: the whole of which is introductory in its nature and therefore general in its form. The very first sentence in this chapter is as follows:—

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"For the maintenance of the life of man three chemical conditions must be complied with. He must be furnished with air, water, and combustible matter."

A mere general affirmative statement; not at all exclusive in its character; and yet the reviewer proceeds to criticize it severely: as though, forsooth, Dr. Draper had said that these were the ONLY conditions of life. The statement is certainty true so far as it goes, and was intended to cover affirmative ground alone; as also is plainly seen by reference to the next chapter where he makes a full and complete classification of food.

So also after giving a definition of his own sort of the term combustion, viz.: "*Chemical action resulting in the production of fire*,"—he proceeds to set at naught the statement of Prof. Draper that food is combustible matter; carefully forgetting that this declaration, too, is a general one. Instead of the term combustion, which he considers exceedingly indefinite, he proposes the phrases "*molecular and chemical action*," phrases which have no specific meaning whatever, and may mean one thing or another in accordance with the connexion in which they are used.

Very much like these are the other criticisms of this reviewer. But enough has been said upon this topic: still I cannot refrain from expressing surprise that one who pretends to review any book should write so unguardedly and superficially,

Let us now proceed to notice some of the more salient points of the work: and first the ideas which are put forth upon the topic of digestion.

The great object of this process is to reduce the food to such a state that it can be absorbed from the intestinal canal, and thus introduced into the blood.

"To accomplish this it must be submitted to a series of operations. However complicated these or the mechanism which accomplishes them may be, the end aimed at is clear. The action begins by the cutting, tearing and crushing movements of the teeth. The stomach then continues the subdivision by chemical agency to the end that a condition of solution may be attained. Digestion is not, therefore, to vitalize the food as the ancients supposed, nor to communicate to it any new or obscure properties: it is for the purpose of comminuting, subdividing, dissolving, or bringing it into that minutely suspended state that it can without difficulty submit to the absorbing action of the lacteals and veins. There is a complete analogy between this operation and the artificial processes to which the chemist resorts in his laboratory for the solution of various bodies. He, too, uses mechanical implements—the mortar and pestle to grind, the hammer to crush, the rasp to abrade. When these have carried the subdivision sufficiently far, he resorts to acids and other solvents, and thus breaks down the compactness of the hardest minerals, and brings them into the dissolved state." P. 57.

But on this subject there is little dispute among modern physiologists. So far as regards this function at least all accept the chemical theory. Still we must acknowledge that no one has placed the process in so clear a light.

The next topic considered is absorption. This obscure function too, we find stripped of much of its mystery. The author here refers us, as he often does, to the vegetable kingdom for analogies illustrative of animal phenomena.

"As in many other cases in physiology, so in this, a correct interpretation of the functions of the animal mechanism may be obtained by examining the corresponding structures and functions in plants. In the more perfect of these the absorption of watery material from the ground,

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constituting the ascending sap, is brought about by the agency of collections of soft cells, which are placed at the extremity of each rootlet. They are designated spongioles. By their action the fluid is forced up through the tubes of the sap wood into the leaves, and there exposed to the conjoint agency of the sun and air." P. 87.

Thence he follows out the analogy to a greater length than we can properly transcribe, thus illustrating the mode in which the lacteals act. The engravings of this portion of his work are abundant, and exceedingly fine, and such, moreover, as cannot be found collected in any one treatise upon this science. For example, the explanation of the principle of Venturi, illustrating the manner in which the chyle is propelled through the thoracic duct. So also upon the much-mooted topic of endosmosis and exosmosis his experiments are full and conclusive.

A few words from this chapter upon the apparent selecting power of the absorbents deserves repetition here.

"Though the absorbents will receive many different bodies, and transmit them to the veins, the action does not take place in an indiscriminate manner. Thus if coloring matter be introduced into the intestine, it by no means follows that the chyle will be tinged. If an animal be compelled to take litmus-water the chyle will still be found colorless or white. On such facts was founded the old doctrine that these organs possess a low species of intelligence. Many years ago I showed that these fanciful cases are capable of simple physical explanation. Thus, I found that if blue litmus-water was tied up in a bladder, and sunk in a vessel of alcohol, though the water would rapidly infiltrate into the alcohol, the coloring matter would be stopped just as it is in the intestine. But, in reality, there is no need of such experiments to satisfy us of the fictitious nature of this selecting power. If we fill a lamp half-full of oil and half of water, and immerse in it a wick previously soaked in oil, it will withdraw from the lamp oil alone, and continue to do so until the lamp ceases to burn; but if it be first soaked in water, it will wholly refuse to take the oil, and remove the water alone until all has escaped by evaporation. But did ever any one impute to the wick of a lamp a power of intellectuality, no matter how obscure, or suppose that there is anything mysterious in such a selecting operation? A perpetual reference of the most common facts to mysterious agencies has been the great barrier to the advance of medical science. This system was introduced by the alchymists and quacks of the middle ages, and even now it will take many books and many years before physiology can be rescued from such visionary theories." P. 99.

In the chapter upon the circulation, Prof. Draper establishes what I may term the capillary theory by incontestable proofs. The whole section is a master-piece of argument which cannot be gainsaid and one of the most finely written portions of the work. Complete, as it is, in itself, I cannot do justice by any selection. He first introduces an analogy from the motion of the sap in trees and plants. The power which accomplishes this he finds in the changes which the sap undergoes in the leaves, and afterwards in its work of nutrition as it descends. In similar changes of the blood, in the various systems of capillaries he finds the great motive power of the blood. The province of the heart is to drive the blood as far as the capillary tubes. That it need be, and can be no more than this he clearly sets forth, p. 144. As a sort of resumé of his arguments upon this subject the following may be quoted.

"By regarding the affinity between the blood and the tissues with which it is in contact as the great primary cause of the circulation, we as-

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sign a reason for those various phenomena which cannot be accounted for on Harvey's doctrine: the motions in the embryo; the periodic and local variations; the portal circulation; the changes in the current, as seen under the microscope; the movement in the capillaries after the heart is cut out; the empty condition of the arteries after death; the phenomena of acardiac fœtuses; local inflammations and congestions; the gangrene of parts while their capillaries are pervious; the retardation of the current on the application of cold or of carbonic acid gas; the results of asphyxia and death by drowning or hanging; the changes of pressure in the arteries and veins respectively during a check on the respiration; the vis a tergo of the veins; the effects of a ligature upon those vessels; the action of irrespirable gases when breathed, and the opposite conditions when oxygen or protoxide of nitrogen are used." Most if not all of those phenomena which are totally inexplicable on Harvey's doctrine become simple and natural results if we admit the capillary theory. A still more striking proof of this position assumed by Dr. Draper is found in the effects which ensue in the moment of birth; at the first breath. I refer to the closure of the foramen ovale and ductus arteriosus. This cannot be explained in any other way than by supposing that the capillary action so suddenly set up in the lungs relieves the heart of the duty which before devolved upon it; thus making these communications useless and enabling the heart to close them by an ordinary process of nutrition. It really seems foolish for men to insist upon the old theory that the circulation is wholly caused by the contraction of the heart. The more so when we consider that nature never (at least in the animal kingdom) furnishes power where it is not needed. The capillaries are certainly present, and capable, as all agree of exerting a tremendous force: then why lay the burden of this function upon the heart alone? Again when we consider the great amount of friction caused by the constantly diminishing arteries, the turns and angles against which the blood is forced can we wonder what becomes of the sixty pounds of force exercised by the heart?

In treating of the function of respiration Prof. Draper does not oppose universally received opinions in this subject; nor does he conflict with the modern theory of animal heat. Both of these topics, however, are treated with unusual clearness and completeness. It is one of his characteristics that he leaves no condition of his problems unsatisfied: when he has finished, no part of the subject remains untouched.

As regards secretion he occupies what may be termed a middle ground; believing that it is conducted in two ways, viz.: 1st, by filtration, and 2d, by cell-action. "Perhaps," says he, "we should not be very far from the truth if we considered all those secretions in which the materials are in a state of retrograde metamorphosis, or in a descending career, as arising by mere filtration, and those which are ascending to a higher grade as due to cell-agency: between the two there being an intermediate class, the phase of which is stationary, and in which cells may or may not be necessarily involved; as, for instance, the transmutation of one fat into another, or the preparation of sugar from albumenoid bodies."

From such a general view he proceeds to a discussion of each secreting organ in order, with but little departure from the line of treatment usually followed.

Passing the chapter on decay and nutrition we next fall upon the "nervous system." Here is a most admirable treatise: a little fanciful and ultra perhaps, in some of the views presented, but in all principal points rigidly philosophical and reliable. Thus far our author has succeeded

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quite well in accounting for the various phenomena presented by the functions upon chemical and mechanical principles. Whichever side of the question we array ourselves, we must, I think, acknowledge this. But here appears a modifying agent: one, too, which he readily recognizes—the mind or soul.

The general drift of his argument against any other modifying power seems to be that there is no necessity for it. Chemical and mechanical forces modified directly by the mind are sufficient in his view to explain all the phenomena of the body. For vital force, or dynamic power he finds no place, no labor. The functions performed by these in the view of some physiologists is partly to be attributed to the "ganglia," of the sympathetic system. These Prof. Draper believes to be magazines of power in which are stored the supplies of force instantaneously generated by the will, interrupted action thus being changed into continuous action. For example: the heart of some cold-blooded animals will continue in motion for some time after death, even though it be entirely removed from the body.

Now instead of supposing that the "vital spark" was not extinct as some would doubtless affirm, one author informs us that within the substance of such organs these ganglia are found, whose store of power still continues to manifest itself though they be removed from the direct action of the mind.

In the discussion of this subject Prof. Draper, as usual, avails himself of the help afforded by comparative anatomy, and here, too, it is of great service. The same assistance is thus derived as may be in the consideration of any subject whatever, by beginning at the beginning and showing the relation between things that are related.

Again stepping aside from the beaten path our author has developed some very interesting, and truly philosophical connexions of this subject with mental and moral philosophy.

"The study of this portion of the mechanism of man brings us in contact with metaphysical science, and some of its fundamental dogmas we have to consider." "So far from philosophy being a forbidden domain to the physiologist, it may be asserted that the time has now come when no one is entitled to express an opinion in philosophy except he has first studied physiology." Certainly Prof. Draper complains rightly when such authors as Upham state that the auditory nerve is distributed to the ear-drum. And Dr. Dick expresses his admiration of the heart: an organ which according to his statement acts with a force of 100,000 or 100,000,000 pounds. —I have forgotten which.

"Whatever may be said by speculative philosophers to the contrary, the advance of metaphysics is through the study of physiology. What sort of a science would optics have been among men who had purposely put out their own eyes?" "Yet this is the preposterous course which has been followed by tho so-called philosophers. They have given us imposing doctrines of the nature and attributes of the mind, in absolute ignorance of its material substratum. Of the great authors who have thus succeeded each other in ephemeral celebrity, how many have made themselves acquainted with the structure of the human brain? Doubtless some had been so unfortunate as never to see one: yet that wonderful organ was the basis of all their speculations." P. 259.

Dr. Draper also gives us in the course of this chapter (p. 287.) what must be acknowledged to be a well-founded philosophical division of ideas as they arise in the mind.

"In its highest condition of development, the nervous mechanism has a threefold operation, objective, subjective, and impersonal. Objective ideas arise in external facts; subjective in registered impressions; the imper-

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sonal, as, for example, the abstract truths of geometry, issue of pure reason, and are therefore to be attributed to the essential nature of the soul."

The ideas put forth by the author on this and related subjects fix the faculty of memory upon a different basis from that which it has been wont to occupy.

In his view an impression made upon either of the senses is conveyed by the nerve connected with it to one of the ganglia at the base of the brain. Upon the vesicular contents of this a change, either chemical or mechanical, is made which afterwards in some way corresponds to the outward and material object which caused the impression. Not, by any means, that the change thus impressed upon the ganglion necessarily at all resembles its material correspondent in form, color, &c.; it is simply conventional with the mind as are the letters of a book, or the dots and dashes of a telegraphic message. The act of remembering, then, is nothing but a fixing of the attention upon these ganglia, and thus discovering the changes which have therein taken place.

It can not be supposed that Prof. Draper means to assert that when the soul and body, or (in physiological terms) the "influential arc" and "registering ganglia," are disconnected that memory must cease to exist: neither yet does he inform us whether, in order to escape this dilemma, we are to conjecture that these impressions on the ganglia are finally transferred to the mind proper, and form thereafter an integral portion of it, thus constituting the faculty usually termed memory. This, if we accept the registering theory of our author, becomes an exceedingly interesting question, but one very properly left undiscussed by him in a purely physiological treatise. Whatever may be the results to which this theory of arcs and registering ganglia may lead, we must acknowledge it, as thus far pursued, an exceedingly interesting and plausible one.

Leaving now the general subject Prof. Draper proceeds to describe and illustrate each separate portion of the nervous mechanism, all the while extending the narrow circle within which physiology has been confined and developing new and interesting relations of each topic taken in hand. The illustrations with which this portion of the work especially abound are really splendid.

The general praises bestowed upon what has been already reviewed are still more decidedly appropriate to that part of the book devoted to the senses. It certainly cannot be commended too highly. The chapter bearing the title "cerebral sight or inverse vision" is especially novel and attractive.

A year or two since there appeared in Harper's Magazine a very fine series of popular articles on the senses. To whom the authorship of these has been attributed, I am ignorant; similarity in the style, however, has led me to suspect that they were the productions of Prof. Draper. Still no repetition of them occurs here: This work is of course more scientific in its nature. It may confidently be asserted, however, that no treatise upon these subjects can at all compare with them.

We have next, under the head of "animal motion," the consideration of muscular tissue, which topic closes Book I., and brings us to "Dynamical Physiology." The "Conditions" of life are finished, and we turn to consider to its "Course."

We find ourselves in what seems at first a motley assemblage of ideas: We are introduced to some old acquaintances that we once found in such departments as history; geology; botany; natural-, mental-, and moral-philosophy, &c., &c., almost ad infinitum. So strangely dressed and grouped, however, that we scarcely recognized them at first. Others, too, we

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find whose countenances are entirely new, and strange. But, metaphor aside, here are in truth whole libraries embraced in, and made to illustrate a subject whose near kindred to them we never suspected.

The general outline, or course of remarks pursued in this book is as follows: We have first a consideration of the germination, growth, life, and decay of plants. Following this in the same order and more at length the course of human life; and afterward some general topics, as the historical, mental and moral characters of the different races; social mechanics; comparative sociology, &c.

From the heading of the first chapter, "the plastic power," we might suspect that an inconsistency would here be discovered with our author's well-known aversion to "vital force," but we shortly find that this suspicious looking phrase has a different meaning from that which we may have at first attributed to it: As also appears from the following. "An innate power resides in the germ by the action of which the matters previously stored up in the seed by the parent plant are re-grouped, and so arranged as to constitute a new organization; but this power does not extend to the obtaining of new material; it is only a power of arrangement—a PLASTIC POWER. P. 459. Also p. 471.

"Though it may therefore be convenient to speak hypothetically of this principle which accomplishes in a plant the grouping of its parts as if it were an *agent*, the foregoing illustrations show us that all the facts of the case are equally well satisfied on the supposition that it is the continuation of an *operation*. A multitude of parallel instances present themselves. In the making of leavened bread, all the phenomena would seem to be accounted for, either upon the hypothesis that there resides in the leaven or ferment *an agent*, or that there is *an operation* which, because of the chemical conditions existing, is gradually spreading, and which will not cease until all the material submitted to it has been affected. Of such hypotheses, the first is merely an elementary idea, the latter involves a philosophical conception."

By means of light, heat, and this interior plastic principle the whole change from a simple cell to an organized plant or animal is brought about.

There is one view taken by our author in this connexion, the truth of which it is difficult to acknowledge: it is this. The original cell from which each organized being, animal or vegetable takes its rise is in every case absolutely identical with all others, and merely develops like its parent because placed in the same circumstances. This position of Prof. Draper is only warranted, at least so far as he states, by the fact that under the microscope no difference in such cells can be detected. Now, in the nature of the case all other examination of such minute bodies are of no account. Certainly they are too small to undergo either a chemical or anatomical test. Nor can we arrive at any correct result by such trials after a sensible size has been attained; for by this time the cell has passed through many stages of development, and is not the thing in dispute at all. So there it is: we cannot disprove Prof. Draper's statement, and yet it does not seem probable; and why? In the first place because it is not at all necessary that such a state of things should exist. A different supposition leads to no absurdity. Secondly, supposing our author correct, how can cells identical in chemical constitution have affinities for such other elements as will make them when developed differ irreconcilably in chemical composition? Still, as remarked, we have only presumptive proof that Prof. Draper is not right; and he no proof, except identity under the microscope, that he is right. The balance trembles, and it requires only the weight of a prejudice or two to bring it down

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on either side. Since it is so, a bold statement on either side is very ill-founded.

Topics of great interest are discussed in the next chapter, the title of which is "the influence of physical agents on the organic series." These agents are heat, air, moisture, soil, sunlight, length of day, &c. Time will not allow us to discuss particulars under this head. Indeed to write a thorough review of the dynamic portion of this work would require volumes. Multitudes of conclusions from almost every science are here stated, and an argument to prove or disprove any of them would cover an indefinite space.

Next we have the "development, reproduction, and differentiation of cells." The views brought forward upon these subjects, although not new, derive a fresh interest from the vivacious pen of our author. There is a vigor and life in his style which precludes the possibility of weariness in the perusal of his productions: they *seem new*, even if they *are old*.

The chapter on the "growth of man" is a collection of exceedingly curious and interesting observations concerning height, weight, tendency to crime, epochs of life, &c.; together with an analogical argument to prove the existence of the soul after death.

Now follows a full and complete discussion of the physical, mental and moral characteristics of the different races, based upon historical and physiological facts. The doctrine of the unity of the race is ably maintained and happily illustrated. The reader will here find a collection of valuable facts, statistical and otherwise, which he cannot discover elsewhere.

The final chapter bears the title "social mechanics." After some very curious observations on comparative sociology the author proceeds to speak of the civilization of Europe, the influences which established it, and its present condition; thus giving a short *resumé* of the principal facts of European history. This hardly seems to be properly included in a physiological treatise at first thought. But Dr. Draper does not view the matter in this light. "Having described man as an individual, we have next to consider him in his social relations; for so closely are his actions connected with his organization that it may be said that universal history is only a chapter of physiology."

Nothing but a regard to proper limits restrains me from pursuing this subject still farther. Enough, however, has, I trust, been said to exhibit the general character of the work. Whether of the school of so-called vitalists, or with Dr. Draper the opposers of that theory, as fellow-seekers after truth, we must all unite in bestowing a well-deserved meed of praise upon the author who has so honestly, clearly, and skillfully made known his peculiar views, and given them solid support. It may not be inappropriate to inquire, in conclusion, how it is possible for such a view of physiology to harmonize with homœopathic therapeutics? The difficulty is only a *seeming* one, and arises from a mis-apprehension of the case. Hahnemann was a vitalist in physiology, and this too from his earliest days. In his lesser writings, p. 618, we find the following: "Human life is *in no respect* regulated by purely physical laws." "Here a nameless power reigns omnipotent, &c." Now having discovered the immutable law—"similia similibus curantur"—Hahnemann of course attempted to reconcile his somewhat conflicting theories by a system of therapeutics. His mind was the more easily led on the one which he adopted by the discoveries which he made or rather thought he made, in trituration and dilution. He found that by reducing crude medicines to exceeding fineness by means of the pestle and mortar they became more active, and his

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Germanic mind, ever prone to hasty hypotheses, immediately leaped to the conclusion that he had developed in the drugs a dynamic or spiritual power. A fine solution this, quoth he, between my already received opinions. Eureka! My physiology teaches that there is a vital power, a spiritual essence of life residing in the body: disease is a derangement of this vital essence: my drugs are spiritualized, and thus they effect a cure; and it is on the law "similia similibus curantur."

He was not satisfied with the plain idea that the finer in texture his drugs became, the more easily they were absorbed. This was far too simple an explanation, neither would it comport so nicely with his physiology. Having thus made his circle of reasoning complete, no human power could drive him from it.

Now let us look around a little, and see if we cannot extricate ourselves from the seeming dilemma in which we are placed. In the first place, we have the most unbounded confidence that the law of cure already mentioned is true. The system of physiology too of which Prof. Draper in this country may be considered the exponent, is rapidly becoming the dominant one. This, then, is the general problem. Given a true system of physiology, and the true law of cure, to determine the true system of therapeutics. Thus only can the problem be stated: In no other way can we ever determine the result with correctness: All other methods end in mere theory; this alone in certainty.

Given then the law of homœopathy as true, and Dr. Draper's system of physiology as incontrovertible; to determine the true theory of therapeutics.

Well, this is not so difficult after all. It would be strange if among the hundred and one theories proposed already, we could find none which savored of truth. There are a number, in fact, which will satisfy most of the conditions of the problem.

That propounded and sustained by Dr. E. E. Marcy, in his work on the theory and practice of medicine, does this completely, and, I may add, with perfect satisfaction to my own mind. This is not the place, however, for further discussion of this subject. I have accomplished my object, which was merely to show that there is no necessary inconsistency where one may have seemed to exist. But some one will ask, must we then give up the idea of the spiritual or dynamic action of drugs. I answer, yes; and the sooner the better for the interests of homœopathy and the progress of truth.

There is a disposition rife among our opponents, now that they cannot disprove our law of cure, to saddle upon us all the vagaries and wild theories of Hahnemann. They sneer at us as the advocates of the psoric doctrine, the humbug of infinitesimal doses, and the whole list of errors and absurdities of which he was guilty; as though, forsooth, every homœopathic physician was but a reissue of the ancient Hahnemann, and not a new edition revised, expurgated, and corrected. How are they able to forget the extravagances and wild notions of Hippocrates and Galen, and, in later times, of Hunter and Bell—names which are household words with them. And how would it please them to have such theories cast in their teeth, and ascribed to them, as multitudes of their teachers have held in times that are past?

Let them bear it well in mind that the law "similia similibus curantur" is the distinguishing, and *only* distinguishing badge of the profession; and that every physician who receives this law as true, and makes it the basis of his practice is a homœopathic doctor, and none other is, or can be! —

WM. S. SEARLE, B.A.

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8. *A Proposal to treat Lunacy by Spiritualism.* By Jas. Jno. G. Wilkinson, M.D., pp. 14. London.

We thank the distinguished author for a copy of this brilliantly written and deeply-suggestive pamphlet. It comes most opportunely, like the breaking forth of a star in the midst of the darkest storm. Spiritualism, in spite of repulse and incredulity, of the anathemas of the church, and the scoffs of the public press, has given evidences of an inextinguishable vitality, which demand from minds of the candid and liberal order at least a respectful consideration. The frequent occurrence of insanity caused by these spiritual manifestations has excited universal attention, and has been adduced as one great argument against even their investigation. Not long ago Harper's Weekly (weekly!) — its stupid old-fogyism excuses us for perpetrating the stale pun — came out in a ferocious statistical attack upon Spiritualism as the great cause of insanity, and suggested its suppression by police regulation!!! Judge Edmonds replied in an able letter, in which he stated that Spiritualism instead of producing actually cured insanity. And now Dr. Wilkinson, harmonising the apparently contradictory facts upon the great homœopathic principle, avers that Spiritualism cures insanity *because* it produces it.

Dr. Wilkinson thinks that the insanity of Spiritualism has been mainly produced, certainly aggravated by the system of *repression*. The first initiation into these mysteries of tipping, rapping, writing and seeing-mediumship is calculated to excite and fascinate the mind to a considerable degree. "Excited attention, played upon by unexpected influences carries the mind off its balance, and control of reason grows feebler, until a paroxysm of artificially-induced insanity sometimes concludes the experiment." He says that unless previous organic disease of the brain exists, these crises of excitement are never permanent, but pass off, leaving the patient calmer, stronger and wiser than before. But suppose that friends take the alarm and prohibit or prevent the experiments. The morbid action goes on *internally* unchecked, and incurable insanity may result. It is like repressing some cutaneous eruption which would have worked off or deployed outwards a deep-seated disease. Dr. W. cites a case of the kind. "One friend of mine, now as cool, calm, and little exclusive and exaltée a person as you can meet, is a case in point of these remarks. When the spirit-writing and -drawing first seized her, dreadful and ominous messages about those dearest to her, and awful commands to herself, were written out through her hand. Shades, thick-coming, fantastic, bewildering, yet all-fascinating, poured through her conceptions and struck the inner canvass of the eye, and re-echoed from the vaults and roofs of the inward ear. She was nearly past control. I forbade the spirit-writing and drawing. What happened? The pictures were drawn, as she averred, upon her tissues and membranes; her frame was scribbled over with the spirit-hieroglyphics. She took her pencil again and in letting forth the evil, saw it for its true worth: used the ointment of good-sense to it, and grew convalescent in letting the stream of these disordered impressions, which checked, would have been madness, run away."

Dr. Wilkinson proposes that tipping, rapping, writing and all the experiments of the so-called spiritual phenomena be introduced as regular employments and amusements into Lunatic Asylums. He gives many hints as to the management of the patients in these new occupations, which are too lengthy to quote, but which are pregnant with good sense and humane feeling. The *rationale* of it all he sums up thus. By these means, the inward experiences and troubles of the patients will be brought to the surface: the patients will be taught that there is another spirit than their own in the process; they will gradually transfer their madness to that other agent; and their pictures or products will become the scapegoats of their morbid states. By the most ordinary law of transference, the internal malady will be drained away, and the whole mind will steam outwards, instead of brooding inwards. Then will fear and suspicion, which are the two doorkeepers of the madman's mind, die of the new permission to develop freely his madness on the canvass."

Dr. Wilkinson's proposal strikes us as eminently rational and praiseworthy, and we *expect* great things of it, when there is good sense and moral courage

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enough in the world to adopt it. Still we are not at all assured of the universal *Homœopathicity* of the treatment. Spiritualism no doubt produces insanity sometimes, but with nothing like the certainty with which Ipecac vomits, and Ignatia convulses. It will no doubt occasionally cure it, and in just such constitutions and organisms as those in which it would have produced it. But we suspect that many of the thousand-fold phases of mental and moral insanity will entirely elude its curative power. Dr. Wilkinson, however, anticipates no disappointment. "Once commenced, the work will propagate itself with that velocity which marks great spiritual movements in the outer courts of history. It will be as swift as early Christianity when miracles paved the way of light; as rapid as Mahomedanism when a faith, though not of the purest, cut a scimitar-path through the mountains of infidelity."

Emerson, our greatest American philosopher, has pronounced Dr. Wilkinson to be the "Bacon of the 19th Century," and eloquently describes his mind as having "a long Atlantic roll of thought." We cordially commend his opinions to the members of the Homœopathic profession, of which he is at once and so deservedly the pride and ornament.

W. H. Holcombe.

4. *The Functions of the Spinal Cord.* Translated from the Archives Générales de Médecine, Sept. 1855, by Wm. H. Holcombe, M. D.

Review.—*Functions of the Spinal Cord.* By Dr. Brown-Séquard.—If there has ever been, for henceforth it belongs only to the past, if there has ever been a physiological doctrine almost universally adopted, it was that of the functions of the spinal cord. It was only yesterday that each one of its parts had its special department and uses well defined. The anterior and lateral cords were centrifugal conductors, transmitting to the periphery the impulses of the will. The posterior cords were centripetal conductors conveying to the *sensorium commune* the impressions from the exterior world. Lastly, the grey matter was a centre of innervation presiding over reflex movements, but incapable by itself of producing sensibility or motility. Well, this still recent doctrine, advanced by Chas. Bell and perfected by Longet, has just been overturned by a series of experiments made by M. Brown-Séquard, and communicated to the Biological Society in a remarkable report of M. Broca.

M. Brown-Séquard removes a portion of the long muscles of the back and some posterior segments of the vertebræ; he incises the dura-mater, proving as he goes along that it possesses a certain degree of sensibility; he exposes the spinal cord, awaits for a calm to succeed the outburst of pain which these profound lesions produce, and proceeds at last to the experiments, of which we are about to detail the results. Let us observe in the first place, however, that M. Brown-Séquard carefully distinguishes the convulsive phenomena resulting from the pain occasioned by the experiment from those derived from purely reflex action. The former movements take place in all four limbs of the animal, whilst the latter show themselves only in a determinate region, the posterior limbs, for example, when they are irritated after vivisection of the lumbar portion of the cord. Lastly, we may remark that the disturbance of innervation in the posterior half of the body, produced by denuding the spinal marrow, is only temporary; sensibility and motility being re-established in a few minutes.

Ten experiments are mentioned in the report of M. Broca: an eleventh, the most interesting of all has been added. The first was completely negative as the animal died of hæmorrhage. In the second, made upon a full-grown sheep, the posterior columns of the spinal cord are divided; the animal evinces great pain, rises, falls, and rises again after a quarter of an hour and walks, about with ease. Motility is not abolished in the hind quarters, whilst their sensibility is very clearly *exaggerated*, as is demonstrated on pinching them. Direct exploration of the spinal marrow shows, morever, that excitation of the *caudal* segment of the posterior columns produces a much more intense pain than excitation of the *cephalic* segment does. On thrusting a pin through and through the grey or vesicular matter, the animal does not appear to feel it.

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It appears, therefore, that section of the posterior columns, so far from abolishing sensibility in the lower half of the body, induces the reverse, an actual state of *hyperæsthesia*, and secondly that the grey matter *per se* is insensible. Nevertheless, it conducts impressions; for, in the third experiment, after having divided in a rabbit the posterior columns, the grey commissure and by mistake about two-thirds of the lateral columns, both sensation and motion where abolished in the hind limbs. This experiment proved also that the antero lateral columns transmit the volitions of the encephalon only when the grey substance is intact. This experiment shows very well that sensibility and motility disappear after section of the posterior columns, the grey substance and partial lesion of the antero-lateral columns: but it remains to show that the sensibility disappears notwithstanding the integrity of the posterior columns. This is evident from the fourth experiment made also on a rabbit, in which the grey substances and the antero-lateral columns were lacerated and the posterior columns respected, when, nevertheless, an immediate paralysis of sensation and motion was observed.

The third and fourth experiments were thus complements of each other, demonstrating the double function of the grey matter, since in both of them a double paralysis of sensation and motion occurred on the destruction of that matter, although in one case the antero-lateral columns and in the other the posterior columns were left uninjured. Let us not, however, dogmatize too hastily, for lo! in a fifth experiment practised on a Guinea pig, a *longitudinal* incision of the grey matter produced only insensibility, the motility persisting although the left antero-lateral column had also been wounded. The sixth and seventh experiments elicited nothing new, but confirmed the previous observations.

In the eighth experiment, made also on a rabbit, Mr. Brown-Séquard isolates a portion of the grey substance underlying the posterior columns, to the extent of a centimetre, incises it transversely so as to obtain two fragments, one *cephalic*, the other *caudal*, but both connected with the rest of the spinal cord. Then he irritates them successively, and the animal gives signs of the severest pain, when he pricks or pinches the caudal extremity. He concludes from this that the posterior columns have both ascending and descending fibres, the latter being the most numerous, which plunge obliquely into the grey substance and establish the connection between it and the encephalon.

In the ninth experiment, Mr. Brown-Séquard makes two transverse incisions of the posterior columns about two centimetres and a half apart, and on the intermediate segment thus obtained he shows an abolition of sensibility, whilst the cephalic segment presents its usual degree of impressibility and the caudal segment a marked exaggeration of it. When this intermediate segment is considerable, say 13 centimetres, as in the 10th experiment performed on the Guinea pig of a former experiment, it becomes as sensitive as the caudal portion and the hyperæsthesia is seen in the part supplied with innervation from the segment.

Lastly, to crown this series of observation, Mr. Brown-Séquard in an 11th experiment cuts the posterior columns on a level with the tip of the *calamus* and thus destroys their continuity with the restiform bodies of the medulla oblongata. It is evident that these communicate with the cerebellum by the *crura cerebelli*, but nevertheless, behold an unexpected phenomenon! they may be irritated or lacerated with a pin without the animal betraying the least perception of the injury, but on the other hand, if the pin touches the caudal segment, the animal evinces a degree of suffering which surpasses all that had been observed in the previous experiments.

All these experiments prove the prominent part which the grey or vesicular substance plays in the physiology of the nervous system, whilst that of the white medullary tubules is merely secondary. Bellingeri had already considered the grey matter as indispensible to sensation, and Van Deen as equally so to motion; but no one has yet noticed the production of *hyperæsthesia* by the section of the posterior columns of the spinal cord. The beautiful edifice we have been accustomed to admire is now in ruins. Let us hope that the ingenious mind of M. Brown-Séquard, which has so thoroughly demolished, will set itself courageously to the work of reconstruction.—(*Proceedings of the Biological Society*, 1855.)

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General Record of Medical Science.

PHYSIOLOGY AND PATHOLOGY.

VARICOSE VEINS.

Real and Primary seat of the varicose conditions of the lower extremity.—An essay bearing this title was read before the Academy of Medicine by M. VERNEUIL, who has arrived at the following conclusions:

1st, Whenever spontaneous superficial varices appear on the lower limbs, there exist at the same time *deep-seated* varices on the corresponding part of the same member.

2d, The reverse is not true; for dilatation of the inter- and submuscular veins may be observed, although the superficial vessels are perfectly normal, but when the first are diseased, it is a mere question of time when the last shall become swollen, serpentine, and appear beneath the skin.

3d, *Phlebectasis*, as seen in the lower limbs, does not therefore begin in the sub-cutaneous vessels, nor in the saphena interna more than in any other, but arises from the deep-seated veins in general, and especially from those in the calf of the leg. They are first attacked with dilatation and valvular insufficiency, and these lesions are thence propagated to the sub-aponeurotic vessels.

4th. Not only does dissection legitimate these conclusions, but a profound study of the venous distribution in the lower limbs renders this succession of phenomena very obvious.

5th, These facts, altogether novel, throw light on the history of this disease, and elucidate its etiology and symptoms, and permit us to judge more surely of therapeutic measures, so that we may abandon some and perfect others as empirical practice gives way to that instituted by rational pathology.

6th, The mechanism of relapse will be henceforth rendered more comprehensible.

The obstinate return of this malady has been experimentally known, but the cause of it has never before been directly demonstrated.—(Archives Générales de Médicine. HOLCOMBE, Tr.)

For a highly instructive article on this preceding condition, see Dr. Preston's article on diseases of the veins, N. A. Journal Hom., Vol. 6, page 25.

NOTE ON THE MOTORY FUNCTIONS OF THE GREAT SYMPATHETIC:—presented to the Academy of Sciences, by M. Claude Bernard, in the name of M. Remak.

"We have recognized, says the author, through the discoveries of Petit (1712), and of M. Claude Bernard (1849), two of the mo-

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tory functions of the cervical part of the great sympathetic. The former taught its influence in effecting the dilatation of the pupil, and and the latter its power of modifying the capillary circulation. I desire to point out a third motory action of this nerve, viz., that upon the muscles of the eyelids. In the dog and cat, section of the cervical part of the sympathetic is followed immediately by a considerable constriction of the palpebral opening. The semi-lunar membrane glides from the orbit over about half of the ocular bulb and the upper eyelid approaches the lower. When the peripheric part of the nerve is excited by an electric current, the semi-lunar membrane is retracted and the upper eyelid raised, in spite of the efforts of the animal to close the eye by spasmodic contraction of the orbicularis. As soon as the current is interrupted, the eyelid droops down over the eye. One can repeat this experiment, with intervals of a few minutes, as often as he wishes and with the same success."—Archives Générales, Sept., 1855.

(The branches of the sympathetic here treated of appear functionally antagonistic to those of the portio dura distributed to the muscles of the eyelid—for when the portio dura is paralyzed the eyelids remain permanently open—the exact opposite of the above condition. In the same manner branches of the third pair, which contract the pupil, antagonize those sympathetic fibres which cause its dilatation. Nor must we forget that many physiologists attributed these muscular phenomena to the few fibres of the cerebro-spinal system which are found accompanying the sympathetic nerves. The precise origin of these motory fibres is as yet unknown. Drs. Budge and Waller found that irritation of the spinal cord anywhere between the first cervical and sixth dorsal vertebra will cause dilatation of the pupil, and hence designated that space as the *cilio-spinal* tract.—Holcombe, Tr.)

MATERIA MEDICA AND THERAPEUTICS.

CHRONIC VOMITING.

Rademacher recommends Bismuth, and the Acetates of Potash and Soda. When the vomiting is attended with great acidity of the stomach he knows of no better remedy than *Ammonium-carbonicum*, two grains per dose every hour or two; if the first few doses are vomited off, the rest will be retained. He has relieved many cases of chronic vomiting with this simple remedy; cases in which numerous medicines had been used without relief; the carbonic acid which is developed in the stomach may aid in relieving the vomiting, as it is not to be denied that this acid excites a very good and quieting influence upon the stomach.

Iodine is also pronounced by Rademacher as one of the best and most certain remedies for the relief of vomiting, in one-half drop doses. He says that Iodine not only possesses the power of allay-

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ing vomiting, but it will also relieve pain in the stomach as quickly as Opium and other narcotic substances. It will even relieve the vomiting which attends incurable organic diseases of the stomach, but then it may have to be given in larger doses, viz., five drops, five times a day, in barley-water.

Muriate of Lime is also a favorite remedy with Rademacher; he has given it with success when vomiting had lasted almost incessantly for forty-eight hours, and the patient was cold and almost pulseless; also in cases in women, when for six months together all food had been vomited off about one-half hour after it had been swallowed. *Dose*, fifteen drops, five times a day, of *Liquor-calcariæ-muriaticæ*. It will also relieve derangement of the stomach attended with pain, distention after food, eructations of wind, &c., which cannot be removed by Acetate of Potash or Soda, Bismuth, Carbonic-acid, or Iodine.—PETERS.

GLEANINGS, SHORT BUT USEFUL.

Collated by W. H. HOLCOMBE, M.D., with occasional Comments.

Chloroform, given internally in small doses, promises to be very valuable in cases of typhus fever with great prostration, delirium, subsultus, irregular respiration and nervous restlessness. A good synopsis of its pathogenesis is quite a desideratum in homœopathic literature.—Employed upon the principle "similia similibus" it might prove a polychrest.

Fluoric and oxalic acids are at last looming up to the vision of our old school friends as valuable remedies in certain forms and stages of phthisis pulmonalis. Dr. Hastings reports several cases alleviated by the employment of these remedies, one at a time—the only rational way of testing a medicine—yet so generally repugnant to allopathic prescribers. What conception can we have either of the disease or its remedies, when such a hodge-podge as the following is gravely reported by medical men: "Under the influence of Sulphuric-acid, combined with sedatives, and afterwards with Quinine and small doses of Sulphate of Magnesia, the hæmoptysis disappeared. Naphtha combined with Chlorate of Potash and Cod-liver-oil were next employed."—What *science!*

Kreosote in Diabetes Mellitus.—A case of diabetes mellitus occurring in a man, twenty-eight years old, who discharged in twenty-four hours twenty quarts of urine, containing twenty ounces and nine drachms of sugar, was entirely cured by Dr. Michatsky with the continued use of Kreosote-pills and a rigid prohibition of all vegetable food.—(Prague Ver.-Zing, No. 1, 1855.)

Benzole or *Benzin*, a clear, colorless liquid, having an ethereal odor, produced by the decomposition of benzoic-acid, has been recommended for the destruction of animal parasites on the skin. It was suggested by Milne-Edward's observation that its vapor was very fatal to insects. It has been found more efficacious and at the same time harmless in veterinary practice than any of the remedies hitherto employed.

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M. VELPEAU introduces a new and apparently most valuable topical application for erysipelas. He has kept exact notes of four hundred cases treated by the methods commonly in vogue, and he has had little reason to be satisfied with any of them. In twenty-five cases, *compression* by bandages was resorted to with no benefit. In thirty-three cases *blisters* were applied without diminishing the mean duration of the disease. No satisfactory result followed the employment of *Nitrate of silver* in thirty cases. In two hundred cases *mercurial ointment* was resorted to; it diminished the duration and pain very slightly, but was succeeded by many disagreeable consequences. *Lard* in twenty-three cases let the disease run on unmodified. A variety of other remedies were tried but found inert or injurious. He now uses a lotion three times a day made with *Sulphate of iron*, one part to twenty of water, or an ointment of the same, one part to four of lard. In forty cases it arrested the disease in from twenty-four to forty-eight hours. Thus far the remedy has never failed in cutting short the disease, although it does not prevent the local inflammation from spreading. It is no doubt absorbed and acts homœopathically. It would be well for us to try it—if Belladonna, Rhus, Apis and Graphites should ever fail in our practice.

Dr. HARDY reports some interesting cases of prompt relief to most violent pain in anthrax, hemorrhoids, irritable bladder, difficult menstruation, ulceration of the os uteri, cancer of the rectum, &c., by the topical application of the vapor of Chloroform. I see no reason why homœopathists should avail themselves of mustard-plasters and cold-water compresses and pass by many harmless and palliative measures like that in question. If intense pain can kill, it may certainly prevent remedies from acting efficaciously, and should be first diminished or removed by any reasonable appliance in our power.

An article on the quantity of *Sulphate of Atropine* necessary to dilate the pupil deserves the thoughtful perusal of those "old fogies" to whom sight, smell, taste, color, weight, &c., are the only proofs of medical power. We especially invite them to reflect on the following extract, with the hope that it will diminish their insane fury against homœopathic dilutions. "Dr. De Ruyter states that a drop of a solution in which was contained not more than $\frac{1}{129600}$th of Sulphate of Atropine, when kept some time in contact with the eye of a dog, sufficed to produce a dilatation lasting for twenty hours. Further experiments have shown that a solution of $\frac{1}{8600}$th produces a powerful dilatation in ten to fifteen minutes, which disappears only at the end of four days; that a solution with $\frac{1}{21600}$th, causes strong dilatation and sometimes immovability; that a solution with $\frac{1}{129600}$th, causes good dilatation at the end of an hour, lasting eighteen hours; that a threefold dilution of this last produced a perceptible dilatation in an hour, and that it was only upon a sixfold dilution, that is, with $\frac{1}{777600}$th, that the effect became doubtful. The sensitiveness of the eye to Atropine excites astonishment, when we consider that of the

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single drop of the attenuated solution, which suffices to produce dilatation, probably not a fiftieth part is absorbed.

In Spermatorrhœa, M. Trousseau doubts the value of Lallemand's *porte-caustique* and the utility of cold hip-baths. In cases where erotic feelings are conjoined with spasm of the vesiculæ seminales, heat applied to the perinæum is the best sedative. He employs it simultaneously with Belladonna. Lupulin is a good anaphrodisiac, but for certainty and efficacy of action, he prefers the Bromide of Potassium (our Kali-bromatum) in doses of from fifteen to thirty grains. After thorough homœopathic trituration one hundred part of the above quantity will be found just as serviceable.

Digitaline, says Prof. Christison, is the best and most powerful diuretic known. It is obtained from Digitalis by a very complicated process. It is of good quality, if a solution in two hundred parts of alcohol do not lose its bitterness until so diluted with water that the Digitaline forms only a 200.000th part of the solution. He has noted accurately both its powerful sedative action on the heart and its diuretic property, but states that they are never coincident. Its primary action is no doubt on the nervous system, and especially on the cardiac centres, its subsequent elimination by the renal emunctory is secondary and not at all characteristic. It is therefore most probably homœopathic to those dropsies dependent primarily on obstructed cardiac circulation with nervous depression, such as Digitalis produces in the healthy body. If a dropsy of renal or hepatic origin co-existed with the heart disease—the latter might be relieved by Digitalis and not the former.

Dr. Christison has made some valuable researches into the properties of the *Esére* or *Calabar Ordeal-Bean*, one of the most singular and intense poisons yet discovered. He experimented not only like Magendie on animals, but wisely and courageously *à la Hahnemann* upon himself.—It completely annihilates the power of volition over the muscles and produces extremely tumultuous, feeble, and intermitting action of the heart. It promises to be homœopathically useful in some forms of paralysis and cardiac disease. Its effects are promptly antidoted by coffee. Dr. Christison recommends its use for criminal executions, the rapid and painless death produced by it, being preferable in a humane point of view to the horrors of strangulation or decapitation.

COLLODION IN BITES OF INSECTS.

Roxbury.

Dear Sir,—Allow me, through your Journal, to recommend Collodion or the ethereal solution of gun-cotton as a perfect remedy for the bites of insects. Two years since I accidentally applied some of it to a mosquito-bite, and found instantaneous relief follow; a fact of some interest to me, since such bites are particularly

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annoying. Since then I have recommended it many times, and have always received a favorable report.

As an application to the stings of bees, &c., you will find it invaluable.—Yours,

W. F. JACKSON.

To H. C. PRESTON, M.D.

It may be right to mention in this place, that Mr. J. T. S. Smith prepares a remarkably fine article of Arnicated Collodion. If his preparation continue to be as good as the specimens shown us, we have no hesitation in stating that they are by far the best examples of Collodion which we have seen emanating from the laboratory of any chemist.

PETERS.

SEMPERVIVUM TECTORUM IN SCIRRHUS AND CANCER OF THE TONGUE.

Dr. Maly, of Gratz, called the attention of the homœopathic physicians to the above. Dr. Kallenbach, of Cleve, confirmed its efficacy. A. H. Z., 50, 16.

A sickly woman had, about the time of change of life, on the right margin of the tongue, a swelling, the size of a small bean, with burning pain after shutting her mouth, occasionally bleeding, invariably at night, a burning in it, disturbing sleep. Acrid substances and acid smart. The swelling was not hard, but like a cyst; had two small knots, each size of a lentil, the one bleeding. Over the swelling were three varicose veins. Neither Aurum, Arsen., nor Carbo.-veg., in the 4th, 10th or 6th potency, improved it; it got larger, harder, and impeded speech. S. t., applied as a juice, externally, three times a day, made the tumor smaller, softer and wrinkled; the veins much smaller, but afterwards inflamed and very sensitive. Two drops 2d, internally, daily reduced the tumor to one-third the size in ten days; menstruation reappeared, continuing five days. Tumor diminished to the size of a small pea, and became gradually less sensitive. Patient came not back.

Several failures made me forget the medicine, until General B. consulted me. He was suffering with an ulcer on the tongue, close by the left margin; had used Alumin and Sublimate. The ulcer was three-quarters to one-half inch deep, with sharp edges, hard foundation, of a bluish color, with four knots, size of lentils, two large veins, sensitive to the touch, and while eating. S. t. 1-100 in water, twice a day, externally, was applied; second day less painful; could eat; edges smoother; third and fourth days, veins smaller; the small reddish-blue tumors became paler; fifth and sixth days, they disappeared, leaving the base of the ulcer covered with a whitish membrane; seventh to ninth days, the medicine omitted, sensibility greater; tenth day, repeated; ulcer smooth and pure; veins very small. Patient was obliged to leave: promised to write, but did not do it. He was a Russian.

A married woman, aged twenty-seven years, with a child of six months, had for ten days a pain under the tongue, impeding eating

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and talking. On the lower surface, near the root, was a bluish-red swelling, size of half a bean, smooth but hard, on either side a large vein, at one point a membranous exudation. S. t. 6, two doses, one every other day for four days; no pain; at the expiration of eight days much smaller; produced menstruation; in three weeks, remains only a somewhat enlarged vein.—*Hom. News.*

THE USE OF GLANDERINE AND FARCINE IN THE TREATMENT OF PULMONARY AND OTHER DISEASES.

The employment of remedies derived from the animal kingdom and from the products of animal disease has been legitimated by vaccination; to which may now be added syphilization as practised on a large scale in many capitals of Europe. It is my duty, in a very brief form to bring to the notice of all who are interested in the science of healing, in public health, and in the eradication of incurable diseases, the employment which I have now made for some time of the morbid products of Glanders and Farcy in the extinction of certain human maladies. It would be easy to write a book upon the subject; but it is more profitable in a new field, requiring the co-operation of many minds and experiences to confine it to a short memoir.

Glanders, the malignant catarrh of the horse, and Farcy, which is tertiary glanders, affecting the lymphatics and cellular tissue of the limbs and of the whole body, are diseases so deadly, that until of late years, the problem of the harmless administration of their virus was not likely to be solved. At present, however, by the simplest process, the means are at hand whereby any person can prepare these substances for himself, so that they shall preserve all their medicinal vigor, though they lose entirely the power of morbid inoculation. In bronchitis, in all its stages, I have had considerable experience with the employment of Glanderine; and could easily detail cases from my note-books, if I had not proposed to myself limits of space which do not admit of such details. Suffice it to say, that I regard Glanderine as little short of a specific in the worst forms of bronchitis; especially in elderly persons, where suffocation from excessive secretion is imminent; in such cases, the patients themselves express the relief as "magical." Here Glanderine appears to supply a desideratum. For its action is rapid and satisfactory in those neglected cases which have smouldered perhaps for weeks in the bronchial fines before the practitioner is called in: and when he arrives, the patient, who then, perchance, for the first time takes to his bed, is in truth near his end. Let Glanderine be employed under these circumstances, and the expectoration becomes freer; the fever less intense; strength recovers itself; in twenty-four hours the expectoration diminishes; the diminution of the sputa proceeds rapidly and the strength advances with it: the mouth moistens and the tongue becomes clean; and the patient is soon out of danger. From my present experience of Glanderine I look back upon many fatal cases, which would probably have been saved by this surprising remedy.

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There is another class of bronchial cases in which Glanderine is attended with success; I mean those in which there is no present danger; but in which the disease has firmly established itself in the lungs, perhaps extensively and requires many weeks to subdue; with a great probability that a bronchial asthma will be left behind. In these cases, Glanderine will perform, in eight or ten days, the work of weeks of any other medicament or course of medicaments, with which I am acquainted. It is my practice, where necessary to alternate it with any other remedy as Aconite, Ipecacuanha or Bryonia, which seems to be necessary every two, three or four hours. In pneumonia I have not tried Glanderine, but I shall do so with great confidence. Especially where the rusty sputa are strongly characteristic. I do not know what may be its effects in dry coughs; but in the most obstinate cases of cough attended with expectoration, and which have been accustomed to commence at Christmas and last till June, its action has been decisive and annihilation in a few hours of the disorder. It has speedily abated obstinate whooping-cough. There appear to be certain bronchial cases to which Glanderine is not applicable; those, namely, in which violent and fatiguing cough proceeds from real atony; when the pulse is slow; and where stimulants and tonics are indicated and useful.

In such cases, Glanderine increases the paroxysms, and from the rapidity of its aggravative action, the patients, of their own accord, cease to take their medicine. Although, however, it can not be continued in these cases, I have found the rapidity of the benefit of the next remedy, apparently increased by the precedence of the Glanderine.

It is possible that if we were to stop here and give nothing else, the Glanderine would go on acting and conduct the case to a successful result. In catarrh, as in bronchitis, and especially where the symptoms are grievous and the nose inflamed with thick and tinged defluxion, where the tonsils are swollen and the fauces gorged, you will be surprised by the rapidly specific action of Glanderine. If the nose and mouth are ulcerated, so much the better for the energy of its characteristic action. In terrible cases of scarlatina, where the odor of the breath is putrid and the buccal passages are filled with tenacious lymph and mucus, while the swollen tonsils close the posterior channels, this remedy alone, from its wonderful promptitude, seems capable of rescuing the patient. I have tried it in none such; but that it would not disappoint experiment, is a fair deduction from what it *can* do. Recently, it saved a little patient apparently suffocating from diptherite in the mouth and nose and agonized with buccal ulcerations: in twelve hours the morbid secretion had ceased and disappeared; the superficial ulcerations had vanished; and none of these symptoms reappeared. It has been tried in putrid fever with the most marked and rapid success; indeed, I should say that putrescence, destinctive or quasi-malignant ulceration and tendency to decomposition of the tissues are among prime indications for its em-

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ployment. It is well worth a trial in carbuncle and plague. I have given it in one case of ozæna with marked success and should confidently rely upon it in malignant erysipelas, particularly if attended with large formations of pus and destruction of parts. In malignant pustule, which nearly resembles the disease that inoculated glanders produces in the human subject, I believe it would be specific. In pyema and inflammation of the veins and lymphatics, particularly when matter is formed or forming, Farcine would no doubt prove homœopathic, i.e. curative of the symptoms. In the more rapid or violent cases, I would recommend the Glanderine or Farcine to be as recent as possible. In malignant external ulcerations, I have used a lotion prepared by dissolving one two grain pellet of Glanderine in half a tumblerful of water. I try the remedy thus in old bad legs and in putrid bed-sores. It also deserves experiment in obstinate syphilitic sores attended with gross fetor; it will probably abate the malignancy of the inflammation, even if it cannot, from specific causes, work a deeper effect. It is a fair deduction also, that Glanderine is a first-class remedy in confluent small-pox, or it might be given in alternation with Farcine. I have made no trials of it in skin-diseases; but shall assuredly do so wherever malignancy and phagedæna are prominent characteristics. It is promising in pustular ring-worm. I have cured one case of anasarca of the lower limbs with Farcine. This remedy, judging by the analogous effects in the horse, will probably apply with efficacy to uterine phlebitis. It is worth thinking of also in psoas and lumbar abscesses. Let the veterinarian try it in the lung-disease and *murrain* of cattle. A most interesting problem occurs: What will Glanderine do for phthisis? I can only answer, that in my experience it has stormed the outworks of phthisis; but whether it will carry the citadel remains to be proved. It diminishes the expectoration; abates the constantly recurring aggravations of inflammation; and checks the liability to catarrhal affections, which excite the tuberculous diathesis from without; but whether or no it will operate upon tubercle, I can not say. In time, it is my intention to lay this matter in detail before the world; but at present a sufficient time has not elapsed to test the trueness of the remedy. Meanwhile I commit the experiment also to all humane persons and institutions for the consumptive. The Glanderine can be given in alternate doses with Iron, or other remedies; being an animal substance, it will be singularly little interfered with, by other drugs, provided, three, four or six hours intervene between the administration of the two substances. The use of glanders suggests also the use of all the other animal poisons. These may be regarded as malignant or medicinal growths upon the fields of morbid animal nature, corresponding to the nefarious plants Aconites, Upases, deadly night-shades which grow upon the soil. We shall have to enter this field; for the very malignity of the poisons shows the energy with which they will work for us when they are duly broken in. I shall now con-

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clude by showing how safely all these poisons may be employed; and that they may be at the disposal not merely of the few, but of every one who will take the care and trouble of preparing them.

The following theory has sketched itself out for me relative to the action of glanders, which to have worth, I state affirmatively. The poison is actively centrifugal and tends to abolish the centres of vitality by powerful ejection of their minutest contents: the spaces being filled up with matter, the result of malignant or destructive inflammation. It is the type of vital destructions; and begins its ravages in the nose of the horse, because that is the spot where it can most easily explode its first seeds of disease: it wants space for throwing off and showing its poison. It is good in all malignant ulceration and excessive expectoration. And its general curative indication is, wherever extension of contents [over-balances] supply of nutrition. It is the opposite to *Dracæ*, which corrodes by stopping functional and isolating parts; this over-energizes, explodes and scatters the grains of living organisms. Farcy is the same thing in parts where expulsion can not go on; in which case destruction and retention of the destroyed parts have place. The lymphatic system is attacked, because it is the nutrient or supplying system, and it is affected by reaction. Glanders is the direct action—Farcy the inverse.

Now to obviate the objection of danger as well as to disseminate and laicize the remedy, I will state the mode of preparation; premising that I have taken Glanderine myself for obstinate catarrh and with only beneficial results. By the aid of an experienced veterinary surgeon (I have enjoyed the invaluable kindness in this respect of Prof. Spooner, principal of the Veterinary College) procure in small one-drachm bottles the matter from the nose and from the lungs of infected horses immediately after their destruction. The Glanderine from the nose and from the lungs, and the Farcine, should be of course in *separate* bottles. And each medicament, for we will no longer call them poisons, should be prepared separately. Let us now follow the nose-glanderine as a model for the rest, through the various stages of its preparation. Put on a pair of kid-gloves. Weigh ten grains of the Glanderine in glass-scales, weigh in the same, ninety grains of thick gum-mucilage. Rub the two together, for twenty minutes or until the amalgamation is complete. Then for the second time weigh ten grains of the new mixture; and throw away the rest. Let the mortar be carefully rinsed with large quantities of water at a sink where there is a ready outflow; and take heed to your eyes, or to any sore or cut surfaces, while you are engaged with the first dilutions of Glanderine. Rinse lastly with boiling water and cool the mortar again at the tap. Observing this caution, now rub the second ten grains with another ninety of thick mucilage; and of this mixture preserve one fluid drachm, throwing away the rest; and rinsing the mortar again with the same care. Now take your measured drachm of the second dilution of Glanderine and in a two ounce

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bottle, pour upon it nine drachms of distilled water. Cork the bottle and put on the cork the figure 3, signifying the third dilution. Shake the bottle until its contents are thoroughly mixed. Into another two ounce bottle now put one measured drachm of No. 3, and nine drachms of distilled water. Mark this No. 4, and shake it into admixture as before. Throw away the remaining nine drachms of No. 3. Then prepare No. 5, by a similar process to No. 4, and throw away the residue of No. 4. Perform all these operations neatly and gently and mind your eyes in the mean-time. Now this is what you are to do with No. 5. Take an ounce of it *by weight* and nine ounces of the best powdered gum-arabic; mix them together in a mortar until the fluid is taken up and the mass thoroughly amalgamated. That mass is your stock of harmless Glanderine of the sixth dilution. By carrying the process with the distilled water onwards, you can of course make what further dilutions you please; but I have always made use of the sixth in my practice. Some of my brethren will probably enrich experience by the employment of the 200th. Well, you have got your mass; and now all you have to do, is, to make it into small pills. I make up two grains into a pill. The whole mass should be pilulated at once; and the pilules received into a flat box with plenty of *sugar of milk* at the bottom, and freely moved about many times for a few days to prevent them from sticking together. The medicine is now hermetically enclosed in the gum and will preserve its virtues for months, perhaps for years. How safe is its administration! The sixth attenuation contains in one grain but one millionth of a grain of the Glanderine, and this millionth is extended through a million-fold its own space. My habit is to dissolve one of these pilules in half a tumblerful of water; and to direct a tea-spoonful to be taken every four or six hours. Thus again the dilution and extension are multiplied twenty-fold. Or in round numbers, each tea-spoonful contains the twenty-millionth of a grain—one thousand million times extended. The tumbler ought to be kept in a cool place, because the water easily ferments in warm weather. So much for dilution of virus; now for experience of safety. I have on many occasions applied the contents of the tumbler to raw surfaces; have thrown it up the nose in œzema; and given it in aphthæ and buccal ulcerations; and with only beneficial results.

Glanderine is not a pleasant idea; but neither is vaccine; the healing use has, however, another idea concealed within it; and with this use alone the name of Glanderine will soon be associated.—COMMUNICATED.

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Proceedings of Societies.

Several county homœopathic societies have lately been organized in accordance with an act of the Legislature, passed April 15, 1857, authorizing the same.

The Homœopathic Society of Washington and Saratoga Counties.

This Society at its Semi-Annual Meeting in June, was the first to re-organize under the new law.

The following officers were elected for the ensuing year. President, Dr. J. Rice, Fort Ann; Vice-President, Dr. W. G. Wolcott, Whitehall; Secretary and Treasurer, Dr. J. H. Stoddard, Glenns Falls.

Homœopathic Medical Society of the County of New-York.

Pursuant to a numerously signed call, the homœopathic physicians of this city, met at Smith's Pharmacy, 105, Fourth Avenue, on Thursday evening, August, 13th.

Adjourned meetings were held at the same place, August 20th, and September 9th.

Dr. B. F. Joslin was called to the chair and Dr. J. B. Morton elected Secretary pro-tem.

The Chairman, Drs. Freligh, Marcy, Kellogg, Bayard, Sherrell, Gray and Wilson were appointed a committee to draft a constitution and by-laws.

The constitution and by-laws as presented by them was adopted and referred to the committee to be engrossed and recorded in the county clerk's office.

The committee were instructed to inquire into the legality and expediency of conferring the degree of *Doctor of Medicine.*

Drs. Gray, Bayard, Marcy, Perkins, McMurray, Kellogg and Evans were appointed a committee to take charge of all matters relative to introducing homœopathy into the public hospitals.

An invitation was extended to all resident homœopathic physicians, having diplomas to become members of the Society.

Dr. Bayard was requested to report at the next Annual Meeting on the legal relations of this institution.

It was decided to hold regular monthly meetings on the second Wednesday in each month and the Annual Meeting on the second Wednesday in November.

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The following officers were elected:—President, Dr. B. F. Joslin; Vice-President, Dr. E. Bayard; Secretary, Dr. J. McE. Wetmore; Treasurer, Dr. R. G. Perkins.

Censors: Drs. A. D. Wilson, L. Hallock, G. E. Belcher, H. M. Banks, R. McMurray.

The following physicians gave in their names as members:—E. M. Kellogg, G. H. Leach, M. Freligh, J. T. Evans, O. Fullgraff, B. F. Joslin, A. Leon, E. Guernsey, E. Bayard, E. A. Lodge, J. Bowers, C. Kiersted, G. Beakley, R. G. Perkins, S. B. Barlow, H. M. Banks, J. Mairs, E. E. Marcy, R. McMurray, J. G. Baldwin, J. F. Gray, B. F. Joslin, Jr., A. Freeman, H. Sherrill, B. F. Bowers, W. J. Wellman, C. C. Kiersted, J. B. Morton, J. F. Mahon, L. Hallock, J. T. Alley, G. E. Belcher, J. McE. Wetmore, A. D. Wilson, E. P. Fowler, J. S. Woods, A. S. Ball, G. D. Saltonstall, C. Wright.

The meeting adjourned to meet at Smith's Pharmacy on the second Wednesday in October.

Homœopathic Medical Society of the County of Kings.

A preliminary meeting for the purpose of organizing a County Society was held at the residence of Dr. B. C. Macy, 83 Court-st., September 17th.

Dr. R. Rosman in the chair and Dr. R. C. Moffat acting as secretary.

Drs. Gilbert, Guy and Perrine were appointed a committee to draft a constitution and by-laws.

An adjourned meeting was held at the Globe-Hotel, October 1st. Dr. Wells in the chair.

The attention of the meeting was wholly occupied in considering the proposed constitution and by-laws, which after considerable discussion were amended and adopted.

Drs. J. C. Hanford, Duffin and Perrine were appointed a committee to nominate officers.

The meeting adjourned to meet at the same place on Thursday, Oct. 8th.

The following were present: Drs. R. Rosman, H. Minton, A. C. Burke, S. S. Guy, G. F. Newcomb, J. P. Dinsmore, H. S. Gilbert, H. E. Morrill, J. B. Elliott, J. Duffin, W. L. Perrine, A. Wright, H. Saltzwedel, — Stamm, F. G. Hunt, F. Bond, G. H. Ward, E. S. Richardson, A. C. Hull, H. May, W. H. Hanford, J. C. Hanford, W. Wright, B. C. Macy, R. C. Moffat, P. P. Wells, G. Turner.

HENRY M. SMITH.

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College, Hospital and Dispensary Reports.

Bellevue Hospital.

Early last spring a petition was started, by the Eleventh-Street Homœopathic Dispensary, requesting the Board of Governors of the Alms-House to place a portion of the wards in Bellevue-Hospital under the charge of homœopathic physicians. The different physicians of the new school were supplied with blanks, and during the last summer several thousand names were obtained as subscribers to the request. Among the gentlemen who signed the petition are many of our most prominent and best known citizen. Such men as the Grinnells, Winslow, Lanier & Co., A. T. Stewart & Co., R. L. Stuart, R. A. McCurdy, Sheppard Homans, Stephen Cambreling, Appleton & Co., Harper & Brothers, J. B. Hall, Horace H. Day, Horace Greeley, Chas. Dana, Erastus Brooks, J. W. Webb, G. P. Putnam, J. Bigelow, John Cochran and many others of equal note added their names to the list of subscribers.

While the petition was in circulation a *resolution* was introduced at a sitting of the Board of Governors appointing a special committee to inquire into the expediency of placing *half* the wards of Bellevue under homœopathic treatment. This was done in compliance with the suggestions of the medical friends of several of the governors who are homœopaths. The resolution passed, and the special committee was appointed, by a vote of six to four.—The committee consisted of three, and the chairman of it, Mr. Benj. F. Pinckney, was the mover of the resolution.

Six long petitions have already been laid upon the table of the Board, several more are soon to be handed in.

That there might be a well organized effort to influence the report of the committee, in our favor; at a meeting of the County Homœopathic Society which has been recently formed, a resolution was offered and adopted, appointing Drs. Gray, Bayard, Marcy, and such other four gentlemen as they chose to associate with them, a committee on hospitals. These gentlemen having added to their number Drs. Kellogg, McMurray, Evans, and Perkins, have the whole affair under their charge.

We are informed there is not so much reason to hope for a *majority* report from the committee of the Board of Governors in favor of the immediate introduction of homœopathy into Bellevue, as there is reason to expect a final action in our favor from the Board itself. *Five* of the governors are homœopaths, and one vote more is alone required to give to homœopathy half the wards of the largest hospital in the country.

PERKINS.

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Northern Homœopathic Dispensary, 654, 6th Avenue, N. Y.

We are pleased to learn that this charity recently established and conducted by Dr. J. W. Mitchell, has been very successful during the five months it has been in operation — already six hundred patients have availed themselves of its benefits. The number treated is sufficient proof that there existed great need of such an institution in that locality, we therefore trust it will meet with a liberal support from the friends of Homœopathy.

New-York, Oct. 12th, 1857.

Chicago Hospital.

Chicago, July 11th, 1857.

J. C. Peters, M.D., Editor, &c., New-York.

Dear Sir,—We date a new epoch in the history of Homœopathy here. The "Board of Health" of this city on the 9th of this month, awarded a portion of the new City Hospital, to the charge of Homœopaths, appointing a Board of Physicians and Surgeons of the same number and on the same footing as the Allopathic Board.

There is light ahead. We will keep you apprised of doings, &c., if it would interest. Yours, very truly, A. C. COLTON, M.D.

From Dr. Shipman's able Pamphlet, addressed to N. S. Davis, M.D., we copy the following :

PETITION OF THE CITIZENS OF CHICAGO TO THE COMMON COUNCIL.

The undersigned, voters and tax-payers of this city, respectfully petition your Honorable body, that some portion or part of the New City Hospital may be devoted to the treatment of patients under the Homœopathic Theory, and would respectfully assign the following reasons why such petition should be granted :

First.—The respectability and endorsement which the Homœopathic system of medication has attained, both in respect of patients and practitioners.

Second.—The number of patients seeking admission into Hospitals, who prefer Homœopathic treatment.

Third.—The fact that the Chicago Homœopathic Hospital—a benevolent institution, relying principally for support upon the voluntary contributions of the community—has now for more than three years practically occupied the position of City Hospital, receiving and caring for charity patients, when applied to by the city.

Fourth.—That the granting of this petition will secure to the public the opportunity of comparing the two prevalent systems of treatment (Homœopathy and Allopathy) side by side, under the same surrounding circumstances.

And *Lastly.*—That it is no more than simple justice, that a large and respectable portion of our citizens should be gratified in their desire that the sick and indigent of our city shall have the benefit of the same system of medicine which they employ in their own families, and the practical operation of which they prefer to the old, or Allopathic system.

Your petitioners would further state, that they are assured by the most prominent Homœopathic physicians, that any one or more attending and consulting physicians, selected from their ranks, will perform their duties without compensation, thereby securing the city from additional expense in consequence of the adoption of their suggestion.

Chicago, March 14, 1857.

W. B. Ogden, J. D. Webster, Robt. H. Clarkson, H. A. Tucker, Geo. W. Dole, E. K. Rogers, Edwin C. Larned, Geo. W. Lay, Jr., Joseph T. Ryerson, Thos.

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L. Forrest, Edward H. Bunker, Isaac B. Crane, J. R. Valentine, P. F. W. Peck, Saml. Hoard, C. Beers, C. B. Hosmer, Edward Rawon, John G. Wilson, E. M. S. Gaylor, Jno, H. Small, Julius D. Haven, A. W. Rood, A. J. Davids, A. Carroll, F. Fulton, Geo. W. P. Bowman, G. A. Wood, J. M. Holt, S. S. Barry, H. L. Rucker, C. T. Boyne, James Conovan, D. A. Gage, Cyrus Bentley, L. J. J. Nisson, P. A. Nicholson, G. W. Baldwin, Hasbrouck Davis, Wm. W. Hoyt, L. E. Alexander, Samuel C. Clarke, Cooley, Farwell & Co., John Williams, Davis, Moody & Co., C. M. Du Puy, D. J. Ely, D. B. Shipman, Chas. L. Goodridge, John C. Haines, M. H. Norton, Bellows, Gerrish & Co., J. W. Hooker, S. C. Griggs, A. Runyon, A. D. Titsworth, Chas. Cleaver, Geo. H. Phelps, W. P. Thurston, E. W. Densmore, F. D. Gray, Amzi Benedict, Charles E. Ray, C. C. Marsh, E. W. Davenport, J. Lee Palmers, Joel Ellis, E. R. Burnham, H. G. Pad dock, W. R. Larrabee, J. T. & E. M. Edwards, J. W. Waughop, S. S. Hayes, Tuthill King, Pitkin, Brothers, Mills & Co., Smith & Pollard, B. Douglass & Co., Philip Wadsworth, Huntington, Wadsworth & Parks, Wadsworth & Wells, Harmon, Aiken & Gale, Benedict, Mallory & Farnam, Crane, Bro. & Co , Ed. I. Tinkham, B. F. Carnes, Jos. W. Tinkham, Smith & Tinkham, John C. Long, J. A. Butterfield, John P. Chapin, W. H. Taylor, J. A. Smith, W. B. Burbank, C. B. Smith, N. Barnes, S. S. Durfee, M. A. James, J. A. Purington, Samuel A. Ward, A. L. Coffin, F. W. Burnham, Jno, F Stewart, C. T. Noble, R. K. Swift, Bro. & Johnston, Andrew Blaikie, Henry H. Cushing, Stephen B. Williams, J. W. Briggs, M. F. Prouty, E. G. Hall, S. D. Kimbark, W. R. Moulton, C. N. Hammond, J. D. Quinne, I. H. Burch, Cyril Babcock, Samuel Rugg, William H. Peek, Enos Ayres, James Larmon, J. P. Clarkson, J. W. Barker, Wm. H. Bradley, Isaac N. Arnold, J. H. Dunham, J. W. Stanley, C. A. Spring, W. B. Keen, J. H. Bross, R. W. Officer, Beecher, Hollister & Wilkins, A. J. Brown, S. H. Bradley, W. H. Brown, W. S. Gurnee, Jno. H Kinzie, Nathan Mears, John S. Wallace, M. D. Gilman, M. A. Farwell, J. Young-Scammon, G. Manierre, W. A. D. Grannis, Thomas Budd, S. L. Brown, John V. Farwell, P. W. Field, F. V. Chamberlain, J. B. Doggett & Co., D. M. Bradley, Wm. W. Danenhower, Dennis Keogh, Patrick J. Lynch, H. S. Hudson, E. G. Hook, Henry Farwell, Th. Frere, C. Haven, W. L. Greenleaf, Jas. M. Smith, Geo. B. Gillespie, A. Dowthy, W. B. Olmstead, P. A. Hoyne, C. V. Wiley, Jno. N. Staples, Wm. C. Dow, B. B. Wiley, H. N. Turner, J. H. Peek, F. B. Williams, C. H. Arnold, C. Hinckley, T. B. Carter, Stephen A. Defoe, G. De Loynes & Co., A. Ostheim, B. F. Downing, N. P. Wilder, D. B. Cooke, Hamilton B. Dox, C. H. Quinlan, T. F. Phillips, B. W. Raymond, S. D. Ward, E. H Denison, C. H. Seavern, G. F. Hubbard & Co., W. D. Houghteling.

The result of this petition was, that, on the 9th of July, the Board of Health appointed two Medical and Surgical Boards for the Hospital, consisting of the above gentlemen:

HOMŒOPATHIC BOARD. *Consulting Physicians.* — A. E. Small, M. D., A. Pitney, M. D.

Physicians and Surgeons.—H. K. W. Boardman, M. D., D. A. Colton, M. D., N. F. Cook, M. D., R Ludlam, M. D., S. Seymour, M. D., George E. Shipman, M. D.

ALLOPATHIC BOARD. *Consulting Physicians.* — Drs. N. S. Davis and J. K. Amerman.

Physicians and Surgeons.—R. N. Isham, M. D., D. Miller, M. D., J. P. Rose, M. D.. Jno. Craig, M. D., W. Wagner, M. D., George D. Schlœtzer, M. D.

To the latter of these Boards, three-fourths of the City Hospital was to be granted, and to the other, one-fourth, each to be independent in its own sphere. The physicians and surgeons appointed by these Boards were notified of their appointment by the Board of Health, and their acceptance requested; it having been understood that all those who were appointed, had previously expressed their willingness to serve one year gratuitously, if called upon to do so by the Board of Health.

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Miscellaneous Items.

I have just returned from a short trip of a few months in Europe—have seen the major part of Germany, Switzerland, France, Belgium, Holland and England I am unable to say more at this time, than that Homœopathy is progressing steadily and securely, if not with excessive rapidity.

One of the most mortifying facts to me was, that our Journal was comparatively unknown, except in England, Brussels and Paris. All the editors of Homœopathic journals and books were decidedly anxious to get it, as a few stray numbers had sharpened their appetite for more; but the business agents of our Journal have been so exceedingly remiss in their delivery of the consecutive numbers, or have received them so irregularly that readers and subscribers have become much discouraged about it, and many supposed it already defunct. Although the mortification was great to me, still I was not surprised, as our exchanges in this country have been so shamefully neglected by our publisher's agents here, that the editors have generally been called upon to supply deficiencies months after the regular issue of the Journal. This oversight was the more to be regretted as the rest of Europe now have their attention more particularly directed to England and America for advances, which can only be well and promptly made in free countries. PETERS.

I can give the following items of

HOMŒOPATHIC INTELLIGENCE.

THE EMPEROR ALEXANDER II. OF RUSSIA AND HOMŒOPATHY.—Some time ago the *Lancet* congratulated itself and its readers on the pretended fact that homœopathy had been forbidden, by imperial edict, in Russia. We showed that the medicines forbidden were *allopathic quack medicines*, and gave, at the same time, reports of imperial hospitals under homœopathic rule. To prove that the present Emperor holds homœopathy in high esteem, we quote the following from the *Journal de la Société Gallicane de Médecine Homœopathique*, Paris, July, 1857.

"Dr. Teste (a French homœopathic physician) having caused a copy of his work entitled: *Essai de systématisation de la matière médicale homœopathique* to be presented to His Majesty the Emperor Alexander II., has received from his Majesty a jewel of great value. This proof of sympathy and esteem is of much importance to homœopathy."

HOMŒOPATHY IN FRANCE.

Interested, but not interesting, opponents of homœopathy are very prone to misrepresent the real facts of homœopathy. Hence, when a few months since, one of the medical societies of Paris expelled from membership three physicians, *because they had embraced homœo-*

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pathy, one of the Northampton physicians spread a report that homœopathy was turned or "kicked out of Paris. So, because a medical clique or society, pretending to be "*savans*," excommunicates from membership men who have the honesty and the moral courage to avow their convictions of the superiority of science to empiricism, of light to darkness, the truth, the quackery, say these *savans*, is dead. Why, they little think that if the four hundred medical homœopathists in England were put to death at once, homœopathy would still live in the minds and the hearts too, of a million of English people, who have embraced the great medical truth, and thrown to the winds the fictions, the "sacrificing practice of old physic. "Great is Diana of the Ephesians," is the revived cry of the devotees of allopathy.

But to return—is homœopathy kicked out of Paris? Let the Emperor Louis Napoleon answer the question. The Empress Eugénie has been under homœopathic treatment, and it is believed that the possession of a prince of the house of Napoleon is due to the restoration to health of the empress under homœopathic treatment. The emperor, after the recovery, under homœopathic treatment, of Marshal St. Arnaud, who subsequently fell at Alma, would have established a chair, a professorship of homœopathy in the university of Paris, but the faculty, to a man, threatened resignation if it were done, and, for the present, the subject is postponed. The emperor, however, has done justice to a homœopathic physician; he has done that as an *emperor* which England's *monarch* cannot do without the consent of others—he has created Dr. Mabit *a knight of the legion* of *honor*, as a reward of distinguished success in his treatment of cholera.

The emperor has done justice to the man. Dr. Mabit deserves the honor conferred upon him as the happy instrument of saving the lives of so many, notwithstanding the ready excuse for allopathic manslaughter made by a dissenting minister a short time since, viz., "No man *can* die before his time."—*Homœopathic Record.*

Homœopathy in Naples.

The establishment of a second special homœopathic pharmacy at Naples, has just been authorized by the Neapolitan government.

In consequence of a memorial presented to the Council of Public Instruction of Naples by Dr. Profumo, and supported by powerful friends of his, the council has for the first time, officially recognized homœopathy.

Homœopathy at Auckland, New Zealand.

We are informed, by an officer in the royal engineers, recently returned from Auckland, that homœopathy is ably represented there by Dr. C. Fischer, who has a first-rate practice, and enjoys the confidence of a large circle of friends to the cause.

New Homœopathic Journals.

We record with pleasure the appearance at *Naples*, in November

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last, of the *Anemanno*, a monthly journal, consisting of four sheets. This journal is edited by Dr. Errico P lillo, with the assistance, as contributors, of Drs. Barulli, Benedetti, Capodieci, de Angelis, Profumo, Gabriele Romano, Rubini, Talianini and others.

This is the second homœopathic journal in the Italian language which has been commenced since this *Review* was first brought out. The other journal, the "*Rivista Omiopatica*," is also a monthly periodical.

In *Belgium*, the *Revue Internationale de Médecine Homœopathique*, published at Brussels, is a monthly journal, edited by Dr. Jorez, secretary to the homœopathic society. It started at the same time as this review.

In *Austria*, a monthly homœopathic journal was also established a few months ago.

The general predilection seems to be in favor of monthly periodicals.

We have just received the last twelve numbers of the *Homœopathic Record*, edited we believe by Dr. Pearce, and published at Northampton on the first day of every month, (also by Tweedie, 337, Strand, London.) This journal seems to be conducted with much spirit and judgment.

We cannot forbear noticing also the *Notes of a New Truth*, although by a few months our senior. This is likewise a monthly journal. It is edited by Dr. Epps under the auspices of the "English Homœopathic Association." Its circulation amounts, we understand, to about one thousand copies each month. The eighteenth number of the "Notes" is now before us.

It is thus evident that homœopathy is gaining an influence over the minds of the thoughtful and inquiring members of the educated classes throughout Europe—and the same holds good in America—which nothing can prevent, and which time will only develop in a higher degree.

HOMŒOPATHIC DISPENSARIES AND HOSPITALS.

Liverpool has, we perceive, no less than four homœopathic dispensaries, three of which are self-supporting and one free. The latter—the Homœopathic Free Dispensary, is open every day. The medical officers are Dr. Drysdale, Dr. Wright and Dr. Stokes, physicians, Mr. Moore, Dr. Roche, and Dr. Hayward, surgeons. Mr. Cresswell, house surgeon, and Mr. Gelston, assistant house surgeon.

In reference to this dispensary we quote the following paragraph from the *Homœopathic Record*, of March last, in which it is reprinted from the *Liverpool Chronicle*.

The sublime production of Haydn, "The Creation," was performed last evening in St. George's-hall, in support of the Homœopathic Free Dispensary, and towards the funds for building the proposed hospital. The peculiar treatment adopted at the Homœopathic Dispensary has evidently been so successful that the members of the Liverpool Festival Choral Society kindly gave their services last evening in

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behalf of the object for which the oratorio was given. We are glad, too, to state that the noble hall upon the occasion was densely crowded; and the manner in which Miss Santley acquitted herself in the parts apportioned her, elicited the warmest applause. The full band and chorus were well led by Mr. G. Eyton, both of which were repeatedly applauded, and with the performance of Mr. Best, on the grand organ, together with the assistance of Mr. C. B. Hermann, as conductor, a most successful oratorio was performed, and in a manner that afforded every gratification to the very numerous assemblage present.

It is expected that ere long a homœopathic hospital will be established at Liverpool.

Birmingham is also the seat of active progress on the part of the advocates of homœopathy. The project of establishing a homœopathic hospital in that town, is, it appears, not far from realization. That it meets with active support, the subjoined extract from the will of a late friend of homœopathy fully shows:

"I leave to the trustees of the homœopathic hospital at Birmingham, if established at my decease, or if not then established, I leave to Dr. Fearon, of 9, Calthorp Street, Edgbaston, Birmingham, the sum of five hundred pounds, in trust, to be employed by him for the benefit of any homœopathic establishment he may think fit to give it to. I have such confidence in his honor and discretion, that I feel sure he will make the best use of the same.

In case Dr. Fearon should die before me, I declare my will to be, that I leave the said five hundred pounds to the trustees of any homœopathic hospital, in London, to be applied to the benefit of that institution, as the trustees of that hospital think fit, of course with a view of increasing the usefulness of that hospital so as to allow of the admission of more patients."

NORTHAMPTON.

"The hospital question is now thoroughly on foot in Northampton, and it is certainly hoped that every friend of homœopathy will each cast his and her gift into the treasury, that the object may be forthwith accomplished." (*Homœopathic Record.*) Subscriptions are being made for that purpose; the list is headed by the president of the committee of the Northampton dispensary, who has given largely towards the charity.

The Northamptonshire dispensary of which we gave a report some months back, is extending its influence from Northampton to other parts of the county, by means of branches at Roade, Hanslope, Towcester, and Kettering.

DOVER AND FOLKESTONE.

Dr. Morgan has opened a Homœopathic Dispensary at 174, Snargate Street, Dover. A branch dispensary is also established in the High Street, Folkestone.

HOMŒOPATHY IN SAXONY.

The peculiar feature in the late progress of our school in this country is the addition of a complete homœopathic pharmacy to all the principal allopathic apothecary establishments. In Dresden there

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are no less than 8 of these "Homœopathische Officinen," as they are called. The law obliges every one who opens such an "Officin," to have a complete one in which every procurable homœopathic medicine and potency is kept. When the apothecary to the King of Saxony determined to attach a complete Homœopathic Pharmacy to his establishment, he met with great opposition from the physicians and surgeons to his Majesty; but the matter was laid before the King himself, and he decided that as some members of his own family, and many of royal household preferred homœopathic treatment, they also had a right to have their necessary medicines at as convenient a distance from the palace as himself and others. The consequence is that a magnificent homœopathic pharmacy is in operation directly opposite to the palace, and has the permission to bear upon its sign the customary announcement of being under the patronage of the Court.

The pharmacies are all separated from the usual apothecary establishments by an entry; they have separate corps of clerks, are kept in separate shops, and in short, although in the same building and under the charge of the same owners, they are entirely distinct and separate concerns. PETERS.

Homœopathy in New-Brunswick.

Having recently visited St. Johns, New Brunswick, on a tour of pleasure and professional consultation, and enjoyed the courteous hospitality and agreeable society of Dr. J. C. Peterson, of that city, we think a few particulars, gathered from him, in regard to the history of Homœopathy in that section of country, may not prove uninteresting to the readers of the journal.

Some time in May, 1856, Dr. Peterson moved from Hamilton, Canada West, where he had been in practice four or five years, to St. Johns, being the first homœopathic physician to settle in the province of New Brunswick. As he might have expected, he had to encounter the same opposition that all homœopathic practitioners meet, who act as pioneers for the cause. St. Johns is a delightfully romantic city, situated on the Bay of Fundy, at the mouth of one of the most magnificent streams in the world, the St. Johns river, and contains between thirty and forty thousand inhabitants, among whom, of course, are a goodly number of Allopathic and other Doctors, who have monopolized the medical business for many years. Dr. Peterson's advent among them created quite a sensation, as will be seen, for as he very soon found patients anxious to test the new practice, and was not long in performing, what seemed to the victims of crude drug-medication, wonderful cures, he was looked upon as an intruder and straightway denounced as a quack.

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Although quite a young man, Dr. Peterson possesses decided ability, and very soon demonstrated the superior efficacy of the homœopathic practice by acts which speak louder than words. But so violent and abusive were the attacks upon him and the system he advocated, that he felt called upon to explain to the public something of the principles of Homœopathy, that his friends, at least, might have an answer ready for those who assailed their new faith, and consequently he published a pamphlet containing sixty-eight pages, entitled "Homœopathy demonstrated, and Young Physic compared with Old Physic." This was prefaced with an Introduction by Rev. P. Tompkins, M. A., professor of Mathematics and Natural Philosophy in Dalhousie College, Halifax, and a warm friend and advocate of the homœopathic system.

This book, although a fair exposition of the principles of Homœopathy, was not quite as moderate, in its tone, as a less enthusiastic, and less provoked author would have written, and proved like a bomb-shell in the enemy's camp, arousing all the slumbering venom of his opponents. The result was, that the most distinguished of their champions, Dr. Bayard, published a work, called "Evidences of the Delusions of Homœopathy", a compilation from Holmes, Hooker and Simpson, the merest mass of absurdities that can be imagined, dealing in low and sweeping invectives, and not presenting a single scientific argument against either the homœopathic system, or the law on which it is founded. This, in turn, was promptly answered by Dr. Peterson in a very conclusive manner and his "Reply" occupying about 40 pages, was eagerly sought and read by many of the intelligent citizens of the Province, among whom it undoubtedly did great good, if not by its argumentative power, yet by exhibiting something of the skill and manliness with which truth is ever ready to foil the shafts of Error and Prejudice. We cannot forbear extracting a portion of the preface, as a sample of the Dr's humorous style.

"No one asked us to write this pamphlet. We do it on our own individual responsibility. Homœopathy has been traduced and grossly misrepresented. We appear to defend it. We have had a hard task, for satire and ridicule give but few points for argument, and but slightly injure the system. In fact, we may state that the "Evidences" have been doing a good work, for we speak the truth when we say that since it was issued, we have been consulted by nine patients who had been induced to test Homœopathy by reading Dr. B's production. A fact flattering to both Dr. Bayard and ourselves. Flattering to him that he has had nine readers, and to us that we have them for patients." ***

"The year of grace 1857, has been already celebrated for two expected catastrophes, which, however, did not take place. 1st, the comet of Charles V. was to knock the world into small pieces, on the 16th of June last. — The world still survives the expected collision! — 2d, the "Evidences of the Delusions of Homœopathy, by R. Bay-

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ard, M. D. D. C. &c.", was to quash Homœopathy during the same month. So we were to have that system of Delusions destroyed without doubt. If the fatal comet left any stray infinitesimals upon the fragments of the earth, the "Evidences" would finish them. — Homœopathy still survives!"

This reply of Dr. Peterson was of course intended for its local effect, and contains principally such points as would be particularly interesting to our provincial friends, but we extract one page, because it modestly alludes to what, I may say, the Dr. has done by his own energy and perseverance towards establishing the homœopathic system in St. Johns. "If the reader will take the trouble to glance at Dr. Bayard's work, he will find the word "Dispensary" in small capitals, or in italics, as though the venerable author had a peculiar hatred to the word in general, and to the "St. Johns Public Dispensary" in particular. Perhaps the immortal remains of the "family's" defunct hospital scheme has disturbed the ordinary repose of the Dr's mind. If they failed in their grand ten thousand pounds institution and government patronage, they should not be jealous of their neighbors who have done a good work, for the relief of the poor of this city, at a cost of only some £90 per annum. Four hundred poor people have been relieved since the opening of the rooms on the 11th of March last (three months). Their thanks and grateful prayers will avail much more than all the abuse that certain physicians can manufacture. We are positive, that our allopathic associate and ourselves have not been guilty of any very heinous crime, by devoting one hour each day to those unfortunate persons who are unable to fee a physician."

"Those capitals betoken no very good feeling, and they seem to say that it has nearly broken the Doctor's heart to behold Homœopathy recognized in St. Johns as a system of medicine worthy of confidence, by a President and Board of Directors, who are as capable of distinguishing between right and wrong as Dr. Bayard, and this in a city where, a year ago Homœopathy was almost unknown. And as regards the reports which have proceeded from the homœopathic side of the Dispensary, which he speaks of as "Dispensary advertisements," they are all open for his inspection and criticism any time he may feel disposed to examine them, and, moreover, we would kindly invite the Doctor to visit the Institution, subscribe one pound towards its support, and with his own eyes witness the cure of disease by "infinitesimal spiritualized globules."—"

The above sufficiently explains what Dr. Peterson has publicly done to illustrate the efficacy of the homœopathic practice, and from our knowledge of his character and ability, we can safely trust the cause in his hands and predict still greater success. We hope hereafter to hear from his own lips, through the columns of this Journal, all matters of interest connected with our favorite science, that may transpire within the Province.

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We cannot, however, close our remarks upon St. Johns, without expressing our admiration of one of its chief ornaments, the Provincial Lunatic Asylum, and acknowledging our indebtedness to the courtesy of its superintendent Dr. Waddell. Through his politeness and kind attention, we were made acquainted with every part of the Institution and its history, and we were astonished at the vast amount of labor that has been accomplished with such inadequate means, by his own personal exertions.

This is not a matter, perhaps, which at present particularly concerns Homœopathy, for we have no hospitals for the insane, as we should, and the Dr. is a staunch allopathic physician, who would probably lose his caste, as well as his office, if he were inclined to lean to our side of Therapeia; but we have publicly expressed on ideas with regard to the moral treatment of the insane, and we were delighted to find one institution whose superintendent so nearly exemplified those ideas in his practice. Too many of our insane hospitals are under the care of iron men, who do everything by an iron system, and have so long conformed to iron rules themselves, that their social feelings and influence are barred up as in a cell, their thoughts become melancholic, and even their smile is ironical. They have, in fact, become insane themselves, and consequently "blind leaders of the blind." Dr. Waddell, on the contrary, we found to be a large-hearted, sociable, benevolent man, and his moral influence over his patients was very apparent. They seemed to follow his dictation through love, not fear, and all showed him profound reverence and respect. We visited all the wards and every part of the building and grounds, and were surprised to hear no more noise and confusion than in any ordinary house of its size, although there were in and about it upwards of one hundred and fifty patients. All that were well enough to be up were occupied about something that seemed to interest them: the females were sewing; the males working in the garden or about the grounds, &c. Dr. Wilkinson's ideas with regard to agreeable occupation, upon which we commented in the last number of this Journal were apparently here carried out in a rational manner, and every patient seemed to be supplied with some kind of employment, which was more a diversion than a task.

Surely, where the atmosphere around them breathes nought but love and kindly sympathy, there is the place for those whose minds are clouded, or whose reason is totally lost. Instinct is left, even to the brute.—Nature thinks for us, when all in us that can think is gone,—and nature's thinking always prompts to work,—exercise is the law of nature, it is the bane and antidote to disease, and if properly regulated and adjusted to the necessities of each form of mental suffering, it is part of the homœopathic treatment which will avail in many cases at least, to "cure the mind diseased."

PRESTON.

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Original Articles received.

1. Cases of Fevers Homœopathically treated, translated from the German of Dr. Huber, by H. B. Millard, B.A. of New-York.
2. Vicarious Hæmorrhages, by Henry C. Preston, M.D. of Providence, R. I.
3. Symptoms and Diagnosis of General Tuberculization in Children, translated from the French of Barthez and Rilliet, by Wm. H. Holcombe, M.D. of Waterproof, La.
4. Proving of Rhus-Venenata, by J. B. Hoyt, M.D. of Danbury, Conn.
5. Cases from Practice, by Jno T. Temple, M.D. of St. Louis, Mo.
6. Collinsonia Canadensis in Pulmonary Hæmorrhage, by C. Th. Liebold, M.D. of Newark, N. J.
7. On Biliary Calculi, by Theodore Meurer, M.D. of New-Albany.
8. On Inflammatory Catarrhal-Fever, by Lewis Dodge, M.D., Cleveland, O.
9. Case of Ulceration of the Parotid Glands, by Geo. F. Forbes, M.D. of Palmer, Mass.

Books received.

1. *Traité Therapeutique des Eaux Minerales de France, et de l'Etranger*, et de leur emploi dans les maladies chroniques, telle que les scrofules, les maladies de la peau, les affections catarrhales, la phthisie, le rheumatisme, la goutte, la dyspepsie, la gastralgie, l'enterite, la maladies du foi, les calculs biliaries, la gravelle, le catarrhe vesical, les maladies de matrice, les paralysies, la syphilis, la cholorose, les fievres intermittentes, l'albuminuire, le diabete, &c., par DURAND FARDEL, M.D., &c. pp. 758.

   A Review of this most important and novel work will appear in the Feb. No.

2. *La Medecine et les Medecins*, philosophie, doctrines, institutions, critiques, meurs et biographies medicales, par LOUIS PEISSE, M.D. 2 Vols., pp. 430 and 452.

   We also hope to be able to give some idea of this sprightly yet profound brochure in our next number.

3. *Pocket-Lexicon of Homœopathy*, elaborated according to the present standard of medical science, more especially for young prac-

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titioners, by Dr. ALTSCHUL, Lecturer on homœopathy in the Royal and Imperial University of Prague, pp. 290.

We will either soon furnish a translation from the German of this very useful little book, or else make it the basis of the encyclopedia of practical medicine now publishing in our Journal.

4. *Homœopathy*, or Reasons for adopting the rational system of medicine, being a letter to the governors of the Hull General Infirmary, by FEWSTER ROBERT HORNER, M.D., late President, and perpetual Vice-President of the British Medical and Surgical Association; late senior physician to the Hull General Infirmary, and to the Hull Dispensary, &c. &c.

The conversion of Dr. Horner is regarded in England as the most important which has taken place since those of Henderson and Tessier; his pamphlet is read with great avidity, six thousand copies having been disposed of in a few weeks, and the general opinion of it being highly commendatory. We hope that our colleague, Dr. Holcombe, will furnish us with a critique of it soon.

5. On the Curative Virtues of *Euphrasia-Officinalis*, by F. W. G. KRANICHFELD, Professor of Medicine in Royal Frederick-William University of Berlin, pp. 35.

We most earnestly wish that our homœopathic brethren could be induced to furnish similar monographs on some of our most important indigenous remedies.

6. *The Red Wortle-Berry*, an excellent preservative remedy against epidemics of gastric origin, such as mucous and intermittent fevers and cholera, by W. BUCHNER, M.D. of Erlangen, pp. 23.

7. Etudes Chimiques, Physiologiques et Cliniques sur l'Emploi Therapeutique du *Chlorate de Potasse*, specialement dans les affections diphtheritiques, par E. ISAMBERT, M.D., Paris, pp. 106.

8. Etudes sur les Effets Therapeutiques du Tartre-Stibie a Haute Dose, par HENRI GINTRAC, M.D., Bordeaux, pp. 240.

9. De la Glycerine, ou Développemens d'un Memoire présenté a l'Académie Impériale de Medecine de Paris, sur l'emploi de la Glycerine-iodée, comme succédanée de l'huile de foie de Morue, &c., par J.-L. Lambert-Seron, M.D., Chauny, pp. 17.

10. Memoire sur l'Empoisonnement par la Vapeur d'Essence de Térébenthine, par Marchal DE CALVI, M.D., Paris, pp. 43.

11. Monographie des Principaux Fébrifuges Indigènes, considérés comme succeédanés du Quinquine, par EMIL MOUCHON, M.D., Lyon, pp. 151.

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12. Notice sur l'Extraction de la See du Fin Maritime des Landes de la Gironde, et sur l'efficacité de ce medicament nouveau, dans le traitement des affections chroniques de l'appareil respiratoire, sans en excepter la phthisis; dans celui de certaines maladies des voies digestives, de plusieurs états morbides invetérés des muqueuses génito-urinaire; et enfin dans le traitement chirurgical des plaies anciennes, et des ulcères de mauvaise nature; par EDOUARD LAGASSE, M.D., Bordeaux, pp. 15.

13. An Inquiry into the Proximate Cause of Gout and its rational treatment, by ANTHONY WHITE, Esq., M.B., Boston, pp. 24.

14. Motion-Life: or the demon of the age and means of its exorcism, by H. HALSTED, M.D., Northampton, pp. 69.

15. The American Medical Monthly for Sept. and Oct., *from the editors.*

16. An Appeal in behalf of the Medical Education of Women, New-York, pp. 16. (*From author.*)

17. Lehrbuch der Homöopathie, von ARTHUR LUTZE, M.D., Cöthen, pp. 208.

18. A Case of Fibrous Tumor of the Uterus, accompanied with excessive hæmorrhage successfully treated by excision, by Professor B. FORDYCE BAKER, M.D., New-York, pp. 8. (*From author.*)

This little Pamphlet is is worthy the attention of every surgeon or physician particularly interested in diseases of the uterus; the happy union of skill, boldness and intelligence which directed the operation was attended with the success it so richly deserved.

19. The Monthly Homœopathic Review, edited by JOHN OZANNE, M.D.. London, for August and September. *From the publishers.*

20. Notes of a New Truth; issued by the English homœopathic association, for July, August and September.

21. L'Art Medical, Journal de Medecine Generale for August, 1837. BAILLIERE, publisher. *From editors.*

22. The Half-yearly Abstract of the Medical Sciences, edited by W. H. RANKING, M.D. from LINDSAY and BLAKISTON, *republishers.*

We trust that the agents of our publishers will not overlook the courtesy of the publishers of Ranking's and neglect to send ours in exchange; the editors of the Medical World, American Medical Monthly, and New-York Journal of Medicine have great and just cause of complaint, as has in fact every one who is entitled to an exchange from us. PETERS.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

FEBRUARY, 1858.

Original and Translated Papers.

ARTICLE XXVII.—*On the Nature and Limitations of the Homœopathic Law.* By WILLIAM H. HOLCOMBE, M.D.

The laws of nature, local or universal, simple or complex, obvious or recondite, must be essentially uniform in their own operations and concordant with each other.—For this reason the ancient sages called the universe a *Cosmos*—a name synonymous with order and beauty.—There is and must be upon every given subject such a thing as absolute truth, and the closer our approximation to it, the more thoroughly we shall agree in opinion. There are no skeptics or heretics in mathematics and astronomy. It follows that all the discrepancies of opinion which men display arise from ignorance of natural laws, from merely partial glimpses of them, or from misconceptions of their true meaning and extent. The present chaos of the mental and moral worlds is to be remedied, like the old terrestrial chaos, by the creation and influx of light. Knowledge is the true and only healer of dissensions. The powerful ferment of thought which characterizes the present century will eventuate in a better order of things, and the establishment of the true fundamental principles of theology, government, science and art. For medicine, too, and medical men, there is a coming millenium and the reign of brotherly love.

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The following passage from Dudgeon's Lectures on Homœopathy, a work of great learning and power, strikes me very forcibly on account of its intrinsic truth and comprehensiveness of spirit. "It would be no small gain to homœopathy and to medical science, to show that the recognized methods of cure, and the homœopathic may be reconciled, if we go deep enough, and take a more philosophical view of the vital actions than has hitherto been done by the partizans of either method; if we look thoroughly into the operations of the organism, and do not allow ourselves to mistake words for ideas, or to accept error, however ancient and time-honored, for truth."—Dr. Dudgeon gives a theory of drug-action, in which Fletcher, C. Müller, Meyer and other distinguished homœopathists concur—which supposes the intimate or essential operation of our medicines to be antipathic or opposed to the existing morbid process, although the drug be selected according to the formula "*similia similibus*," and used in inappreciable doses.

I do not propose, however, to criticise that theory. It is only cited to show that the old Hippocratic spirit retains its hold even in the homœopathic profession, and as an illustration that the differences between the two schools, philosophically, as well as practically speaking, are more apparent than real. I wish in the present essay to state what I deem to be the true nature and meaning of the homœopathic law, in a manner which I have never failed to make comprehensible to the allopathic understanding: I will then show how very extensively this law pervades allopathic practice, so as to account satisfactorily for its cures, and lastly I will review the very large neutral or common ground, which no school or system can with any justice appropriate especially to itself.

A medicine is loosely defined in our text-books as an agent employed in the cure of diseases. Air, exercise, diet, mental impressions and a great many other things may be included under such a definition. Surgical instruments even would find a place in such a list. About the application of *drugs* alone, however, is there any dispute between allopathists and homœopathists? A medicine therefore in this restricted sense is a more or less poisonous drug found by experience to be curative in disease. The Greeks had one word for medicine and poison.

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Every medicine, indeed, depends upon its pathogenetic or disease-producing properties for its usefulness. Considered abstractly as a material object, holding certain relationships to the human body, it is simply a poison—a deleterious and noxious thing. But still this pathogenetic property is made available in bringing about curative results. Every dose of medicine produces beyond all dispute an artificial disease. The situation and extent of this artificial disease are the only mooted points. A very slight morbid impression *in* the diseased place, say the homœopathists: a very strong one in some other place, say the allopathists. There lies the gist of the controversy:—let us examine it.

Hahnemann states the therapeutic law in the following terms. "A dynamic disease in the living economy of man is extinguished in a permanent manner by another that is still more powerful, when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself." (Organon, § 26.) Leaving out his unestablished and unnecessary hypothesis that the new disease is stronger than the old one, this formula is the grandest, and most thoroughly practical generalization which has ever been made in the science of medicine. A dynamic natural disease (not a mechanical or chemical deviation from the standard, and subservient to mechanical and chemical laws) is best cured by producing an artificial disease in the same parts and tissues, which therefore manifests itself by similar symptoms. This is the sole "indication" in homœopathic practice. This is a clue to lead us out of the labyrinth—to make available the disease-producing properties of drugs. That drugs have any special healing, mollifying, directly curative effect, is purely a popular superstition. They cure by producing artificial diseases. Where shall they be established, in the diseased or in a sound part?

Many distinguished allopaths have recognized to a great extent the truth of the homœopathic principle. We will select two passages out of many from the best authorities

"Supercession. By this process is meant the displacing or prevention of one affection by the establishment of another in the seat of it. It is a general, though by no means a universal pathological law, that two powerful diseases or forms of abnor-

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mal action, cannot exist in the whole system or in any one part of it at the same time. If therefore we can produce a new disease or new mode of abnormal action in the exact position of one that may be existing or expected, we may possibly supercede the latter, and if the new disorder subside spontaneously without injury, we cure our patient. The operation of numerous remedial agents may be explained in this way. It is thus, for instance, that Mercury has been supposed to cure syphilis. But we have better examples in the powerful influence of certain anti-periodic remedies, such as Quinine and Arsenic, in the cure of intermittent diseases. They establish their own morbid impression in the absence of the paroxysm, and the system being thus occupied at the moment when the disease was to return, is incapable of admitting it." (Wood's Therapeutics, Vol. 1st, page 54.)

"Upon this ground we are disposed to suggest a trial of Strychnia in tetanus: not that we have become followers of Hahnemann, but that it is a simple and undeniable fact that disorders are occasionally removed by remedies which have the power of producing similar affections. It is quite unnecessary to explain this fact by an arbitrary principle, that one artificial irritation excludes a spontaneous irritation of the same kind. A more rational ground for an expectation of benefit from homœopathic medicines may be found in the consideration, that such agents prove by their occasional production of symptoms like those of the disease to be treated, that they act on the part which is the seat of that disease, and consequently that there is a probability that in their operation on that part (whether it be in a sufficient degree to produce a similar disease or not) they may effect a beneficial change. Oil of turpentine, for instance, having been known to produce a discharge of bloody urine, might be rationally administered in a case of spontaneous hæmaturia, not because it has a tendency to produce this disorder, but because that tendency shows it to have a specific action on the vessels from which the hæmorrhage takes place." (Dr. Symond's Cyclopædia of Pract. Medicine, Vol. 4, p. 375.)

We accept the above paragraphs from old-school authors as a lucid exposition of the principles upon which we practice what is called Homœopathy. We only differ from these high autho-

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rities in maintaining the very wide-extended applicability of these principles. Moreover, we detect the real cause of their so limiting our therapeutic law. They give medicines, in accordance with physiological or pathological theories, to produce their so-called curative and not their pathogenetic effects. Were they to abandon experimentation on the sick, and experiment on the healthy for *pathogenetic facts*, and apply their own philosophy to practice with a discreet diminution of dose, they would discover the universality of the therapeutic law of homœopathy.

The first, simplest and most obvious illustration of the superinduction of an artificial in place of a natural disease may be drawn from the common treatment of those local diseases which are within the reach of our hands or instruments. The use of caustic and irritant eye-washes to inflamed eyes, of Nitrate of silver to sore-throats or to the neck of the uterus, the introduction of medicated bougies, of stimulant ejections as in hydrocele or ascites, and the application of blisters, Iodine, caustics, &c., to ulcers, erysipelas and other cutaneous affections are examples in point. Whatever explanatory theory may sway the mind of the physician—the ultimate fact is— that an artificial disease has been produced in the locality of the natural one, and that both have disappeared together. The same substances applied to the same points in the healthy man would have induced similar artificial diseases.

Prof. Wood very well understands this. "The susceptibilities are often different in health and in disease, so that the same medicine may produce opposite effects in these two states. Thus, Cayenne-pepper, which produces in the healthy fauces redness and burning pain, acts as a sedative in the sore-throat of scarlet-fever. A mere difference in the mode in which a medicine is employed, may cause it to be either stimulant or sedative. A concentrated solution of acetate of lead applied to the denuded skin or to a mucous membrane acts as an irritant; while the same solution, very much diluted, will operate as a sedative through the peculiar powers of the medicine." (Therapeutics, Vol. 1st, page 33.) Yes, Dr. Wood, and push your teachings here to their logical issue and they will land you safely on the shores of homœopathy. Arsenic concentrated will in-

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flame the stomach—diluted will cure a similar state; Colocynth concentrated will purge and gripe—diluted will relieve the same symptoms. Cantharides strong, will produce strangury; diluted will cure it. Belladonna strong will congest the brain, weak will restore an already congested brain to its normal state; and so on and so on through the whole materia medica.

Every local medication applied to the diseased part falls therefore under the homœopathic formula. We are not obliged to use these local measures nearly as often as allopathists, because we have discovered that drugs are capable of producing dynamically these external inflammations, and therefore of curing them when internally administered. For example, Belladonna produces violent sore-throat and will cure one without the aid of Cayenne-pepper or lunar caustic. Still we will not abate one jot of our perfect right to appropriate such treatment to ourselves as consistent with and strongly illustrative of our therapeutic law. We will go yet further: we will say that homœopathic medicine is but an extension to the invisible interiors of the body of the therapeutic principle which the old school finds so efficient in the local treatment of disease. There is no reason why inflammations of the brain, lungs, liver or any other deep-seated organ should not be as readily modified and cured by direct irritants as similar morbid states of the capillary system in the eye, the throat, the urethra, or the skin. If the allopathists could have cauterized the brain, the lungs, the liver, &c., they would have done so long ago, and reasoning from analogy with every prospect of success. Now nature has provided us with a vast number of specific caustics or irritants to every organ and tissue in the body. By means of the well-recognized specific affinities of drugs for certain organs and tissues, we can produce artificial diseases in any given point of the body. These specific affinities of drugs are best discovered by experimentation on the healthy man and by the analysis of toxicological reports. Many of them have been brought to light in the course of centuries by the old method of experimenting on the sick, but that method is at the best tedious, complex and uncertain. The homœopathic search for the *pathogenetic* properties of drugs has effectually reconstructed the materia medica, and put it upon a practical basis from which all theoretic speculations and

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classifications are forever banished. This is the true glory of homœopathy—the essential part of it—that which makes it a separate school, destined to revolutionize the healing art. Against this pathogenetic materia medica the allopathists have opposed nothing but quibbles and criticisms. When we think of what priceless stores of knowledge they search and reject, our wrath at their bigotry is disarmed by our pity for their ignorance.

We said that the old school had stumbled upon the use of the pathogenetic properties of a good many drugs. Mercury for syphilis, Copaiba for gonorrhœa, Sabina for uterine hæmorrhage, Calomel for inflammations of the mucous membranes, Tartar-emetic for pneumonia, Ipecac. for bronchitis, Nux-vomica for asthma, Quinine for intermittent, Opium for the congestive stage of the same disease, Alcohol for delirium tremens, Turpentine and Cantharides in renal and vesical diseases, tonics in debility, Castor-oil in dysentery, Rhubarb in diarrhœa and vaccination and Belladonna as prophylactics may be cited as illustrations of the fact. Individual physicians have here and there, and now and then used almost every drug on homœopathic principles and recommended it—but the above specific applications have met the sanction of almost the whole profession. Now the above named drugs produce similar symptoms to those of the diseases in which they have been found so useful. They act *on* the diseased parts, and cure on Prof. Wood's theory of supercession which is synonymous with Hahnemann's "*similia similibus.*" When allopathic physicians use those drugs in the above mentioned diseases, they are practicing homœopathy, however ignorant they may be of the fact. If they would acquire nicer powers of discrimination by studying the pathogenesis of drugs and reduce their doses in a very great degree, the differences between us upon hundreds of essential practical points would vanish. As both of those processes are going quietly on in the old school, and as the new school are abandoning their own theories and the great mass of it increasing their doses, the ultimate amalgamation is inevitable. The great therapeutic formula of Hahnemann will be to medicine what the theory of gravitation is to physical science.

The local measures of allopathy and almost all of its empirical or specific prescriptions have been shown to be, although coarse-

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ly, still essentially homœopathic in their principle. We shall proceed to demonstrate that a very large remaining part of allopathic practice, namely that known as counter-irritation or revulsion, is also essentially homœopathic in its action. This counter-irritation or revulsion may be said to include three-fourths of ordinary allopathic practice. It not only includes the use of sinapisms, blisters, issues, setons, moxas and pustular irritants, but emetics, purgatives, diuretics, anodynes, and almost every class of remedial agents. The idea is simply this: the action of every drug being intrinsically pathogenetic and thereby curative, that action must be displayed in the diseased part itself, or in some sound part more or less remote. No matter what the physician proposes in his own mind to do—the upshot of his practice is that he produces an artificial disease somewhere in the body. His catharsis is a genuine diarrhœa, his mercurials congest the liver, his opiates the brain, his diuretics irritate the kidneys, his emmenagogues the uterus. He cannot possibly modify the vital or dynamic functions without acting pathogenetically upon some point. Only disease cures disease. Homœopathy aims to throw its morbid impression directly on the diseased part: allopathy diseases some other part. Now let us study the precise relationships which must exist between a natural disease and an artificial one established in a distant part of the economy.

The curative action has been generally supposed to depend upon the detraction of nervous and vascular supply from the diseased part to the skin or other irritated membrane, as if there was an actual transfer of some pathological element from one point to the other—as if disease was a fluid to be drawn hither and thither by suction or other forces.—Almost all the text-books re-iterate this idea almost exactly in the same words. Pereira alone boldly pronounces the whole hypothesis as "perfectly gratuitous and incapable of proof," and says we must be "content with the knowledge of the *fact*, that one disease, whether artificially or spontaneously generated, will often, but not invariably, supercede another." If the common theory were true, the greater the internal inflammation, the more necessary would strong or severe counter-irritation be, to draw off or detract from such a morbid state. But no! revulsives *aggra-*

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vate in acute cases, unless the centres of sensitive life have been first almost paralyzed by bloodletting or great depletion.

Physiology must explain the true action of revulsives, and it is perfectly astonishing that their *modus operandi* has not long since been made clear by the many phenomena of reflex action which have been already observed. We see no irritation attracting other elements to its own point—but the reverse; it is uniformly *reflected* over to other and distant parts. A tense gum, worms in the intestines, wounds, burns, &c., do not draw away nervous irritability from other parts, but reflect their own irritation upon the nerve-centres, and through them to distant peripheries. Burns, which are accidental blisters, produce internal inflammations and ulcerations. The contraction or dilation of the sphincters are propagated from one to another by this sympathetic or reflex action. The cold douche to the surface, constricting the cutaneous capillaries, by reflex action, repeats its impression on the visceral capillaries, and so arrests hæmorrhages, &c. The organic state produced in one point is reproduced or repeated in other points sympathetically connected. The concentration of blood and serum in and about a blistered or irritated surface may deplete a little, but that will not begin to account for the results. The irritated surface reflects its own state on to the points naturally diseased, and this reflected stimulation is equivalent to a direct cauterization, or to the action of a drug, specific to the part. How beautifully clear is the whole subject made by this mode of looking at it!

Dr. William Stokes, one of the greatest practical authorities in medical literature, distinctly advocates this view of revulsion. "We must then admit that external derivatives have two modes of action; the one derivative, the other *directly stimulant on the diseased part.* We find them, as we stated before, generally useful in three sets of cases, namely acute inflammations where general and local bloodletting has been premised, typhoid inflammations and chronic diseases: and it becomes probable that a part at least of *their utility is owing to the direct stimulus conveyed to the capillaries of the diseased tissue.*—They are all essentially stimulants."—(Cyclop. Pract. Med., Vol. 1st, page 603.) Now, why do our allopathists feel obliged to premise some depletion before resorting to counter-irritants?

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Simply because, to use a metaphor, the dose of it is too strong: it produces a homœopathic aggravation. There are but two modes of procedure, either to reduce the vital powers and susceptibilities until they can stand the fixed dose, or to reduce the dose until it is precisely adapted to the existing state of the case. The former is the allopathic, the latter the homœopathic way of doing things.

We have thus seen that the topical, empirical, and revulsive measures of allopathy are fundamentally homœopathic in their action. This, however, gives the true homœopathist no license to practice allopathy in the common sense of that word. The simplicity and universality of this therapeutic law surrounds him with a new atmosphere of light, certainty and order. He sees that "general principles" and "indications" and pathological speculations of all sorts are *ignes fatui* leading astray. He sees that the polypharmacy of allopathy is a monstrous absurdity—a mere random shot at disease. He knows that the doses, even when the drug is best chosen, are inordinately large, and that the whole system of revulsion is attended with such injury to the system, both at the time and afterwards, that the remedy is not unfrequently worse than the disease. Still, the above doctrines explain the cures of allopathy, which must be conceded by all sensible men. They point out the defects of allopathy in a strong light and the superiority of the new system. The homœopathist can use the direct pathogenetic powers of drugs—discovered by experiment and observation on the healthy, more successfully and satisfactorily than he can those cumbrous and complex appliances of the old school. He effects the same thing in a more speedy and thorough manner than he did upon the old plan. Nevertheless, if his measures fail, either owing to the infancy of his art, the imperfection of his knowledge, or the peculiar difficulties of his case, he is warranted in resorting with caution and discrimination to any measures in the three above-mentioned classes, and when charged with inconsistency he can retort that he is digging ore from that deep-seated vein of homœopathy which runs through the whole practice of the old school.

Passing now from the nature of the homœopathic law, as it is at present understood by the majority of homœopathists, we will

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briefly consider its limitations. It will be seen that this law includes only drugs acting dynamically or vitally on the system—drugs which have specific affinities for particular tissues and organs of the body. This includes probably three-fourths of practical medicine and in that domain the "*similia similibus*" is truly the sole law of cure—as far as the powers of the drug are concerned. But the administration of the drugs is by no means all that is to be considered in the phenomenon of cure. It is a vulgar error, but certainly unworthy of a man of science, to attribute the cause of a cure to medicine alone. There is no such thing as an isolated cause producing isolated effects. Mills, in his incomparable logic, says:—"The cause then, philosophically speaking, is the sum total of the conditions, positive and negative taken together: the whole of the contingencies of every description, which being realized, the consequent invariably follows. It is seldom, if ever, between a consequent and one single antecedent that this invariable sequence subsists. It is usually between the consequent and the sum of several antecedents, the sum of them all being requisite to produce the consequent." It is with this enlarged view that the physician must study the phenomena of disease and its cure. Until he does so, he is a mere bungler, a journeyman, and can never rise to the dignity of master.

Life itself is dependant upon certain conditions—the presence of certain material elements and certain physiological stimuli acting upon those elements. If iron is a necessary physiological element of the blood and phosphate of lime of the bones, and we find these elements deficient in any given case, it becomes our duty to supply them in the precisely requisite quantity. If sleep is a *sine qua non* to our natural life, and if we cannot remove the morbid condition which prohibits it before the vital powers would become exhausted, we must administer opiates. True, we congest the brain and complicate the case, but there are extreme circumstances when even that becomes the duty of the homœopathist. If the vital powers have been greatly exhausted by protracted or prostrating diseases, and we know that alcohol or other so-called stimulants afford a temporary support, they become of great service.—So of many other cases which it is needless to specify. Heat, light, air, water,

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food, exercise, electricity, magnetism, mesmerism, mental and moral influences are all physiological stimuli—and variously modified may be eminently useful, as necessary conditions, in the cure of disease. Hence it is that physics, chemistry, psychology, hygiene, dietetics, kinesipathy, hydropathy, and all conceivable surgical and obstetric measures are allies to practical medicine, operating by laws of their own, not reducible to any homœopathic, or allopathic, or every other exclusive formula.

Again, there are chemical means often available and acting according to the laws of inorganic, or of organic chemistry. The antidotes for poisons are used upon this principle and in the doses found requisite by laboratory experiments. Alas! how often have we had to answer the silly question, if we would treat arsenical poisoning by small doses of Arsenic! Acids and alkalies for the contrary states are often comforting and harmless palliatives, although seldom or never striking at the root of the diseased state. If lemon-juice or another vegetable acid is found good for scurvy, if there are remedies which enter the circulation and modify diseased states of the blood or of any special part by chemical laws, why should the homœopathist shut his eyes to their manifest advantage, and instead of using them, pretend to ignore or question their utility? Such conduct displays a want of scientific culture: is disgraceful to the physician and injurious to the patient.

In many cases drugs are used upon mechanical principles. If vomiting can expel a poison or dislodge a calculus, if Ergot can empty the uterus, Belladonna dilate the pupil, Chloroform relax the muscles, if Sulphur ointment cures the itch or tin filings destroy worms, if styptics, astringents, escharotics, diluents, emollients, emulsives and protectives can be made available to any useful end—use them in the name of common sense and to the best of your ability, and rest assured that you have not deviated from any homœopathic law—for no such law holds in the chemical or mechanical departments of nature. Even Laudanum injections to quiet incessant tenesmus in dysentery, and hydragogue cathartics to evacuate the tissues of dropsical effusions may become admissible on these principles. As

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a mechanical measure, blood-letting is just as open to the homœopathist as to the old school. We repudiate it—not because it does not come under our law, but because it is both inefficient and injurious—a fact proven by the superior success of homœopathic specifics, and by the gradual and progressing abandonment of the lancet by the most intelligent allopathists.

Lastly, there is an empirical corner of this neutral ground which is just as free to us as to the old school. Suppose cod-liver-oil to have been found useful for consumption, Iodine for scrofula, Koussu for tape-worm, Colchicum for gout, Sarsaparilla for skin-diseases, Nitrate of silver for epilepsy, &c., &c., have the old school any *fixed principles* to explain these facts, that they so arrogantly appropriate the measures to themselves? Certainly not—they are in a perfect *terra-incognita* where we have just as much right to make discoveries and set up claims as themselves. We feel assured that whatever is really curative by its dynamic or vital action, will be found on a pathogenetic analysis to be homœopathic.

If a candid allopathist will study homœopathy from this stand-point, he will discover (premising that the dose is still an unsettled question, having nothing to do with the principle) that the objections hitherto urged against the system have been flippant and frivolous, scarcely worthy to be encountered. He will find a Materia Medica which for truth and richness will challenge the admiration of coming ages. He will recognize the transcendant genius of Hahnemann and the immense improvements made by his disciples. He will perceive that homœopathy has an elective affinity for every genuine fact and principle of medical science, and foresee that when allopathy, boastful and scornful as it is, as a system has expired—the new school like a phœnix will arise from its ashes.

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ARTICLE XXVIII.—*Cases from Practice,* by Dr. S. Lilienthal, of Haverstraw, N.Y.

HAVERSTRAW, Oct. 12, 1857.

E. E. MARCY, M.D.

Dear Sir,

I send you herewith a few cases from my note book. If you should find them of any value, you are at liberty to publish them as they are, but what I should like above all, is that you or Dr. Peters would criticise these cases, and show what better treatment could have been instituted.

Respectfully, yours,

Dr. S. LILIENTHAL.

CASE 1.—*Tonsillitis and Aphonia.* Christine A., 19 years old, sanguine temperament and good constitution, caught a severe cold at a ball, and after suffering several days with general malaise, was attacked with violent chills, followed by fever, with difficulty of deglutition. During the night she got worse, and in the morning I found the following state:

Perfect aphonia. Impossibility to open her mouth. Submaxillary and sublingual glands swollen so as to form a perfect sack. Great thirst, but inability to swallow. Face deep red. Pulse 120, but not hard. Severe headache all over her head, which feels full and heavy. Bowels costive. Expects her catamenia. ℞ *Acon.*[3], *Apis*[3], alternately every hour, gradually increasing the intervals as the disease abates. Cold applications round the neck. Sinapized pediluvia twice a day.

Next day, courses had come on, bowels regular, throat was slightly better, and under the same treatment she was convalescent in four days.

CASE 2.—I have treated several children, from one to two years old, who, after getting over the measles, kept on ailing with a chronic diarrhœa, the stools sometimes whitish, slimy, of an acid smell, tongue and buccal cavity full of little ulcers, great thirst, but no appetite, abdomen retracted, yet painless to touch. General emaciation; the children peevish, restless and more feverish at night than during the day. I found the acids (Muriat. and Sulph.) of no use whatever, but *Calc.-acet.*[3] and *Kreasot.*[12], alternately twice a day, aided by salt-water bathing and fresh air, seemed to bring on a healthy reaction.

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CASE 3.—For *warts* on face or hands I find the outward application of Ammonium-muriaticum a specific remedy. I have tried it in several cases, and never failed. Take a piece of Sal-ammoniac, wet it and rub it all over the affected parts for several nights in succession, and in a short time the warts disappear with their roots forever.

CASE 4.—*Scarlatina Maligna.* Friday, August 14th, 1857, was the hottest day of the season. Little Sally B., aged five years, went to school in the morning, apparently well and played at recess. Coming home at noon, she complained of fatigue, but went to school again, and in the evening felt drowsy and sick at her stomach.

During the whole of Saturday she was peevish, complained of piercing frontal headache, sickness of stomach, loss of appetite, yet kept about till towards evening, when her mother put her to bed, where she enjoyed apparently a few hours good sleep, but awoke in the first part of the night with terrible dreams, and so frightened, that nothing would appease her; struck her parents, threw herself perfectly wild from one end of the bed to the other, tore her clothes and every thing within her reach, spit and bit at any one who approached her.

Towards morning the parents sent for me, under the idea, that the child must have worms—all the children had the measles only five or six weeks ago. I found the following state.

External symptoms: face hot, brown-red, and puffed; eyes red, and sparkling; pupils dilated, so that irides could hardly be seen; arteries of head and neck throbbing; pulse small, soft and so quick, that I could not count it; tongue heavily coated with a white thick fur; color mordax on upper extremities, while at the same time the lower extremities were icy-cold and clammy; skin of body felt dry and parchment-like; abdomen sunk in like a boat; costive for the last two days; passes urine involuntarily in bed.

Mental symptoms: The above-mentioned hydrophobic and delirious symptoms.

Diagnosis. Encephalitis from insolation. Prognosis. Doubtful. Therapeutics: hot bath with cold effusion. Ice to the head. Stimulating injections. Hot dry flannels to lower extremities. Acon.$\frac{1}{2}$, one drop every half hour, till four doses are taken, and then alternately Stram.^{6} with Acon. every two hours.

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Neither the ice to the head, nor the hot flannels to the feet, could be applied on account of the constant restlessness. She screamed continually, and during the day we found it impossible to give her the medicines, as every attempt at swallowing threw her into convulsions, and the fluid gushed out of her mouth. I therefore gave the medicines in powders, which I put between her teeth and cheeks, to find their way down as best they could. Every three hours a warm bath with cold affusion.

Monday, 17. No improvement whatever, but during and after the hot bath there came out on the chest some spots; they were discrete, as in measles, and intensely red. The same external treatment was repeated. Internally Bell. and Bry. in alternation.

18, 19. Rash became more purple than red, and appeared in patches on upper part of body. Angina of extreme severity. As often as the child attempted to swallow anything, either fluid or solid, strangulation took place. Fauces deep red, and in some places ulcerated. Fulligo on gums and lips. Glands of neck swelled. Lies in a stupor, but answers correctly; does not recognize any of her family. Wet bandage round the neck. Bouillon enemata. Mur.-ac. and Bry. alternately.

Her older sister Rachel, aged seven, and her brother George, aged three years, begin to complain to-day of lassitude. Pulse 100. Warm bath, wrapping in wet sheet and afterwards in dry blankets. Bell.^{6} every three hours.

20—24. Treatment with Sarah continued. She came by degrees out of the typhoid state; the tongue, though moist and cleaning off in patches, looked intensely red, like a strawberry; in front, where she bit it on the first day of her sickness, is a large ragged ulcer with a white base. The stench from her mouth is hardly endurable; the poor child suffered also with ozœna and otorrhœa putrida. The conjunctiva of the left eye and eyelid inflamed; she wants the room darkened, as the light annoys her. Rhus as eye-water. Rhus^{3} and Ars.^{6} internally. Bowels, which were costive for a week back, responded promptly to a warm water enema.

Rachel, who had a light rash during this time, and seemed to be convalescent, complains of wandering pains in her lower extremities. Her ankles are swelled and pit on pressure. Rhus internally and externally. Friction with hot dry flannels, which

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relieve the pain. George, though needing constant attention, runs about.

25—31. Under Ars. and Rhus little Sarah continued to improve. Ozœna has stopped entirely. Her eyes are well now, and her hearing, though the ears run yet, seems not to be affected. That heavy nasal speech, a usual symptom of typhus, has left her entirely, but she is so weak that she is unable to turn herself. Skin peels in patches. China and nourishing diet. Her appetite has not returned yet, but she eats a little. During her whole sickness ice-cream, which she craved, was her only nourishment, and which I let her use ad libitum.

Rachel also improves, and is out of her bed again, but George who was so lightly affected, that we hardly considered him a patient, suffers now severely with Anasarca and Ascites. Warm water bath nightly, Apocyn.-cannabium internally.

Sept. 1—6. Little Sarah continues to improve, but has no appetite. A little beef-tea or part of a soft-boiled egg is all that she can take, without feeling heavy and restless. Bowels costive, and sometimes a little bloated. China morning, and Nux-v. evening.

Apocynum did not help and George was put therefore on Ars. [6] and Bry.[30] without relief; then Ars.[6] and Bry.[3] were given.

Sept. 6—12. Little Sarah is worse again, discharges of blood and corruption from the bowels took place during the night. The child wants now to be up and dressed, asks her father to take her out riding. Wants nourishments of different kinds, but when she gets them will not touch the food. Nights restless again; with moaning in her broken slumbers. Ars. was given, and as this did not relieve, Acid.-nitr.

The swelling in George seems better. Urine highly albuminous by the Nitric.-acid. and heat-tests, and blood-corpuscles mixed in it. Vomits everything he takes. Cont. Ars.

Sept. 7—12. Little Sarah grows weaker. Frequent pressing on the rectum without evacuation, but what passes looks like scrapings of guts. Entire loss of appetite, she only wets her lips with a little brandy and water. Merc.-cor., Ars. and Sulphur were used, but all seemed of no avail. Although the bloody, inodorous discharges were stopped, she was evidently sinking. On Saturday a continual retching set in, the vomited

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matter looked the color of coffee-grounds and had a putrid smell; every drop of drink she took she threw up again, yet she begged for ice to quench her burning thirst; thus she passed Sunday, the 14th; after midnight convulsions set in; first in the face, but afterwards general, lasting about an hour and a half. After that she lay perfectly quiet, her breathing got weaker and weaker, till about 10 A.M. when her pure soul, freed from all earthly suffering, returned to a brighter home.

George during all this time just kept his own, but the bloody urine determined me to try Terebinthina 1st, as all the other remedies did not help much. A strong aggravation took place; frequent discharges of thin yellow stools with slime and ascarides, difficulty of breathing and a dry hacking cough. I interpolated Camphora and then kept on with Tereb.^{12}, a tea-spoonful three times a day.

Sept. 15—20. The dropsy has left him entirely, but a continual diarrhœa has set in, which nothing seemed to have power enough to check. The watery frequent stools corrode his anus. The evacuations are painless and involuntary, during day and night. They tell strongly on his constitution, for he looks emaciated. I put him now on Phosphate of Iron$\frac{1}{2}$, one-half grain three times a day, and it worked like a charm. In less than a week the child was out of danger, and is now, the 1st of October, apparently as well as ever.

SUGGESTIONS IN THE TREATMENT OF SCARLET-FEVER,

by John C. Peters, M.D.

I for one would regard it as a grossly impertinent procedure to criticise the above cases. Dr. Lilienthal has shown himself a studious, kindly, and intelligent physician, and if the practical rules of our art are not sufficiently established to make the treatment of so common and characteristic a disease as severe or malignant scarlet-fever an easy matter to an industrious, able and humane physician, the art should be blamed and not the doctor.

Our art, as it now stands, offers little or no better help to the young physician than the imperative necessity of making a selection of one or two among forty or more, more or less appropriate remedies, and this selection, which is always difficult and un-

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certain, must be made with the greatest accuracy, while the physician is under the pressure of the most harassing anxiety about his patient. It is full time that aged and experienced physicians should give us the benefit of their trials, successes and failures, fairly and honestly; let us know the cases in which we may hope for a reasonable amount of success, and above all, point out those which they fail in, and in which almost every one else will surely fail.

Our hand-books simply refer us from one remedy to another, perplexing us with a host of indications which are rarely or never met with at the bed-side, and always leaving the ingenuous and conscientious physician under the horrible fear that he has not made the right selection, and still leading him off, *ignus fatuus* like, to some other equally inefficient remedy, which has been strongly recommended on very slight theoretical grounds and still slighter clinical experience.

Abundant experience has convinced me that Providence permits many malignant and fatal disorders to prevail, for his own wise purposes; that he intends that a certain number of the human family should suffer severely from them, and that some should die. In his own good time he will lift the veil which shrouds the mystery of their origin and malignity; but in the meantime every physician should labor earnestly but modestly in the hope that he may be the appointed agent who may be selected, like JENNER, to discover the proper preventive and curative treatment for one or more of these great scourges.

My experience in fatal cases of scarlet-fever has been as follows:

1st. In the earliest part of my medical career, I was placed as guard with a child severely sick with malignant scarlet-fever, with a most severe anginose affection, copious exudation of plastic lymph upon the pharynx and tonsils, croupous symptoms, and probably exudation in the larynx and trachea, great swelling of the parotid glands, profuse ichorous discharge from the nostrils, and very scanty eruption. The treatment was conducted by three of the oldest and ablest homœopathic physicians which our city then, or now affords, and the case terminated fatally.

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2d. I was called in counsel by one of the above physicians to aid him in the management of three cases which had been under allopathic treatment; one case was almost moribund when we took charge, and it died in a day or two; the others recovered.

3d. I was called in counsel to a case which had been treated homœopathically from the beginning by one of the earliest converts to homœopathy; and this case also terminated fatally.

4th. Scarlet-fever broke out in a family with four children; three were attacked successively at intervals; the character of the disease was severe and dangerous, with croupous exudation upon the tonsils, swelling of the parotids, ichorous discharges from the nose, abundant eruption, delirium, hoarseness, albuminous urine, &c., &c.; these three recovered after a hard struggle of several weeks, and no bad after-effects were left.

The fourth child sickened three weeks after the others; during all this time it had been separated from the others, and had taken Belladonna, freely and faithfully; but the old nurse finding the little fellow in the hall, she having just come out of one of the sick rooms, and her dress covered with some of the profuse discharges from the nose, ears and nostrils of one of the other children, could not refrain from hugging and kissing him as she was dearly attached to him, and had not seen him for several weeks; in fact, she sat down with him on her lap in the hall for fifteen minutes or more; the same or next evening I took tea with the family; my dear little patient was at the table perfectly well, ate his supper with relish, but when he left the room to go to bed, expressed a wish to speak privately with his father, to whom he complained of slight sore-throat; he was immediately brought back, I examined his throat carefully but could detect no redness or swelling; and his pulse was but slightly accelerated. Mercurius and Aconite were given, and I left the house but little prepared for the coming storm. I was summoned early the next morning, and found my little friend completely prostrate; he was almost unconscious, his face deadly pale, with the peculiar pallor about the ears, nostrils and lips, which are only seen in the severest cases. I learned that he had slept as usual up to twelve o'clock, then awoke vomiting, had vomited fifteen or twenty times, and now seemed

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in an almost hopeless condition. He however rallied from this, the eruption came out most abundantly, the throat- and head-symptoms were most severe; he finally became delirious and refused all food, drinks or medicines, and died on the eighth or ninth day. I was assisted in the treatment by one of the oldest and most experienced homœopathic physicians.

5th. About a year afterwards I was summoned in counsel to an infant which had been born in the above family since the death of the former child; there was not the slightest sign of an eruption, but the same deadly pallor of the face and ears, profuse acrid discharge from the nostrils, plastic exudations upon the throat, and swelling of parotids; the child had already been sick under homœopathic treatment from the commencement, viz., for three or four days; I did not hesitate to pronounce the case to be one of malignant scarlet-fever, which had not been previously suspected. It terminated fatally a few days later.

6th. I was called in counsel by one of the most careful, strict and experienced homœopathic physicians to see two children with malignant scarlet-fever, whom he had been treating for several days; they both were in a hopeless condition, and both died in a few days.

7th. I was called in counsel, in company with the oldest and most experienced physician of our school in this city, to see two children who had been sick for several days under the treatment of one of our most prominent, careful, and strict homœopathic physicians; one seemed to be in an utterly hopeless condition, and died in less than twenty-four hours more; there seemed to be not only a reasonable, but a great amount of hope of ultimate recovery for the other, which remained under the exclusive care of the attending physician; but a few days after I learned that it also had died.

8th. I was called in counsel, to see an infant of eight or nine months of age, who had been sick with malignant scarlet-fever and hooping-cough combined, for four or five days, under the care of altogether the most pains-taking and conscientious homœopathic physician of this or any other country. As the case had progressed so badly, I was allowed to follow out my own plans of practice, but the case terminated fatally in a few days

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more. There were profuse discharges from the nose, exudations upon the throat, swelling of the parotids, inflammation of the lungs, while the paroxysms of hooping-cough were severe and well marked; the eruption was distinct, but not abundant. The child had been exposed both to hooping-cough and scarlet-fever.

9th. I was called in counsel, to see a fine boy, sick for two days, and utterly prostrate; he had been treated homœopathically, by one of the most intelligent and liberal of our school; he died the same day.

10th. I was called in counsel, by one of my colleagues to see a girl, aged six or seven, sick for five or six days, with scarlet-fever in an aggravated form; the croupous symptoms were the most urgent; the voice was almost extinct, the breathing oppressed and croaking; plastic exudations upon throat, ichorous discharge from the nose, &c. She died a few days after.

The majority of the above cases had been treated with the high dilutions and by competent physicians; all the cases with which I had anything to do, were treated with the low dilutions and crude medicines, and every expedient with which I was acquainted and approved of, was put in practice.

11th. I was requested to take charge of a little girl who had been abandoned by her allopathic physician as being in a hopeless condition; two or three of her brothers and sisters had been severely sick and had recovered under allopathic treatment. The throat and nostrils were completely blocked up with plastic exudations, the parotids were much swollen, and the symptoms of croup were very prominent. I applied dilute Nitric-acid to the throat and nostrils; used lard inunctions, &c., but without success; I had the advantage of the counsel of our oldest and most experienced homœopathic physician; who thought there was some hope of saving the case; but it died.

12th. I was called in counsel, by the physician alluded in case 8th, to a child, whom he had treated from the commencement, four or five days in all, and in whom the pseudo-membranous anginose affection had already progressed down into the larynx; it died.

13th. I was called in counsel, by the same physician, to see a little girl with the most intense inflammatory non-malignant

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case, which he or I had ever seen; the brain-symptoms were predominant, and the eruption most intensely developed. It died.

The general plan which I should pursue in every case of scarlet-fever and in fact in all febrile or inflammatory diseases, is, first, to have the stomach and bowels thoroughly cleansed, and evacuated; the great probability is that every patient has taken some improper food, or that even the most healthy nourishment has not been properly digested during the period of incubation of the disease, and that the stomach and bowels contain morbid secretions, or spoiled food, which should be removed. The disease itself is quite enough to contend with, without the addition of a foul stomach and bowels, and I regard it as in the highest degree absurd to put small or extremely minute, or infinitesimal doses of painfully and accurately selected remedies into an organ which more frequently resembles a swill-pail, than a clean and healthy human stomach.

For this purpose I should suggest a small dose of Castor-oil, if the stomach be not irritable; or if it be, a few doses of Merc. dulc., first or one-tenth, to be followed by Citrate of Magnesia, which is as pleasant as lemonade, and readily taken by children, as a cooling and anti-febrile drink.

Spoiled or undigested food, or foul secretions in the stomach or bowels, will certainly produce an irritation in these organs, quite sufficient to attract a large share of the scarlatina poison to the prima viæ, retarding the full development of the eruption, and leading to intractable diarrhœa, or dysentery. A violent purging operation should be avoided, as this will lead to a retrocession of the eruption, and cause the same irritation or inflammation of the stomach and bowels which a mild laxative is intended to prevent.

Again, the scarlet-fever poison is a ferment, which is not only capable of reproducing itself a thousand-fold in the organism in which it finds entrance, but which is highly dangerous and contagious to others; hence the duty of the physician both to the sick person, to the relations, friends, and the community at large, is, to prevent the generation of this poisonous miasm as much as possible.

In mild cases, a solution of Chlorate of potass. as recommended

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by Watson, has seemed to me the most efficient and safe practice; one-half, or one drachm of Chlorate of potash to a pint of water, to be used as a common drink, whenever the patient is thirsty, or wishes to moisten his mouth, or throat. This solution has no taste, or smell, it merely makes the water taste a little flat, which can be removed by the addition of ice; it is as mild as a solution of sugar, salt, or lemon-juice, yet it is powerfully antiseptic and disinfectant, and under the use of from a half pint to a pint daily, a speedy improvement will ensue, and the little patient will be much less likely to communicate the disease to others.

When the poison of scarlet-fever has once been absorbed into the blood and there multiplied itself a hundred or thousandfold, it can only find its way out with the exhalations, from the lungs and skin, or with the discharges from the kidneys or bowels. Hence all these organs should be kept in good working order; of all of them, it is easiest, and perhaps most important, to keep the functions of the skin in good condition; for this purpose I have been in the habit of relying upon inunctions similar to those of SCHNEEMANN, with good sweet-oil, or with choice lard, from which all the salt has been well worked out in water: this is applied freely, one, two or three times a day, with gentle and patient friction: it is generally very grateful to the little patient, keeps the skin soft and inclined to perspire, relieves many of the aches and pains which arise from confinement to bed, allays the intensity of the inflammation of the skin and fever, removes much of the heat and itching of the skin, and of the malaise and weariness of the sick person.

If the fever run very high, I apply a piece of soft flannel, or cotton flannel, wrung out in warm water, all around the chest and abdomen, from the arm-pits down to the hips, so as to allow the little sufferer to move his arms and legs as much as he pleases. If there be much delirium I wrap up each leg separately in warm wet flannels, from the hips or knees down to the toes, putting dry cloths over the wet ones, and confining the whole with strings. If the eruption be very scanty, I have the flannels dipped in weak Cayenne pepper water.

If the bowels remain costive, I give sufficient of the solution

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of Citrate of Magnesia every second day, to have the bowels gently moved.

I aid the action of the skin by small doses of Aconite; of the kidneys by small doses of Digitalis; if the throat become very sore, I rely upon Mercurius-dulc. $\frac{1}{10}$ or $\frac{1}{100}$, Bellad. or Stibium.

In the majority of the milder cases no absolutely specific, or strictly curative treatment is required; simple attention to the above ordinary rules of hygeine is all that is necessary.

2d. In the severe and *anginose* varieties, particular attention is required to disinfectant agents, both for the sake of the patient, and his little brothers and sisters, if he have any. I believe with WATSON that the system of the sick child is re-inoculated with the poisonous secretions from the throat and nostrils; hence I have solutions of Chlorate of lime, or soda, or zinc, placed in vessels around the room; double the quantities of Chlorate of Potash which are used as a common drink, or proceed to the use of WATSON's stronger Chlorine mixture, viz., two drachms of Chlorate of Potash to be dissolved in two ounces of Hydrocloric-acid, previously diluted with two ounces of distilled water, two drachms of this solution to be mixed in a pint of distilled water, and a tablespoonful or two given frequently.

Another simple and useful expedient in the treatment of anginose cases of scarlet fever is that of Dr. Jackson of Philadelphia, viz., small lumps of ice kept constantly in the mouth and swallowed as dissolved, or powdered ice may be given by the half or whole teaspoonful frequently; or in infants not old enough to guard against swallowing the pieces undissolved, they should be enclosed in a gauze bag. A weak solution of Chloride of Soda may be used as a gargle, or injected into the nostrils and throat; a quantity of offensive sloughy matter is thus brought away, the acrid discharge is rendered harmless, the running from the nose and diarrhœa cease, and a malignant form of the disease is converted into a milder one.

If these means should fail, I should try *fresh yeast*, in doses of one or two tea or tablespoonfuls frequently given, according to the age of the patient and malignancy of the case. After Ammonia, the mineral acids, Chlorate of Potash, and the local applications of Nitrate of Silver have failed, yeast will often prove quickly efficacious as an antiseptic and disinfecting agent.

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Among the internal remedies against the severe anginose variety, I generally commence with Mercurius and Stibium in alternation; if the pseudo membranous patches become extensive I proceed at once to the true croupous remedies, such as the Bichromate of Potash as first recommended in the British Journal of Homœopathy and Dr. Payne of Bath, Maine, and more lately by Dr. Belcher of this city; or the Caustic Ammonia or Bromine as first suggested by myself in 1846, and more lately by Dr. Ball; or to the Bromide of Potash as lately recommended by Dr. Belcher. The anginose affection is a true croupous affection of the tonsils and pharynx, which is only too apt to extend down into the œsophagus, larynx and trachea, and if one waits until the ordinary croupous symptoms appear, it will generally be too late to save the patient. Belladonna, Rhus, Cantharides, &c., are not homœopathic to these cases.

Of course the frictions with oil, and other hygienic measures are kept in force.

It may be supposed from the above, that I have no confidence in Belladonna as a prophylactic or curative agent in scarlet fever; but that is a mistake; I merely have no confidence in very small doses; neither should I like to try the very large doses recommended by an allopathic physician, Dr. J. Gardner, (see Braithwaite's Retrospect, No. 23, p. 28,) who says: Without reckoning slight cases, he has treated upwards of thirty cases with symptoms more or less grave; in very many of these he should formerly have entertained no hope of seeing the patient pass through the attack, the approach of the disease being marked by a malignant aspect; in the absence of the Belladonna he has watched with great anxiety these fatal tokens; they allow little room for our fears being negatived, but with Bellad. he has not yet met with a fatal case. He gives from one-half to one grain of four or five years old, but good Extract of Belladonna, every three, four or six hours, the dilatation of the pupil and the amount of stupor produced being his guide; he does not allow low delirium even from the first, nor indeed any other symptom to deter him from giving Bell., and he gives no other medicine whatever, except an occasional dose of Castor oil.

His experience is sufficient to set at rest all fears about aggravations from much smaller doses, unless of the fresh extract;

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still I have never ventured upon nearly the large quantities which he recommends.

At a late sitting of the Saxon Homœopathic Society, scarlatina was the subject for discussion. The President, the well known Dr. Trinks, recommended *Mercurius* against stomatitis and diphtheritis, and *Coffea* for nervous restlessness and tossing about. *Acid-muriaticum* had disappointed him, but Hirschel had seen a case with typhoid symptoms and diphtheritis in which it had produced extraordinary relief, and Dr. Bohler corroborated his testimony. Haubold recommended *Baryta-carb.* against great swelling of the tonsils and fear of suffocation, and Elb had seen it bring about resolution, when these glands were almost as large as a fist, and as hard as stone; I have found the *Baryta-muriatica* more useful and reliable. In dropsy after scarlet fever, *Arsenicum* and *Hellebore* were highly eulogised, and Dr. Elb recommended *Lycopodium*. Dr. Trinks said that he had seen hæmaturia follow the use of the 1st dilution of *Hellebore*, which I regard as simply absurd; this occurs more frequently from scarlet fever alone than from any ordinary amount of Hellebore. Dr. Billig reported two fatal cases complicated with laryngitis and bronchitis. Dr. Trinks had no confidence in the *Ammoniacal* remedies, which Billig had relied upon; and Elb recommended *Calcarea-carb.*, which I regard as a simply and intensely stupid suggestion against the rapidly fatal croupous bronchial and tracheal complications which are so apt to arise in scarlet fever. Hirschel recommended *Zincum-metallicum* against the convulsions which occur before the outbreak of the eruption, but found *Phosphor*[2] more reliable when there were involuntary stools and urination, loss of consciousness, convulsions and stertorous breathing. Elb truly remarked that convulsions before the appearance of the eruption were not as dangerous as afterwards; the *Valerianate of Zinc* will be found more useful than the simple metal. *Trinks* mentioned vomiting as a bad symptom; others denied this; the prognostic value of this occurrence of course varies with its frequency, severity and persistence. Battmann related a fatal case attended with vomiting, sopor and delirium, in which class of cases Trinks suggested *Rhus;* Haubold, *Bryon.;* Elb, *Hyosc.* or *Opium;* and Haubold an intercurrent dose of Sulphur. Elb's suggestions were

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evidently the most accurately homœopathic. Against the ozena, Elb recommended *Sublimate,* or *Carb.-veg.*

In decubitis in general, in which Arsenicum, China and other remedies in trivial doses did not avail, Haubold saw brilliant results from the local application of finely powdered *Nut-galls.*

I should be very happy to receive the experience and honest confessions of experienced and competent physicians in malignant scarlet fever.

PETERS.

ARTICLE XXIX.—*Venous Hæmorrhages.* By HENRY C. PRESTON, M.D.

In the preceding articles on Diseases of the Veins, we have enumerated their principal specific diseases, and endeavored to give a tolerably complete history of their pathological alterations. But there are other affections of vast interest and importance, intimately connected with, if not dependant upon the morbid conditions of the vessels we have been considering, and we cannot think our subject completed without a glance, at least, at their interesting pathological history. Besides, in commencing the articles alluded to, we proposed to comprehend those diseases connected with degeneration of the blood-mass, as well as those occurring independent of any such disorganization, and in order to fulfill our promise we cannot conclude without some remarks upon Venous Hæmorrhages and their homœopathic treatment.

Before commencing this subject, however, we must be pardoned for digressing a moment, to refer to a case of phlebitis, occurring in a male child only ten months old, a synopsis of which was furnished me by my friend Dr. Barrows of this city, and by me reported as far as it had developed at the time, in the 18th No. of this Journal, pages 236, 7 and 8, when treating of phlegmasia dolens. The case has been one of unusual interest, from the tender age of the child, its traumatic cause and its difficult diagnosis, as well as its successful treatment, and I deem it worthy of being reported in full, in connection with the present treatise, where it properly belongs, rather than to make an isolated report of it in another place.

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The case, it may be remembered, came under the observation and treatment of Dr. Barrows, May 3d, 1856, and as it was somewhat obscure, the Doctor invited me to see it with him and watch its progress. It was soon diagnosed phlebitis, and we had no occasion to change our opinion. The child had undoubted scrofulous tendencies; it had otorrhœa from both ears; its mother had died of tubercular phthisis when it was seven months old, although on account of her health he was weaned at the age of six weeks. The child was vaccinated and as the pustule developed, the arm swelled, and it had mild fever, subsequently more intense, pulse 160, respiration hurried, extreme thirst, &c., continuing five or six days, followed by an urgent, dry, spasmodic cough, lasting some three or four days and nights incessantly, with fever unabated. Then appeared a red, hot swelling upon the centre of the right thigh, spreading over the thigh and resembling erysipelas, but which was soon discovered to be inflammation of the femoral vein, extending to the vasti and other muscles of the thigh. Following this we found albuminous urine, and anasarca, commencing in the right thigh and extending to the foot, thence to the other leg and foot, and then general anasarca, which soon subsided leaving more concentrated inflammation and hardness over the right femoral vein, and probably abscess, which was dispersed by the kidneys taking up the serous, or largest portion of the pus, as was demonstrated by the occurrence of albuminous urine in such quantities. There was now a knobby, cake-like hardness about three inches in diameter, and embracing a portion of the quadriceps extensor, the sartorius and gracilis muscles, all of which seemed involved in the inflammation which had affected the femoral vein, and probably also the circumflex externa branch of the femoral artery. At this time, the child's general health was improving, fever gone, appetite good, and he could move the leg in many ways, but kept it continually flexed at the knee, with the toes rotated outwardly, from the fact that the quadriceps and other muscles of the thigh which antagonise the quadratus femoris and other external rotators were involved in the inflammation and could not perform their office.

Thus the case continued with little change until November, and the child now sixteen months old, seemed well developed,

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and as strong as other children, except he could not walk. The affected leg was somewhat smaller than the other, contracted and apparently shortened. The child had been permitted to roll about the floor, to take free exercise out of doors, had general and topical baths, dry friction and also stimulating liquids rubbed along the thigh after each water-bath. The medicines administered had been principally Hamammelis, Hepar-s., Mercurius, Calcarea and others of the class usually prescribed for such constitutional dyscrasia.

One evening in November, says Dr. Barrows, from whose notes I copy the history of the case, the father of the child called and informed me that he had had other medical counsel of some reputation in this city, who pronounced the case one of morbus coxarius, and that after careful examination, measuring and comparing the legs and hearing the whole history of the case, this doctor and his assistant had agreed that the leg was shortened and dislocated at the hip-joint; that there was no possible cure but to apply splints, make extension, and give the child entire rest, and even that might fail to cure him because splints had not been applied before. Convinced that our diagnosis was correct, and well knowing that when the splints came off the joint would be all right, and that meantime if in and under the vasti muscles abscess should be the result of confinement and pressure, it would be quite easy to attribute it to early mal-treatment, but finding the father determined to place his child under the care of the physician alluded to, we pledged our professional reputation that this was not, never had been, and never would be, if properly treated, a case of morbus coxarius, and that to confine the leg in splints would prove the ruin of the child. This bold assertion, and its communication to the professional brother who differed from us in opinion, brought about a mutual reference of the case to a distinguished surgeon of Boston, a stranger to us, but one whose experience in such cases is unquestioned. The reference was promptly acted upon, and our diagnosis was in every particular confirmed, nor should we have mentioned these circumstances here, except to show the obscurity of the case, and the danger of being fatally mistaken in the mechanical and constitutional treatment of such cases by those,

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even, who pride themselves upon their extraordinary tact in diagnosis.

It is sufficient to add, that down to the present time, the child has had free exercise in the open air, general and topical bathing, stimulating frictions to the affected leg, and the usual constitutional remedies, under the action of which absorption has taken place rapidly and the hardness nearly gone. All of the muscles act more harmoniously, and the little patient is now able to stand, placing the foot square upon the floor, and can walk with the aid of a chair, or other support. We see no possible reason why the child will not soon be restored to as perfect health and locomotion as any child of his age. So much for this interesting case, which we should not have inserted here, had it not already been partially reported in a former part of this treatise. We now proceed to the brief consideration of

VENOUS HÆMORRHAGES.

And here again we are obliged to confess that the whole subject of Hæmorrhage has been so lucidly and so completely canvassed and explained by Dr. Watson and other modern writers, that we cannot attempt its history or pathology without quoting largely from others, and perhaps repeating what is familiar to all. Hence, without entering into any discussion as to the merits of the theories or pathological questions involved, we need only allude to the facts which are established with regard to that class of Hæmorrhages, so intimately connected with the morbid conditions of the vessels we have been considering.

It is well understood that all those hæmorrhages which are occasioned by direct injury or laceration of the blood-vessels, belong to the province of surgery, with which of course we have nothing to do here. We also take it for granted that hæmorrhage by exhalation through the coats of the vessels is now established as the usual, if not the only way in which the blood escapes from them. We consider it abundantly proved that blood exudes from the unbroken surfaces of organs, without any appreciable lesion of arteries, veins or capillaries, just in the same manner as sweat oozes from the skin, mucus from the inner surface of the bowels, and serum or synovia from the membranes that respectively furnish those fluids, and probably by the very same

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outlets. Hæmorrhage may occur internally in other ways, as from the bursting of an aneurism, the opening of a large vessel by the process of ulceration, &c., but except in the brain, hæmorrhage by exhalation is the rule, and all other modes the exceptions. In the brain it results from the rupture of a blood-vessel in almost every case where it occurs. We consider this much as proved, and will only refer to Morgagni, Bichat, Andral, Henle and Watson for the abundant proof by which these facts are established.

Of the hæmorrhages by exhalation there are various kinds. In the first place there are habitual hæmorrhages which do not properly belong to the class of diseases, but which occur at periodic intervals of more or less regularity, and which do not seem to be attended with any particular detriment to the constitution. These habitual hæmorrhages occur in either sex, and bear a very striking analogy to the monthly discharge peculiar to the female, and are oftentimes hereditarily transmitted. They proceed most generally from the rectum, or the nares, but may take place from the ears, the bladder or the bronchi. These, as well as those vicarious hæmorrhages whose history is so curious, are not generally considered diseases, and although they may point to a constitutional malady, yet unless they are excessive, or complicated with other affections, we are seldom called upon to treat them, nor are they attended with any apparent ill effects upon the general health of the persons in whom they occur.

The hæmorrhagic diathesis, however, is, in our opinion, always to be regarded as a disease of grave importance, which should be treated with proper remedies in its first development. Whether it be regarded as a general constitutional disease of the veins, affecting those vessels in much the same manner as scrofulosis affects the glandular structures, sometimes spending its force on a few organs only, and at others involving the whole system, or, on the other hand, whether it be regarded as a degeneration of the whole blood-mass, as sometimes seems to be the case, in cyanosis, purpura hæmorrhagica and the plague, the same general principles of treatment should be adopted as early as possible, and persevered in for a long time. We believe that many a case of premature death might have been saved, had this unfortunate hemorrhagic constitution been diagnosed, and treated

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in its early stages, or had medical men looked upon it in the important light which it seems to us to demand.

We have already referred to this diathesis as the constitutional cause of so many fatal cases of what is called "quick, or galloping consumption," and we believe its importance has never been strongly enough insisted upon by medical authors. Too many have looked upon habitual hæmorrhages as the natural effort of the system to throw off some morbific influence which otherwise would prove highly deleterious, and they have consequently considered them as salutary crises, which like those of sweat and urine need no interference by art. This may be true in some instances, particularly where the hæmorrhages have a regular periodicity, and are attended with preceding symptoms of congestion and inflammation which they relieve, and where they do not commence until after the age of puberty and cease about the same period of life that the catamenia usually cease.

But the distinction between these two varieties of habitual hæmorrhage has not been clearly marked out, in fact was not known until the modern researches of pathology, accompanied by chemical and microscopical examinations of the blood, had demonstrated the wide difference, in point of danger, between arterial and venous hæmorrhages, between those active hæmorrhages which occur as periodical crises, and those passive venous hæmorrhages which result from a constitutional disease of the veins, or, if the term is preferred, from the hæmorrhagic diathesis which we regard as the same thing.

The grand distinction which it seems to us obtains between habitual hæmorrhages that are salutary, or that may be borne without dangerous consequences, and those which are always dangerous, is, that the former are active, and for the most part arterial, while the latter are passive and venous. We maintain the same division of habitual hæmorrhages into active and passive, which all authors claim for idiopathic hæmorrhages, and we think their characteristics and their importance very much depend upon this difference of vascular excitement or depression, of arterial engorgement or venous atonicity.

Active hæmorrhages occur in young, robust and plethoric persons, who live well and make blood fast, and they may be occasioned by a variety of causes, such as violent exercise, mental

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emotions, large and stimulating meals, great atmospheric heat, sudden chills, or any other cause which increases the force and frequency of the heart's action, or which may repel the blood from the surface upon some internal organ. The actual escape of blood is preceded by a train of symptoms like those of congestion, and is generally followed by a decided sense of relief. There is increased force of the arterial pulsations and a turgescence of the veins indicating an unusual afflux of blood towards that part of the body whence bleeding is to occur, while chilliness, paleness and shrinking of distant parts, as of the hands and feet, denote an opposite condition of the circulation in them. In hæmorrhages of this character, also, the blood escapes with uncommon rapidity; it is of a florid, red color, and resembles healthy arterial blood; it rarely proceeds from more than one part at a time; it readily coagulates, though seldom separates completely into crassamentum and serum. As the bleeding continues the signs of local congestion, or hyperæmia disappear, and the patient actually feels relieved and stronger than before; the heart's action is less excessive, and the pulse becomes more regular and equable throughout the body.

This kind of hæmorrhage, all authors have maintained, is its own remedy, and ceases after the discharge of a certain quantity of blood, but we cannot forbear the remark that we have yet to be convinced that a homœopathic dose of Aconite, timely administered, will not overcome the congestive symptoms, and save the precious fluid which is "the life of man." It is true, that if a vessel containing fluid is filled more than full it must overflow, but we do not believe the actual contents of the vessels of the body are ever increased to that extent, except by some sudden accident, and the phenomena we witness in every case of active hæmorrhage convince us, that if any one portion of the vascular system receives more blood than it can contain without rupture or overflow, it is because some other portion is almost entirely deprived of its blood. Hence the remedy which acts upon the congested portion of the vascular tube, relieves its turgescence, and equalizes the circulation in all its parts, actually overcomes the congestion and the necessity of discharge at the same time, besides curing the morbid condition more effectually than any mere overflow of its contents can do.

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But active hæmorrhage does certainly not prove its own remedy in many cases, because if the loss of blood be at all excessive, anæmia, or death by anæmia is the unfailing result. We think the day will yet come, when even those habitual hæmorrhages which are now considered salutary, will be looked upon in much the same light that artificial bleedings are now, and the least loss of the vital fluid will be regarded a deplorable event, to be prevented by well-directed, specific remedies, and restrained in its earliest development, as far as is possible by therapeutic and prophylactic measures.

We do not, of course, include menstrual blood, which we think microscopical examinations have abundantly proved is not a part of the vital nutrient fluid; in fact, to speak properly, is not blood at all, any more than the excretions of the kidneys, the skin, and the intestines are blood. But it is just in proportion as these habitual hæmorrhages simulate the catamenia of women, and resemble a necessary excretion of the body, that they are borne with safety and hence have been considered salutary; and when they prove such they always partake of this active excretory character.

Passive hæmorrhages, on the contrary, are attended with a different set of symptoms, and although they may oftentimes be borne with comparative safety, as far as immediate consequences are concerned, they are always looked upon as dangerous, and are seldom attended with any sensations of relief to the patients afflicted with them. They occur in persons naturally feeble, or who are weakened by disease, fatigue, insufficient nutrition, or profuse discharges. The effused blood is generally dark, grumous, and little disposed to coagulate; it would anywhere be described as poor blood; it often oozes slowly for a considerable time, and from several organs or membranes at the same time. Whether the quantity lost be considerable, or not, the previous debility seems greatly aggravated; the activity of the heart is not diminished, but the pulse is full, frequent, bounding or jerking, often accompanied with a peculiar thrill, which characterizes the tendency to hæmorrhage so much, that it has been called the hæmorrhagic pulse. In my examinations of applicants for life insurance, I have rejected two persons in whom this pulse was the only positive indication of disease, and their subsequent

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history has proved me none too cautious, for one died of pulmonary hæmorrhage within three months, and the other within a year, of phagadenic ulceration of the lungs following sudden and profuse bleeding.

Passive hæmorrhages are, also, strictly speaking venous hæmorrhages, and properly belong to the hæmorrhagic diathesis. They always leave the individual in a worse condition, and do not suspend the further escape of blood; indeed, they both resist the means of cure, and are more likely to recur in proportion as they have been profuse, or long-continued. They are not preceded by those tendencies to local capillary congestion or hyperæmia, or inflammation which mark active hæmorrhage, nor can the loss of blood be at all attributable to that *vis a tergo* of the heart which could force the fluid through passages naturally impermeable by its colored globules. On the contrary, they are ascribed to some alteration in the pores or apertures through which the healthy exhalations are transmitted from the capillary vessels, a change which partakes of the nature of morbid debility or relaxation; or, to an alteration in the consistence or composition of the blood itself, which becomes attenuated and capable of passing through channels, or orifices that healthy blood cannot permeate.

This latter hypothesis is more in consonance with our ideas of the hæmorrhagic constitution, and seems demonstrated by those cases where the blood effused is obviously more thin, pale and serous than natural, and still better demonstrated in those cases where the blood has undergone further changes in its chemical nature, or is even visibly altered in its sensible qualities, as in purpura hæmorrhagica, scorbutus, typhus, malignant smallpox and erysipelas.

All these attempts to explain the processes by which hæmorrhage takes place, as Dr. Watson has judiciously observed, deserve more attention than has been paid to them, for they exercise a real, though sometimes unacknowledged influence upon the practice of physicians. At any rate, if they do not prior to experience, suggest certain modes of treatment, they accord wonderfully with what experience has taught concerning the means by which hæmorrhage may be stayed or prevented.

The local effects of hæmorrhage, of course depend a good deal

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upon the organ whence the blood escapes, as well as upon their active or passive character. The functions of the organ involved are always more or less disturbed, and if the natural outlet to the surface of the body be short, and the communication to it be easy and uninterrupted, then the oppression of the suffering viscus is soon removed, and its natural functions restored, as is evident after attacks of epistaxis, hæmatemesis, &c. If, on the contrary, the bleeding part do not communicate immediately or very freely with the exterior, a long train of symptoms follow, which are more or less serious according to the situation and importance of the organ affected, as we observe after bronchial or renal, or intestinal hæmorrhage. If the surfaces whence the blood flows have no natural outlet, as the serous membranes, particularly the arachnoid, the pericardium, or the pleuræ, then the local effects of hæmorrhage are very serious on account of the effused blood becoming a source of permanent pressure and irritation to the important organs invested by those membranes. The local effects are aggravated to a much more alarming extent when the blood is effused into the minute parenchyma of an organ, or into the interstitial cellular tissue, when the functions of the organ not only become interrupted, but its structure permanently damaged. *Such* is the case in the instances to which we have before alluded, where not only loss of function, but fatal phagadenic ulceration of the lungs results from hæmorrhages of this kind into the pulmonary parenchyma.

The constitutional effects of such gradual draining of the system of its vital fluid, or of the gradual degeneration of the whole blood mass by repeated passive hæmorrhages, are such as at once to lead an experienced physician to detect the existence of a most appalling and surely fatal disease unless arrested ab initio. The skin becomes deathly pale, or has a clear waxen hue, as if the little remaining blood could not reach the surface of the body, or as if nothing but serum were circulating in the skin; the conjunctival vessels appear bloodless; the lips and ears blanched; the tongue and the membranes of the mouth have a pale, yellowish tint; the hands and feet are cold and shrunk, while the head is hot, and the cheeks flushed as if with faded blood; the respiration is hurried and difficult from the slightest exertion. In later stages the skin is covered with a cold perspiration, and the

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legs become œdematous. By and bye the heart recovers from its first condition of debility, and reaction commences, evidenced by palpitations, beating in the epigastrium, and in the course of the aorta, and an increasing throbbing of the carotids, which blow and whistle in the ears that aneurismal *bruit de soufflé*, so often heard in cardiac diseases. The pulse always frequent, is easily excited by the least mental or physical exertion, and it then communicates to the finger that peculiar thrill or vibration, which is called the hæmorrhagic pulse, and which is apt to deceive the inexperienced by imparting the sensation of power or hardness; firm and continual pressure with the finger, however, soon convinces that the artery does not expand with real power. It is activity, without power, and this apparent energy of the circulation alternates with occasional syncope, particularly after any severe or continued muscular exertion.

This unnatural activity of the circulation with want of nutrition in the blood, gives rise to many symptoms of disturbance of the nervous system, such as violent throbbing headache, intolerance of light and sound, or dilated pupil with transient amaurosis, and sensation as if the head were tightly bound with a cord. Convulsions, delirium, and even confirmed mania may be the ultimate effect of the loss of blood, but more commonly coma succeeds convulsions, and death by anæmia results. The functions of the heart, kidneys, lungs and digestive organs are are always more or less embarrassed by the insufficient supply of arterial blood, but the most alarming symptoms are generally noticed in the circulatory and nervous systems.

We cannot now enter into a general history of the remarkable and curious varieties of active and passive hæmorrhage as noticed in man and animals, but must confine ourselves as closely as possible to venous hæmorrhages, which we have said are almost always passive.

The hæmorrhagic diathesis, which we regard as the constitutional cause of most venous hæmorrhages, presents two forms of development, which from their grave importance, and not unfrequent occurrence, demand something more than a mere passing notice. We allude to *cyanosis* and *purpura hæmorrhagica*, both of which are more interesting in a pathological point of view, than in their therapeutic aspects.

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Cyanosis, *morbus cæruleus*, or the *blue disease*, is the term which was originally given to the disease presenting most of the symptoms detailed above as following repeated or long-continued passive hæmorrhage, but caused by permanence of the *foramen ovale*, continued patescence of the *ductus arteriosus*, or some other unnatural communication between the auricles and ventricles of the heart, whereby the venous and arterial blood become mixed, and the whole mass *thus* degenerated. There is no question as to the existence of some one or more of these organic defects in all cases of the congenital cyanosis of children, but then this affection is confined to infantile life and there is scarcely a case where such organic malformation has existed that did not prove fatal before the third year.

Such organic defects, it is true, are sometimes found in adult, and even in advanced age, but there is very little ground for the supposition that they were congenital. In the cyanotic diseases of youth developing at the period of puberty, and afterwards proving fatal, there is some anatomical reason for supposing the primary organic defect to have been congenital. For instance, it is possible that an oblique opening between the over-lapping and imperfectly adhering edges of the foramen ovale may have existed from birth, and in consequence of the counter-balancing pressure made on each of its sides simultaneously, it will not allow of the mixture of the contents of the adjacent cavities, and of course does not give rise to any morbid symptoms until such time in the process of evolution of the system, and of functional disturbance of the heart's action by other causes, this opening becomes nearly at a right angle to the *septum*, direct and patulous, when in consequence the true cyanotic symptoms begin. Such periods do exist during dentition, and at the age of puberty, and then for the first time the organic lesion may prove really a defect, a malformation, and be attended with fatal results.

But then, on the other hand, this same defect may be produced by ulceration at any age, and post-mortem examination be unable to reveal any trace of inflammation or of ulceration. So also there are cases which would seem to demonstrate that the foramen ovale may be violently re-opened, even in adult

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age, by severe falls or blows, by prolonged fits of coughing, or by severe muscular efforts.

Again, all the symptoms constituting cyanosis may be present and have proved fatal, where there were no organic defects in the heart, or its principal arteries, and on the contrary, very considerable organic malformations have undoubtedly existed for years, without being attended with any of the pathognomonic signs of cyanosis. In adult cadavers, openings have been detected between the septum of the auricles and the ventricles at their common point of juncture, which one would naturally suppose would throw the four cavities into one, together with contractions of the aortic openings, and complete obliteration of the pulmonary artery, and yet no signs of cyanosis had ever been present.

Recognising the frequency of abnormal auriculo-ventricular openings, unattended with the blue tinge of the skin, the dyspnœa, syncope and other prominent symptoms of cyanosis, M. Jules Cloquet very ingeniously suggests, that there need be no admixture of the contents when the communicating cavities are of equal strength. But unfortunately for this theory, the left cavity of the heart always exceeds the right in power. Again, M. Louis believes that whether the two ventricles be equal in strength or not, no mixture will take place during their contraction, provided all their orifices be free; but as the pulmonary artery is usually contracted in such cases, a portion of the blood from the right side of the heart will generally make its way through the preternatural opening at the moment of systole, or if not then, yet certainly during the diastole, or entry of the blood into the cavity, so that a certain degree of admixture will occur in every case, but he thinks not enough to produce the blue or violet tinge of the skin, unless the co-existent sources of obstruction in the heart, and consequent stasis in the venous and capillary circulation be taken into account. In M. Ribes' remarkable case, though the aorta sprang from the right ventricle, and the circulation of venous blood in the arteries must always have existed, yet no peculiarity in the color of the surface manifested itself till the third year, when it was accompanied with other symptoms of heart-disease.

So of all the other pathognomonic symptoms of cyanosis;

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they may be caused by congenital malformation, or they may not, and of all the original defects which modern pathologists have deemed necessary to the production of this disease, there seems to be but one which all agree in considering as of indubitably congenital origin, and that is, an abnormal contraction of the pulmonary artery.

We have thus alluded to the discrepancies among experienced observers and pathological anatomists, not intending to enter into any discussion of the questions involved, but only for the purpose of showing how we have been led to the following conclusions, which we deem substantiated by all the facts that we have been able to gather upon the subject.

First, that cyanosis is one of the developments of the hæmorrhagic diathesis, it being essentially a disease caused by derangement of the circulation from organic or other causes, or else an abnormal chemical condition of the blood arising from an unnatural mixture of venous and arterial blood, and the consequent substitution of the innutritious venous blood, for the nutritious, oxygenated, arterial fluid.

Second, that cyanosis, as the rule, is always fatal in infants and children, because dependent upon congenital malformations of the heart, particularly that of permanence of the foramen ovale.

And thirdly, that cyanosis may develop as a constitutional disease, with or without organic defect, and more or less curable, at any age, but particularly at the age of puberty. And further we regard it as essentially synonymous with chlorosis in the female, as far, at least, as the chemical composition of the blood is concerned.

Now medical authorities have distinguished several varieties of this disease, viz.: *Cyanosis encephalica, gastro-intestinalis, uterina* or *dysmenorrhœica, cardiaca*, and *pulmonalis*, the latter of which, according to *Schönlein*, is its most common form in adults. But all these names describe, not different affections, but only the different points of the system at which the disease makes its irruption. We think, however, with Schönlein, that the lungs are the principal point of attack of this disease, and most of the cases we have ever seen have been of this character, developing at the age of puberty or soon after, and attended

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with constant tendency to pulmonary hæmorrhage. Some have recovered under treatment, but the greater proportion have not. Where we have been able to prevent hæmorrhage, and by a long course of treatment apparently overcome its tendency, we have succeeded, as we think, in curing the patient, but we have not always been able to do this, nor prevent death by anæmia.

In infants, where we suppose the disease would be called cyanosis cardiaca, we have never known a case live beyond the second year, and we have known several that have died much younger. Only a few weeks since, I was called to see an infant six weeks old, who had cyanosis, undoubtedly from congenital defect in the heart. I considered the case hopeless, and believed it to depend upon permanence of the foramen ovale, with probably other cardiac disease. The child was born of a healthy mother, but at birth looked more like a wax-doll than a living babe; its skin was blueish and almost transparent, all the internal membranes pale and bloodless, and yet its body was plump and well filled up with adipose—it weighed eight pounds, had a good appetite, and seemed as well and as lively as any child of its age. It had occasionally bled a drop or two from the nose, the mouth and the rectum, and its finger nails had been very purple at times, but it was so well otherwise, that these symptoms were hardly noticed or thought of until two days before I saw it, when it became sick, the urine suppressed, and soon convulsions supervened, then coma and death. I saw it only in the comatose stage a few hours before it died, and was called in merely to diagnose the disease, about which there had been some dispute. No post-mortem was held, as business called me out of town, and I was not notified of its death until some days after. The manifestation of cerebral symptoms at the last, I suppose would have classed the affection as cyanosis encephalica, but those symptoms seemed to me only the natural result of an insufficient supply of blood in the brain.

Cyanosis in youths is deemed a curable disease where it is not dependent upon organic affections of the heart, and when it is early treated. It is one of those diseases which I do not believe was ever cured without medical interference, nor without persevering effort and unremitting care, long continued, on the part of both physician and patient. Cyanosis *pulmonalis* is the

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form most commonly met with, and it usually develops about the age of puberty, then increases until either hæmorrhage from the lungs, or excessive dyspnœa, or syncope almost to asphyxia demand medical interference, when for the first time the patients find they are afflicted with a very serious disease. On inquiry, it will be ascertained that they have long had palpitation of the heart on the least exertion, easily became fatigued, had cold feet, headache, or vertigo, and many like symptoms, showing the disease to have commenced first at the central organ of the circulation. Then cough or severe dyspnœa sets in, with an oppressive sensation of weight upon the chest; short, panting respiration, mainly carried on by the abdominal muscles; percussion yields a dull sound; vesicular murmur indistinct, or altogether wanting; mucus râle prominent, with more or less of bronchophony; expectoration of purulent mucus, mixed with dark, grumous, even black blood; livid spots on the cheeks; the skin blueish white, wax-like and dry; bowels costive; urine scanty, with dark reddish deposit; hæmorrhagic pulse, with dilatation of the ventricles of the heart, or extensive enlargement of the whole organ. Death generally occurs by anæmia, but, when hæmorrhage has been slight, it may occur by apnœa. Whether organically defective or not, the heart is always the principal organ affected, then the lungs, and then the brain and nervous system. But I must not longer dwell upon symptoms already described, and shall add only a word or two on the treatment.

Hartmann says this disease is always fatal, and is the result of chronic inflammation of the lungs, but he has evidently mistaken the affection and acknowledges that he has had but little experience in it. Not so say Schönlein, Henle, Louis, Watson, and a host of other practical observers. I am very certain of having saved a third of all the cases I have treated homœopathically, and I have seen quite a number under the care of my colleagues which have also recovered, still I should never feel justified in prognosing favorably until the cure was evidently at hand. Regarding the disease as I do, as one of the developments of the hæmorrhagic diathesis, and originating in the heart or its circulatory contents, I use those remedies most likely to prevent the tendency to hæmorrhage, viz.; Hammamelis, Kreo-

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sote, China, Arsenic, Hydrocyanic and Nitric-acids, with the antipsoric remedies best indicated by the totality of the symptoms. The fainting fits may require *Moschus*, *Crocus*, *Veratrum*, *China*, and the like. During an attack of bleeding we know of nothing so successful in arresting it as Hammamelis and China, but afterwards Ferrum-met. or Iod. cannot be dispensed with, and even in chemical doses. These remedies, with a strongly nutritious diet, not *stimulating* diet, fresh air, plenty of passive exercise and cold water bathing, or stimulating frictions, will often be effectual in arresting the disease in its early stages and prolonging life, but these must be continued for months and even years in order successfully to combat the constant influence of that constitutional cause which is ever ready and waiting for circumstances favorable to its development.

(To be continued.)

ARTICLE XXX.—*Intermittent Fever*. By GEORGE E. BELCHER, M.D., New-York.

WHEN the human constitution is subjected to miasmatic or other morbific influences, the vital powers are aroused to relieve it of their effects; and the reaction of the nervous and vascular systems accompanying this, constitutes Fever. The degree or grade of the fever, whether modified by the nature of the cause or by the condition of the patient, therefore affords a very important indication as to how far the constitution is capable of enduring and overcoming such influences; for if the fever, whatever may be its type, is vigorous and uniform, it usually denotes a normal condition and favorable prognosis; if irregular or undeveloped, a deficient recuperative energy and a more unfavorable prognosis. Consequently fever, idiopathic or symptomatic, is a sign, a manifestation of the conservative power of nature, and while in treatment it is important to moderate the force of, and prevent a return of its paroxysms, it is also necessary to bear in mind that its cessation without corresponding improvement in the general health and local disease, would portend danger to the patient.

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Hence, "when very intense, the action of malaria on the system is most deadly, prostrating organic life just as in the worst forms of malignant cholera,"—"the patient never attaining to the reaction after the deadly stroke;"* or if a reaction be attained, it is irregular and destructive, and soon terminates his earthly existence. Hence, also in cases in which there are local congestions or inflammations *primarily* complicating with periodical paroxysms, and in which large doses of *anti-periodics* have been administered that were too imperfectly homœopathic, or, if homœopathic, were in too large quantities for the especial case, the recuperative powers of nature may be interfered with, the local lesions aggravated, and the reaction, consequently, less perfect, more continued, confused and protracted.†

It is important in the management of Intermittent Fevers, to bear in mind that it designates merely a *type of fever*, that in many cases it is only comparatively distinct, that it may be brought on by the same causes which induce remittent or continued fevers, and that it may change from or into either of those types. It differs from them, perhaps, by the perversion of innervation or lesion of the nervous system, being in remittent and continued fevers of a more torpid character, and, also, by the organic or visceral disorders being in them of a more fixed and permanent nature. Previous to the introduction of the use of Cinchona, intermittents were classified with other fevers. As the views of different observers may be interesting, whose writings have survived them because their keen insight into the devious struggles of disease has left memorials which are always fresh and instructive, I will illustrate the above observations by the following quotations. "The continual fevers are allied to each of the intermittents; thus, to the true tertian is allied the causus or ardent fever; to the quotidian, that fever which has a paroxysm every day, but does not terminate in a complete freedom from fever; and in like manner to quartan, that which has an exacerbation every fourth day."‡ Sydenham, speaking of autumnal fevers says, the continued fevers which he

* C. Handfield Jones on Malaria, Braithwaite, No. 34, page 16.

† See Sydenham, (Sydenham Society publications,) Vol. 1, page 85; also Hufeland's Practice, page 118; Stoke's Lectures.

‡ Paulus Œgineta, (Sydenham Society publications,) Vol. 1, page 253.

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observed belonged, "to the class of autumnal intermittents, differing only in being permanent rather than periodic. Each disease made its attack in the same way. Patients suffered alike under each; retching, with parched skins, thirsting mouths, and blackened tongues. In either case, also, towards the close of the disease, it was by sweatings that the morbific matter was expelled." "Now, in my eyes, this continued fever was a sort of miniature of the intermittent, whilst each particular paroxysm of the intermittent was a miniature of the continued fever, and the main difference lay only in the following circumstance. The continued fevers set up an effervescence, and kept it up uninterruptedly, and at the same rate. The intermittents did the same, but they got through their work at intervals and by instalments."* Huxham says: "and it is commonly noted that if the fever, from a regular tertian runs into a semi-tertian or quotidian, or greatly anticipates the time of the regular paroxysm, a remittent or continued fever is forthwith the consequence."† Also, "that a regular tertian is a *medium* between an inflammatory and a slow nervous fever; and that, on the one hand, the constitution of the solids and fluids may be so highly wrought up as to fire the blood into a continual inflammatory, and that, on the other, it may be so far depressed as to bring on the low influent or *slow nervous fever*."‡ Cleghorn, who, over one hundred years ago, described the fevers of the Island of Minorca, and whose delineations are almost exactly applicable to the periodical fevers which have prevailed throughout the country, *especially when the typhoid fever was more or less epidemic*, says: "But the various kinds of tertians hitherto mentioned," (speaking of true, false, double, triple, semi-tertians, &c.,) "differ among themselves according as their periodical intervals are more or less tranquil and free from disturbance. When there is a complete apyrexy or entire vacation of fever between the fits, they are called intermittents; when the apyrexies are more imperfect and obscure, remittents; and continual tertians when the paroxysms and their intervals are less perceptible, though the violence of the symptom is somewhat abated on the alternate days. In double tertians the interval is the most conside-

* Sydenham, Vol. 1, page 42. † On Fevers, page 22. ‡ Page 26

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rable, which follows the severe fit, for the slightest fit oftener ends in a remission than intermission, and frequently lingers till the other approaches; hence it is that the night preceding the vehement fit is much more restless than that which comes after it, as has been observed by Hippocrates."* "For although, in the course of these malignant fevers it often happens that you can neither distinguish paroxysms nor intervals, yet it is evident that they belong to the tertian tribe, since, for the most part in their beginning, the paroxysms are sufficiently distinct, and as soon as the violence of the symptoms which occasioned the confusion in the height of the distemper abates, they again become more regular, and resume their former analogous types." Hufeland says: "Every paroxysm is a *febris acuta* on a small scale, fostered by and dependent on a nervous state. The essential character is periodicity, an appearance and disappearance of the *symptoms* at certain periods, not of the disease itself, for that can exist without periodicity, as we frequently see an intermittent pass into a continued fever and *vice versa*."

Although an intermittent in its essential characteristic—periodicity—is dependant upon a disorder of the nervous system, and may therefore exist without any appreciable organic disease, it is still to be regarded, in a certain sense, like other fevers—an effort of nature to eliminate from the system poisonous influences, (malaria for instance,) or a process of elaboration, by which morbific effects, generated in the system, are overcome or removed—*seriatim*—and by which the system is consequently preserved from worse injury. An analogous operation to that of an intermittent is seen in the renovated health that is joyfully realized very often after an attack of nervous headache; in the amelioration of fever, in children especially, when it is interrupted in its incipient stage by a convulsion; and in the improved condition which follows a fit of epilepsy as soon as the patient has recovered from its immediate effects.† The shocks

* Page 143. London, 1762.

† As an instance of the beneficial effect of an epileptic fit, I may mention that a man subject to them, became suddenly maniacal and so uncontrollable, that no medicine or anything else could be given. He was managed imperfectly by gentle, moral treatment. In about eighteen hours he was seized with fits, one following upon another at intervals of a half to two or three hours—his mind improved at every interval, and was perfectly restored.

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and perturbations of an intermittent often cure old disorders and renovate the health. But *similia similibus curantur*, that which may do good, in too large and too frequently repeated doses, may do harm, and unfortunately the violent expenditure of nervous power, which is the effect of a paroxysm, may generate disease in various organs by the consequent diminution of innervation; and the violent congestions of the cold stage may, on account of this exhausted condition continue through and beyond a paroxysm, and be the foundations for inflammations of the organs congested, or, at least, for chronic maladies, which can be relieved only after tedious and persevering treatment.

The analogy of an intermittent to other types of fever is shown in the fact that when left to itself, it runs a natural course and finally ceases spontaneously. Hippocrates says: "A true tertian comes to a crisis in seven periods at the furthest."* Sydenham says, speaking of intermittent and continued fevers: "In each, however, nature works out the fermentation in nearly the same time, i.e., 336 hours, there or thereabouts. However true it may be that in intermittents (as is the case with quartans) the blood may be six months at work upon its despumation before it accomplishes it, the time taken is in reality no longer than that of a continued fever. Calculate rightly, and you find that fourteen days of twenty-four hours each make 336 hours; whilst by allowing five hours and a half to each paroxysm of a quartan, you find in one full attack fourteen days, or 336 hours."† Again, "I am by no means ignorant that there are certain fevers, continued as well as intermittent, which are of a transitory and indefinite character"—referring to those which arise out of errors of diet, &c. "Such as are thus seized soon recover."‡ Again: "I observe that spring intermittents are neither long nor dangerous, and that they are always beneficial. A patient shall be old and weak, and that to any amount; he shall have been tampered with by the pernicious and officious interference of the most ignorant of practitioners; yet, providing foul means have not been used, he shall escape death. I consider that they should always be left to themselves."§ Cleghorn says: "Such is the variable

* Genuine Works, (Sydenham Society,) Vol. II., page 732.
† Vol. I., page 79. ‡ Vol. I., page 80. § Vol. I., pages 75, 76.

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disposition of these diseases, that they often change from one appearance to another, and seldom retain the same form from their beginning to their termination; each period sometimes assuming a new type, and every paroxysm being attended with different symptoms. This led me at first to apprehend that they were confused, anomalous, and altogether without order; but after being for some time acquainted with them, I began to discover their regularity, and the longer I was conversant among the sick, the more I was surprised at the constancy of nature in the production and progress of tertian fevers; their periods being perfectly similar in the Spaniards and in the English, and sometimes not very different in him who dies upon the bare ground, destitute of assistance, and those who are treated in the most judicious methods, and under every advantage of fortune; and frequently neither the patient's intemperance, nor unskilful management, can alter their stated course, and prevent their terminating in recovery. So much are those mistaken who imagine that the bent of nature in acute diseases can be altered or controlled by every trifling accident or insignificant prescription."* "But it is common to meet with tertians which set out furiously with severe subintrant double paroxysms, so that for some days they have little or no intervals. On the third or fifth day, a profuse sweat commonly brings on an intermission, and afterwards the disease assumes the type of a double intermitting tertian, or of a semi-tertian. Such fevers I have frequently observed to terminate spontaneously on the seventh, ninth, and eleventh days, and for the most part, they are less to be feared than those which begin deceitfully in the shape of a slight double or simple tertian."† "If the paroxysms of that (the third) revolution be neither longer, nor attended with more threatening symptoms, than those of the second; if the patient preserves his strength, bears his illness easily, and signs of concoction appear in the urine, I frequently trust the whole business to nature, which commonly terminates the fever about the fourth or fifth revolution, and for the most part, with an increase of some of the natural evacuations."‡

Also Wood (Practice, Vol. I., 244,) remarks: "The milder

* Cleghorn, page 149. † Ibid, page 155. ‡ Ibid, page 187.

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cases not unfrequently terminate spontaneously with the seventh or eighth, and sometimes so early even as the fourth or fifth paroxysm. More than one-half of the tertian fevers which occurred in the infirmaries of the *Salpètrière* of Paris in the autumn of the sixth year of the Republic, terminated with the ninth paroxysm, or previously. The treatment employed was of the simplest kind, and calculated to have little effect upon the course of the disease. According to Fordyce, quotidians usually end spontaneously in about ten weeks, tertians in about four months, and quartans in six, seven or eight months."

It may be, because few physicians for the last one or two hundred years have really had an opportunity to learn the natural course of intermittents, that few (out of the homœopathic school) have any idea how readily many cases of them terminate without abortive treatment by cinchonism. And, in our own school, it certainly becomes us to be somewhat skeptical as to our ability to break up an ague with minute doses, if twelve to twenty days' time be required to accomplish it. Many cases—especially old ones—are no doubt promptly benefitted by the use of imponderable doses of a homœopathic remedy, which has been selected from its adaptation to the chill, or to the heat, or to the sweat, (with the attendant complaints peculiar to each stage), "according as the one or the other stage may be the strongest and most distinguished;" and, especially, by "the state of the patient during the apyrexia."* Such treatment attacks an ague as if it were a remittent fever, keeps down complications as far as possible, and carries it through its course—perhaps shortens it. It is more strikingly successful in cases in which the positive effects of miasm, &c., are nearly spent, and in which the disease is kept up by cinchonism, (a pseudo-intermittent), or by complications which have been engendered by the violence of the paroxysms; and it succeeds well (time being allowed) in primary, idiopathic cases, if the vehemence of the paroxysms do not impair the system more than it can regain during the intervals.

That the paroxysms do engender complications, which may become chronic diseases, or, worse yet, which may cause con-

* Hahnemann's Organon, page 200.

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tinued fever and possibly fatal results, is admitted by all authors, no matter whether psora be developed or not; and the cases of fever, related in the epidemics of Hippocrates, strikingly illustrate the observation.

That the paroxysms may be complicated *primarily* with active congestion or extensive inflammation, which may be directly the principal source of danger, is acknowledged so generally as hardly to need illustration. The following case is, however, interesting: "Thus in a case which I attended, the patient got intermittent of a tertian type; during each paroxysm he had some distress about the chest and slight cough, but these symptoms disappeared during the intervals. As the disease, however, went on, the fits of coughing and dyspnœa increased, and the Sulphate of Quinine failed in arresting the paroxysms. The pulmonary congestion became gradually more marked and permanent, and no longer disappeared during the intervals; finally, inflammation of the lungs took place, and the patient died with extensive hepatization."*

That the paroxysms may be kept up by local complications, is shown by the observations above quoted, by the fact that Eberle and others advise that a relapse be allowed to run two or three paroxysms before recourse is again had to anti-periodics, and by the experience of homœopathists, who often cure old inveterate cases by preferring those remedies which have reference rather to visceral disorders than to the paroxysms. That they may be so kept up is further proved by the fact that local diseases not caused by miasm, will induce intermittents. Diseases of the brain for instance: "The pain, too, of an arachnitis may be intermittent, and continue to exhibit this character for a considerable length of time. I have seen many instances of this in children, where the little patient was seized with acute pain of the head at a particular time of the day, which, after a few hours' duration, subsided, and then returned again the next day, at precisely the same hour, and continued in this way for several weeks, until at length his friends were surprised by the unexpected supervention of coma, convulsions, or blindness. I knew two cases of this kind in which the intermittent character of the

* Graves' Lectures, page 186.

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pain was so prominent as to engross the practitioner's whole attention, so that the real nature of the affection was overlooked, and bark prescribed."* Disease of the lungs also often presents the symptoms of an intermittent.† "She had been confined in August; had been feverish after her accouchement—the consequence, she believed, of exposure to cold—and got a slight cough. This continued, but without any expectoration, for two or three weeks, and then she was attacked with fever of an intermittent character, and exhibiting a well-marked tertian type. She began to take Quinine, but this aggravated the cough very much without having any effect on the paroxysms. Various other remedies were also tried, but their only effect was to render the paroxysms more frequent and irregular. I examined her chest, and found dullness under the right clavicle with tubercular crepitus. Her cough had been dry until she came to Dublin, but now it became suddenly moist, and a distinct gargouillement could be heard. The apparent intermittent was nothing more than a phthisical hectic, and Dr. Stokes, who was called in, came to the same conclusion."‡ Disease of the liver may cause an intermittent; for instance: "We often see such symptoms (i.e., an ague) arising from diseases of the liver, *and bark curing this symptom*, yet the liver shall go on with its disease, and *probably faster*."§ "The patient had well-marked intermittent and we treated him for it; but the Sulphate of Quinine, and the other remedies which we employed, had only the effect of converting the fever into remittent. On a sudden, the gentleman, without having made any complaint of pain in the side, or any thing indicative of derangement of the liver, became suddenly jaundiced, and sank rapidly. On dissection, we found seventeen or eighteen small circumscribed abscesses in the substance of the liver. The intermittent hectic here depended on interstitial inflammation of the liver—a disease which is generally of a latent and incurable character."‖ Disorders of

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* Stoke's (and Bell's) Lectures, 1840, page 290.

† See Dr. Holcombe's article on this subject, N. A. Journal of Homœopathy, Vol. IV., page 290.

‡ Graves' (and Gerhard's) Lectures, 1842, page 188.

§ John Hunter's Works, Vol. III., page 414.

‖ Graves, page 188.

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the bowels may induce agues: "Two children had an ague from worms, which was not in the least relieved by the bark, but by destroying the worms they were cured."* The urinary organs may cause an intermittent: "We may have it from lesions of various kinds. You are all familiar with that form which attends bad cases of stricture and retention of urine, and which has been called urinary fever. Here we have fever of an intermitting character, not essential, but depending upon a local lesion."† Inflammation of the veins may cause an intermittent: "A patient came in with all the symptoms of a well-marked tertian. He had a regular cold, hot, and sweating stage about noon on every second day, and a distinct interval of apyrexia. In this case I made no examination, but, taking it as one of a simple essential character, I put the patient at once on the use of Quinine. On the day of the next access, I was surprised to find that the paroxysm was much more severe than the one which preceded it. On the next day I observed that the type had changed, and that it was now a double tertian. This led me to suspect that something was going wrong. On turning down the bed-clothes to make an examination, I was struck with the enormous size of one of his legs, and found that he was laboring under phlebitis, with œdema. I immediately ordered his bark to be discontinued, applied leeches along the limb, and had him put on a strict antiphlogistic treatment. In the course of a few days the swelling of the limb was removed, and the intermittent disappeared."‡ Fevers which do not belong to the class of autumnal or periodical fevers, for instance: "Typhus fever may be confounded with various other diseases, with *pernicious intermittent*, or remittent fever," &c.§ Also, yellow fever, which Dr. Fenner, of New-Orleans, says sometimes "is so closely allied to various remittent and intermittent fevers, that no uniform and reliable distinction can be drawn between them in the early stages."‖

The following peculiarities of symptomatic intermittents will usually determine a satisfactory diagnosis between them and the idiopathic; the paroxysms are almost invariably irregular;

* John Hunter's Works, Vol. III., page 414. † Stokes, 417. ‡ Ibid, page 431.
§ Bartlett on Fevers, page 260. ‖ Ibid, page 558.

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the pulse is usually sharper during the paroxysms, and, instead of becoming natural during the intervals, continues then to be sharp, quick and frequent; the perspiration either does not follow upon the fever, or continues during the fever and the intervals; the skin does not soften during the intervals, but remains, even if moist, inelastic and hot: the tongue becomes scarcely, if at all, cleaner during the intervals, or continues throughout a whole period, red, smooth and pointed; the local signs of disease are more or less continuous, and there is an absence of that sudden change for the better so peculiar to the intermissions of an idiopathic ague, although the interval be decided, the patient does not act as if he were, or acknowledge that he is better.

Seeing that an intermittent is allied to other autumnal fevers in its causes, course, and complications, due regard, in its management, should be had to the important fact. A cure by Cinchona or any other remedy, in doses sufficient to break up the paroxysms, may be appropriate and necessary; but, because the remedy may not be also applicable to visceral derangements, however slight, the cure is very often imperfect, and leaves the patient in poor health and liable to relapse. However, as the present article is already sufficiently extended, I shall defer any further consideration of the details of treatment to some other time; and I will conclude by referring to some of its prognostic points, as observed by different practitioners; and, also, to a suggestion of a method of prophylaxis. "Nor are anticipating fits always a bad sign, or those which postpone, a good one; the first frequently show the strength of nature, as the others do her weakness."* "If the paroxysms are not attended with acute pains in the viscera and do not last above twelve hours; if they decline with plentiful warm sweats, and leave the intervals tolerably free; if the patient bears the distemper well and begins to have an appetite for victuals; if small pustules break out in the inside of the mouth, or scabs about the lips; if the urine has recovered its natural complexion, or is cloudy and turbid, or lets fall a white or a pale red sediment; I say if all these signs concur about *the third or fourth period,* we may

* Cleghorn, page 153.

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safely prognosticate a speedy recovery."* "It announces danger, if, about the third or fourth period, the paroxysms are long and protracted; or are accompanied with an obstinate delirium, an intense coma, great anxiety, and pain in the loins, or about the upper orifice of the stomach; when the hypochondria and epigastric region are swelled, hard, and painful to the touch; when numerous blotches, like the stinging of nettles, frequently break out on the skin; and when the urine continues thin, clear, high-colored, or covered with an ash-colored membrane like a cob-web."† "Those fevers are most to be dreaded, whose violence is greatest on the even days; and if the paroxysm stops on the third, fifth, or seventh day, but continues on the fourth, sixth, or eighth day, we must be on our guard, lest a sudden storm should succeed this treacherous intermission."‡ "Spring intermittents are neither long nor dangerous, and they are always beneficial. Young men and children (like so many little Herculeses) can bear against this disease.§ If a patient has had a quartan ague at any period of his life, a second attack will be light, and after a few fits, go off of its own accord."‖ "In children, a swelling of the belly; in adults, a swelling of the legs indicate the breaking up of the fever. Pain of the tonsils, hoarseness, hollowness of the eyes, and the *facies Hippocratica* are signs of death."¶

An improvement of the general condition of the patient during an interval, compared to the preceding one, is a reliable sign that the disease is giving way, whether it be idiopathic or symptomatic.

There are some facts which tend to show that the eating plentifully of the fruits and vegetables growing in an infected district, acts as prophylactic. Galen, for instance, whose prejudices were strong against their use, (a surfeit of summer fruits threw him into a fit of sickness, when a boy,) says, "those who are set to watch the vineyards, and live for two months upon

* Cleghorn, page 156. He remarks, however, that the eruption upon the lips in the beginning and before declension of the disease, prognosticates a dangerous or a tedious illness.

† Ibid. page 157. ‡ Ibid, page 160.

§ Sydenham, Vol. I., page 75. Huxham, page 21.

‖ Sydenham, Vol. I., page 77. ¶ Ibid, Vol. II., page 238.

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grapes, figs, and bread, became fat and lusty." Cleghorn, who quotes the above, confirms the observation by his own, in districts where "tertians usually rage with the greatest violence." Observations have been made by other authors of the good effects of vegetables and fruits in checking the progress of endemics in armies. I have given advice to families in accordance with this view, and, if negative results are reliable, the advice has done good.

ARTICLE XXXI.—*Cases of Fever Homœopathically treated: translated from the German of Dr. Huber:* By H. B. MILLARD, B.A., Student of Medicine.

1. GASTRIC FEVER.

Francis Schmid, aged sixteen years, of a sanguine temperament and tolerably strong constitution, and with the exception of the itch, always well.

On the 20th of March, 1856, he was seized without any assignable cause, with a chill which lasted two hours; this was succeeded by heat, headache, thirst, loss of appetite, a feeling of general *malaise*, and sleeplessness owing to the internal heat. These symptoms increased daily in intensity.

On the 26th of March, his condition was as follows: numbness of the head with an occasional sense of heat and constriction, humming in the ears, face flushed, tongue white, too dry from the tip to the middle, bitter, clammy taste, excessive thirst, frequent but vain eructations, no appetite, loathing of food, occasionally a sickening nausea upon movement. The region of the stomach somewhat painful on pressure, painless diarrhœa, with greenish-yellow watery evacuations five or six times a day, the urine scanty and of a reddish tinge like beer, the heart and organs of respiration presenting their normal condition, the skin hot and dry, the pulse not hard, and at 85 In the night restless and almost sleepless on account of heat and thirst, and exciting dreams. Last night he rose from his bed and walked about his chamber perfectly unconscious of what he was doing; great debility.

Prescribed: *Bryonia-alba*, 3d trituration, a drop in water every three hours. From the 26th to the 27th there was no

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perceptible change, unless that the sleep was less disturbed and there were no more dreams.

On the morning of the 28th, I found the following condition: the head yet somewhat benumbed, the tongue coated with white, clammy taste, great thirst, no appetite though the nausea had disappeared, pressure on the region no longer painful, no diarrhœa, the urine of a vinous yellow color, head dry, the temperature moderately elevated, pulse at 75 and rather strong.

March 29th, the head was free, the tongue considerably cleaner, the taste better, no more thirst, some appetite, no diarrhœa, the urine increased and clouded as with a chalky powder, the head moist and its temperature natural, the pulse regular. At night, sleep as calm as when well. Convalescence now continued, till medicines were no longer necessary. On the 30th, his appetite returned, and with the exception of a trifling weakness, he was quite well, and on the 30th returned to his work.

2. Nervous Fever.

Charles Krügler, thirty-three years old, a tailor, of a spare, strong habit, and with exception of an occasional headache, perfectly healthy since childhood.

The present disease was ushered in without any known cause, on the 27th day of February, 1856, by malaise and loss of appetite. On the 28th, a severe chill set in, followed by heat, a sense of constriction of the head, thirst, constipation, and a light dry cough, so fatiguing that he could not sit up. These symptoms became aggravated until the 6th of March following, when I was summoned to his aid.

The following condition existed: heaviness of the head and wildness, with a dizziness upon rising; feeling of fullness and heat in the head, sticking pains through the brain, excited only upon motion of the body, most painful upon coughing; sensation as if the skull would burst. These pains are worst at evening. Roaring in the ears, the tongue dry and coated with brown, the taste flat and disgusting; great thirst, no appetite, tympanitic swelling of the abdomen; pain upon pressure in the region of the cœcum, loathing of food; hard and difficult stools; the urine scanty and reddened; dry cough with aggravation evening and night. The sounds upon

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percussion were normal; upon auscultation vesicular breathing and some sibilant ronchus were heard in the upper part of the left lung. The pulse at 80, small and weak; nervous anxiety and great weakness. His nights were restless and broken by delirious muttering.

Administered *Bryonia-alba*, 3d trituration, one drop in water every three hours. From March 6th to the 12th, the fever continued with daily, though inconsiderable evening exacerbations; the headache diminished rapidly, the roaring in the ears and the nightly delirium disappeared entirely; the tongue grew moist; a difficult evacuation every two days succeeded; the cough was less frequent and no longer troublesome; the other symptoms underwent no change, only on the 11th of March there was added to them a white crystal-like miliaria (miliaria crystallina alba) with which the whole breast was, as it were, sown.

March 13th, at 6 o'clock in the evening, his condition, very unexpectedly, became much worse. There appeared suddenly, as he lay quietly on his bed, a violent sticking pain in the back of the head, with great pain in swallowing, and painful numbness of the eyes, so that he could not move them. The throat upon examination presented its ordinary aspect, while the patient complained of a feeling there of dryness and sticking pains upon swallowing, as if he were swallowing pins. This condition continued till midnight, when in addition there was great heat of the body and copious perspiration; the whole night was passed without sleep.

On the morning of the 14th, I discontinued Bryonia, and gave instead, *Rhus-toxicodendron*[4], a drop every three hours in water. There was a similar exacerbation at eight o'clock in the evening, only shorter in duration and of a milder grade, so that after it the patient rested well the greater part of the night.

From the 15th to the 18th there was no return nor exacerbation of the fever; this, with its concomitant symptoms, daily abated so rapidly, that on the 19th of March there was not the slightest perceptible trace of it.

The head was free, the tongue moist and clean, the taste good, the appetite returned; there was no more thirst, the abdomen was soft, the urine clean and of a vinous-yellow color; no cough, the indications of catarrh had disappeared, the skin moist

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and at its natural temperature, no more miliaria, the skin of the breast peeled off in branny scales, the pulse regular, though soft, at 65, sleep good. The patient was at this time extremely weak and had not had an evacuation for three days. I withdrew Rhus and gave him in the evening a dose of *Nux-vomica*, 4th dilution.

This was followed on the morning of the 20th by an abundant and natural stool. He continued thenceforward to improve till no more medicine was called for.

On the 25th of March, he again complained of constipation having already gone three days without an evacuation, and of having passed two sleepless nights. On being asked why he could not sleep, he replied, "As soon as I try to get asleep, an ice cold sweat sets in, especially on the forehead, and an exhausting weakness which makes me so anxious that I cannot sleep." He appeared well enough in every respect, save that there was an unusual pallor of the countenance and weakness of the body. I gave *Veratrum-album*[4], a drop in water every three hours. On the evening of the 27th of March no alteration. On the 27th of March he had a passage of soft excrementitious matter, and there was no return of his last complaint. His sleep afterwards was calm and refreshing, and carefully regulating his diet, he was able on the 28th of March, 1856, to resume his occupation.

3. Erysipelatous fever.

Mr. F. . . ., an Austrian civil officer, aged thirty-four, of a sanguine temperament, accustomed from his office to a sedentary life.

In addition to a diarrhœa, which he had contracted when a student, he suffered from time to time from erysipelas, which the most energetic allopathic treatment had never subdued in less than six or eight weeks. In the year 1855, about the 4th of August, while on an expedition afoot, he got thoroughly wet; a feeling of weariness, general uneasiness, and loss of appetite soon set in. On the 5th of August at about two o'clock in the afternoon, he had a severe attack of chill and fever, which lasted three hours, and was succeeded by an almost insupportable heat, thirst and great debility. An oppressive headache in the region

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of the forehead, nausea and inclination to vomit, and costiveness soon set in. In the evening and night his fever rose to delirium, in which his conversation and thoughts ran upon the business of his office.

On the morning of the 6th I found the following state: head hot, oppressive pain in the forehead, face flushed, eyes staring and glistening, with a feeling of dryness; tongue white and of a brownish tinge, bitter and disgusting taste; great thirst, no appetite, frequent nausea, but no vomiting; the abdomen, with the exception of the region of the liver, not painful upon pressure; no stool, urine pale yellow, dry cough; the organs of respiration unaffected; the head dry and hot; the right inguinal glands very painful upon touch and movement of the thigh, though neither red nor swollen; pulse greatly accelerated, at 95, hard and tense; occasional drawing pains in the right extremity, extending from the inguinal glands and thigh to the foot, without redness or swelling; sleeplessness and great weakness.

Prescribed *Belladonna*[3], a drop in a swallow of water every three hours; at night access of fever, though without delirium, and lasting only three hours, followed by general perspiration and tranquil sleep.

On the morning of the 7th of August, the head was free, the tongue clean, and no thirst; no sickness at the stomach nor inclination to vomit; the stools natural; urine plentiful and of the same character as before; the head moist and cool; the pulse at 68, quiet and undulating. On the other hand, a rose-red, hot, inflamed swelling appeared on the right foot and lower part of the thigh, very painful upon contact or motion. The right foot and lower part of the thigh were, in consequence of the swelling, at least twice as thick as the left, and the swelling spread, though in a less intense degree, to the groin; here also beneath the skin were isolated rose-red spots with long stripes, which followed the course of the lymphatic vessels. The pain in the inguinal glands had entirely disappeared. During the day his condition was not much altered; at night copious perspiration and tranquil sleep. On the morning of the 8th of August there were no traces of the fever; the tongue was clean, the appetite returned; there was no longer pain in the region

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of the liver upon pressure; the urine became of a dark brown color like liquorice; skin dry and at its natural temperature; pulse perfectly regular; the redness of the erysipelas much paler, the pain trifling and the swelling about as before.

On the morning of the 9th of August there were no more traces of redness in the affected thigh. The swelling, though in no wise abated, had assumed an œdematous character and has the color of phlegmasia dolens. In other respects there was nothing abnormal. I withdrew Belladonna and gave *Bryonia alba*[3], a drop in water every three hours. In the course of two days, with the passage of abundant and perfectly clear urine, the œdematous swelling disappeared, so that on the 12th of August, 1855, he was restored to perfect health and was able to apply himself to the duties of his office. So terminated in seven days under the homœopathic treatment a disease which under the allopathic system could not have been cured in less than as many weeks. Sixteen months have already passed since without any return of the disease.

4. Ferris scarlatinosa.

Leopold Strasser, twenty-five years old, of a phlegmatic temperament, with a tendency to cretinism, hard of hearing, taciturn, and of moderate intellectual strength; always well since childhood. Four weeks before he had suffered from sciatica, which followed exposure to the rain; this disease had, however, yielded to the use of *Aconite*[2]. On the evening of the 6th of March, 1856, without any assignable cause, he was, after a feeling of general uneasiness, suddenly seized with a chill two hours in duration, followed by heat, thirst, violent headache, loss of appetite and great weariness, so that he was unable to sit up.

On the 7th of March, 1856, there was the following condition: oppressive headache deep in the forehead, head hot and burning; face swollen and red; mucous membrane of the eye red and inflamed, great sensitiveness of the eyes to light; the mucous membrane of the lips, the gums and tongue of a deep-red color; the last dry in front, hard and cracked; the back part heavily coated with yellow; the mucous membrane of the soft palate, of the uvula and tonsils of a dark red color, the last greatly swollen: impossibility of swallowing solid food; even

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liquids could not be swallowed without difficulty; great pain, dryness and feeling of fullness in the throat; great thirst; foul and bitter taste in mouth; no appetite; difficult stools; scalding on passing the urine, which was scanty and highly reddened; the skin on face, throat, breast and back, swollen and reddened, as if colored with vermillion; the temperature dry and burning hot; pulse full, hard, 90 beats per minute, great weakness and excessive anxiety of mind.

Gave *Belladonna*[3], a drop every three hours in water. At evening and night great exacerbation of the fever, with occasional delirium; no sleep.

On the 8th the eruption had extended itself over the skin of the whole body; occasional diarrhœa. In other respects no alteration. Nightly exacerbation of the fever, with delirium.

March 9th. The eruption of a clear scarlet color, is now in full bloom. The tongue is dry, but not cracked; great difficulty in swallowing; excessive thirst; no appetite; the urine even redder than before; the temperature of the skin, which everywhere feels moist, elevated; pulse full, but weak, at 80; mind more composed. At night less violent exacerbation, no delirium, tranquil sleep.

On the 10th, the eruption paler on the upper part of the body; much less difficulty in swallowing; less thirst; no appetite; stools regular; urine reddened and cloudy; temperature of the skin considerably elevated and dry; pulse 75, soft and full. In the evening, exacerbation of the fever, with great uneasiness and delirium; sleeplessness.

March 11th. The eruption continues to grow pale; considerable difficulty in swallowing; more fever than yesterday; in other respects the same. There was no exacerbation at night; quiet sleep and copious sweat all night long.

12th. The eruption has entirely disappeared, with the exception of a slight trace on the lower part of the thigh; head free, tongue moist and clean; redness and swelling of the mucous membrane of the throat entirely disappeared; no difficulty in swallowing; no thirst; appetite wanting; stools regular; urine plentiful and containing a brick-dust colored sediment; head moist, temperature normal; pulse weak, calm and no longer feverish; tranquil sleep.

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March 13th. No traces remaining of the eruption; the skin of the face begins to desquamate; return of appetite; complains only of weakness in the legs. Withdrew all medicine.

From the 14th to the 25th, the desquamation continued without interruption; his strength also returned and he could leave his bed.

On the 26th of March, 1856, the patient exposed himself to a draft of air and was seized in the evening with a severe chill, followed by violent heat, headache, thirst, and loss of appetite.

On the 27th, headache in the forehead, œdematous swelling of the face; tongue clean, excessive thirst; renewed difficulty in swallowing; œdematous swelling of the uvula and tonsils; stools normal; urine scanty and of a deep red color; no difficulty in breathing; skin dry and covered with branny scales; temperature elevated; pulse slow and rising beneath the finger with difficulty; great weariness; obliged to remain in bed.

Prescribed *Digitalis-purpurea* every three hours, by drops, in water.

On the 28th no headache, no difficulty in swallowing; great thirst, no appetite; urine scanty; the œdematous swelling extended over the skin of the whole body; the skin dry, shining, retains the impression of the finger; temperature elevated; pulse very slow; sleeplessness.

From the 29th of March to the 5th of April, 1856, the œdematous swelling of the whole skin increased so, with the diminished quantity of urine, that the patient presented a frightful appearance. I withdrew Digitalis, and substituted *Helleborus-niger*[1], hourly.

From the 6th to the 9th, no alteration.

On the 10th of April, at half-past nine in the morning, the patient was suddenly seized with violent epileptic spasms, in which he bit his tongue. The attack lasted half an hour, and returned in the afternoon, five times between the hours of four and seven; the attacks were, however, of shorter duration. Hellebore was discontinued.

On the 11th of April the tongue was much swollen and covered with aphthous sores; copious flow of saliva, fœtid odor of the mouth; excessive thirst, no appetite; occasional diarrhœa, followed by burning in the rectum; urine scanty, clouded and red;

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skin dry, glistening, here and there desquamating in branny scales, and enormously swollen over the whole surface of the body; temperature not elevated; the pulse almost entirely buried beneath the excessive swelling. I prescribed *Mercurius solubilis*,[1] a grain every three hours.

Between the 11th and 18th of April, the swelling of the tongue, the aphthæ, the flow of saliva, the fœtid odor of the mouth, the diarrhœa and thirst, wholly disappeared; there was no return of the epileptic fits; the urine was clearer and more abundant; the œdematous swelling of the skin abated somewhat, though only on the upper part of the body.

On the 19th of April he took a grain of Merc.-sol.[1] every three hours.

From the 20th to the 26th of April, 1856, an enormous quantity of a clear, watery urine was voided,—four or five quarts within twenty-four hours. The swelling of the skin now abated so rapidly, that on the 26th, there remained no traces of it. There was no sweat during the progress of the disease. The patient now began to complain of hunger. As he was now entirely recovered, with the exception of a general weakness, I did not deem it necessary to administer any farther remedies.

He recovered his strength so rapidly between the 27th of April and the 6th of May, 1856, that on the 7th of the latter month he was able to return to his work.

The diet in the cases whose history I have just given, as well as in those which I purpose giving hereafter, was strictly homœopathic, and, therefore, has not been particularly alluded to.

ARTICLE XXXII.—*Cases from Practice*, by Dr. TEMPLE, of Saint Louis, Mo.

DR. J. C. PETERS.

Dear Sir,

In my last letter to you, I promised to give from practice some few cases for publication. I have selected two, which were treated in 1856 and 1857.—They were to me at the time exceedingly interesting, on account of the peculiar circumstances attending them—their peculiar symptoms and their prompt and permanent relief by a single remedy.

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In Sept., 1856, Mrs. O., a member of a charitable society, composed of the first ladies of our city, called, as she often did, to obtain my sympathy and aid in behalf of the suffering poor. History of the case as given to me:—Mr. T. W., a strong able-bodied farmer of Illinois, with a wife and two children, had been compelled from the constant, violent attacks of chills and fever, to remove to St. Louis, bringing with him all that he had remaining of earthly goods, consisting of a span of horses and wagon. He had hoped that when he arrived here, his chills could be cured, and he be enabled by his teaming to supply the wants of his little family. Six months passed, and as in Illinois, so in St. Louis, medical aid had proved inadequate to his relief,—his horses and wagon had been sold to supply food, and the demands of the doctors, and his suffering condition and destitution, were made known to these noble-hearted ladies, whose sympathies never exceeded their acts of kind attention, and liberal supplies. They found him not only penniless but prostrate and powerless—bed-ridden, and in constant pain, unable even to turn himself without aid. In company with this excellent woman, I visited Mr. W., and found him as described, truly helpless. On examination, obtained the following statement from himself and his wife.—For nearly one year before he came to Saint Louis had "suffered from chills, daily "at first, then every other day, and finally every third day, "which had been the case for over six months. At first his "feelings were similar to most persons with chills, coldness "all over, headache, pains in limbs, &c., but able to work when "the fever was gone,—appetite was good for the first six "months, but took so much Quinine and tonic mixture, began to "lose my appetite—had three doctors in St. Louis, who gave me "some kind of bitter medicine, Quinine I suppose.—For the "last two or three months he has suffered more and more with "his back, until we were unable to get him up from bed—he is "often kind of wild, seems not himself—appears to be deranged "—then again, lies quiet, but seems drowsy, and does not breathe "natural—has his chill and fever regularly every third day, "and suffers dreadfully while it is on him—He is scarcely "ever free of pain, and has wasted away till he is a mere shadow." Such is the description by himself and wife.

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On questioning him, ascertained that his *lower back* was the part in which most of his sufferings were centred, and that his head was so strangely affected that he could not describe it himself, and thought at times that he must be deranged, from his wife's account. His pulse was small, very irritable and 110. Skin was not very hot, but unnatural in its feeling; tongue red; eyes sunken and unnatural in appearance, wild and glassy; kidneys not deranged; bowels torpid; no appetite.

TREATMENT.—1st day: Gave Rhus-tox. six pellets of the third potence, every three hours.

2d day: Pain in the back better, had rested better, eyes had a more natural appearance, pulse 100 and not so small or irritable. Other indications same. Rhus-tox. continued as before.

3d day: Feels better; says his head feels much better, and has not suffered half as much pain; wants a little nourishment; pulse 85, soft and full; skin feels more natural; countenance much improved; tongue gradually losing its redness; bowels moved. Says he has no feelings of his returning chill, although he "is sure it will come." Rhus-tox. continued.

4th day: Had no chill, no fever, is very feeble, pulse 73, soft and weak; had more of his stupid symptoms; slept quietly; skin slightly moist; pain in back greatly relieved; has a desire for some food; is delighted at the fact that he has missed his chill, and says he now hopes he will get well. Rhus-tox., one dose and four of blanks for the next twenty-four hours.

5th day: He has had no chill or fever; his improvement is manifest to all; relishes food; has scarcely any pain; no return of his derangement of mind; sleeps and breathes normally; skin moist and natural; tongue still improving; not so feeble as yesterday. Rhus-tox., one dose and four doses of blanks for next twenty-four hours.

6th day: Rapid improvement; can sit up; appetite still better; wants some meat; bowels moved once. Ordered him meat and nourishing food, little at a time, once in four hours. Prescription as above.

7th day: My patient was walking about the house, rapidly gaining strength, and his appetite daily increasing; no pain in back left; head all clear, and says he is all well, but for weak-

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ness. Left him, with instructions to inform me immediately if he had any return. He was soon able to work, and never had a chill after.

I regret that I could not get a more definite and detailed account of this case during his stay in Illinois.

Case Second.—*Intermittent Fever.*—In October, 1857, was called to visit Mrs. S. B., wife of a farmer, residing in Illinois, on the American bottom, four miles from the city.

On my arrival, found Madam in bed, a poor emaciated skeleton; sallow, withered, suffering; an object well calculated to awaken the deepest sympathy in every heart. Her mind was clear, intelligent, but filled with despondency bordering on despair as to her recovery.

Her own statement of the case: "I was taken every other day "with the ague and fever, two years ago; have had it off "and on ever since. Have been now confined to my bed for "over two months with the chill every day. The doctors have "done me no good. I have taken Calomel and Quinine enough "to fill a hat, since I was first taken, until I can stand it no "longer, and now I want to try the little pills."—I requested her to give me, as nearly as she could remember, the symptoms or feelings from the first attack; when the following were elicited:

"Had the common shakes, pain in bones, head, and down the "back, cold all over, shivering, sick stomach often; thirst all the "time, great weakness, headache and pain in stomach; heart-"burn often, whenever I eat any food, even crackers or bread, it "gives me the heart-burn; no appetite; very often vomit my "food directly after eating; cannot bear any thing tight around "my stomach, must have all my clothes loose; my bowels are "sore on pressure; have pains in my arms at night; a kind of "drawing pain, very unpleasant; often have a nasty sick stomach, "without any vomiting; feeling of strength all gone."

When called to this case, there was an allopathic physician in my office, who pretended to be inquiring after the truth. I said to him, "come jump into my carriage, and go and see this case with me"—he thanked me and went; he heard the whole case, and all the questions which I put.—I asked him out, requested his opinion of the case, which he frankly gave—saying, it is hopeless; you can got nothing to act on that

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stomach. I then told him to see what I should give her; taking from my case the bottle of Cal.-carb. 30th potence, I put six pellets into a vine-glass of water, and ordered one tea-spoonful to be given every three hours for one day, and then to suspend if one day—reporting to me at the end of two days her condition. I requested my friend to be at my office at the time the farmer had been appointed to come. At the appointed time the doctor and the farmer met at my office. Mrs. B. he reported as better, said she had missed her chill and fever; had had no vomiting or sick stomach for the last day; had rested better than for months; had relished a little nourishment, for the first time in a year, and that she had some hope now of recovering; wanted me to send a plenty of medicine.—Ordered one dose of Calc-carb. for the next forty-eight hours, and six pellets of blank, every hour through the day, during that period, when he was to report.

5th day: Mr. B. reports no return of chill or fever; general improvement, but slow; does not vomit her food any more; soreness in bowels disappearing; slept last night without any pains in her arms; is not depressed in spirits; has more relish for her food, but cannot eat much.

As the chills were evidently cured, and only weakness remained, I sent her Arsenicum to be taken, six pellets three times a day for one week, (unless some change should check her improvement, in which event I was to be informed).

11th day: Mr. B. appeared at my office for more medicine—said his wife was improving finely and sitting up; quite a good appetite, and her pains all gone. Complexion greatly improved. Sent her some more Arsenicum, to be given three times a day. Three months after, saw the husband, who said he had not called before, because his wife did not need any more medicine.

My allopathic brother, who was seeking truth, and heard the farmer's report, never came into my office again, and shunned me in the street.

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ARTICLE XXXIII.—*A Case of Laryngeal Diphtheritis*, treated by S. Donnell Young, M.D., Gardiner, Maine.

Dec. 21, 1854.—A male child of J. B. B., aged 11 months, of hereditary scrofulous diathesis, was taken severely ill with croup. The disease slowly developed itself in the form of a simple catarrhal fever. Cough without expectoration, slight hoarseness, alternate heat and chills, lachrymation, which gradually increased till the fourth day; about three o'clock on the morning of the fifth day, the symptoms became so alarming that a physician (allopathic) was sent for, who came and administered the usual remedies: *Tart. em.* Alum, &c., with topical applications of Argent. nit., with any quantity of onions and goose-grease to the throat and chest, mustard-poultices to hands and feet. This treatment was continued till four o'clock in the afternoon of same day, without any permanent relief, at which time it was pronounced by the attending physician to be in *articulo mortis*; or to use his own expression to the mother: "No power can save your child—it must die."

At this crisis the family yielded to the mother's desire, of having a homœopathic physician; and I was called;—on arriving, the child was found in the following condition: great prostration, head thrown back, eyes sunken and turned up, pulse small, very rapid, respiration difficult, raw, dry metallic cough, no expectoration, extremities cold, countenance sunken, lips bluish, slightly swollen, with a very dark colored vesicular eruption around the vermillion border; stupor.

With no hope whatever of saving the child's life, I gave Arsenic[6], four globules every half hour, till nine o'clock in the evening, at which time there was evidently a favorable change; indications of returning warmth, &c., showing approaching reaction. Ars.[6] was continued through the night, at intervals of one hour, and till nine o'clock, Dec. 22.

This morning complete reaction has taken place, and there is now great febrile excitement, pulse 130, full and quick, cough same character as yesterday, respiration rapid and difficult; great tenderness over the trachea; ordered cold water to the

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throat and chest, to be changed frequently; internally Acon.^{3}, and Kali-bichrom.^{3}, alternately every hour.

Evening.—Pulse to-night 120, slight expectoration of thick, very tenacious, blood-streaked mucous shreds, somewhat elastic, Continue Acon. and Kali-bich., through the night, at intervals of three hours.

Dec. 23. Child still improving; fever subsiding; pulse to-day 100; expectoration now abundant; Acon.^{6}, Kali-bichrom., continue at intervals of six hours.

Dec. 24. Symptoms slightly aggravated this morning, with new developments; slight diarrhœa; whitish, sour-smelling, slightly streaked with blood; gave Hep.-sal. 100th dilut., once in four hours.

25. So much improved; left to nature *pro tem.*

26. The improvement continues; and with strict hygienic regulations there will be no trouble. 29th, reported well.

ARTICLE XXXIV.—*On Venesection in Puerperal Convulsions.* By LEWIS DODGE, M.D., Cleveland, O.

Messrs. Editors,

The past winter and this spring has been noted for a tendency to puerperal convulsions in this city. My practice in obstetrics is extensive, and I am accustomed to make note of cases varying from the common course.

Three cases of convulsions have recently occurred in the practice of myself and Dr. J. M. Johnson, my partner, two of which survived, the other died.

On the 2d of March, I was called for the first time to visit Mrs. G., then in convulsions. She had a short neck, a large head, sanguine, nervous temperament, broad across the chest, and of full muscular strength.

On the day previous I was informed, she had been unusually playful, and her whole nervous system was highly excited, and during the night previous to the convulsions, which commenced at 7, A.M., she had but little sleep. When I arrived, she was in the second fit, and the respiration was quite stertorous, showing congestion already of the brain.

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My first impulse was to bleed her immediately. This was objected to by the family, as they thought homœopathists "did not bleed," and one of the family had died under treatment of an allopathist who "was bled." Therefore I resorted to Acon. and Bell., with warmth to the feet and cold showering to the head. Then Cham., Ignatia, Conium, Hyosc., &c., including in their order the remedies used in our practice; but the fits occurred every half hour, with but little variation. With this treatment, assisted by the able counsel of my partner and two of the professors in our college, we continued during the day, till twenty-four fits had occurred; chloroform had also been administered, and the patient put into a warm bath; when, as last resort, she was freely bled. The spasms abated for two hours. Dilatation of the uterus was effected, and the child delivered by instruments.

There was but slight uterine contraction, and a decided hour-glass contraction prevented delivery of placenta. This I promptly removed by hand.

After about an hour the convulsions again recurred, and she died twenty-one hours after the first attack. My reflections upon this case are, that the patient should have been bled when the nervous manifestation came on the day before, and then suitable remedies, probably the same that were given in this case, would have doubtless carried her safely through.

This was her first pregnancy, and a predisposing cause of the fits may have been the impression on her mind, ever since seeing the convulsions and death of her brother's wife, above alluded to, "that she should die in the same way." It is proper to report fatal cases, as well as successful ones, and learn from both.

On the 27th of April, I was called, in consultation, to Mrs. A., a primi para, who was in labor, and affected with convulsions, as severe apparently, as in the preceding case. She had already had seven, and the usual medicines in our practice had been used from the first fit, with but little apparent mitigation of the spasms, and no progress of the labor.

I bled her a full quart, and immediately after applied a stream of cold water to the head, till consciousness returned; labor soon commenced, and with it signs of spasms, but a good article of German Chloroform applied cautiously, not allowing it to pro-

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duce anæsthetic effects, seemed promptly to arrest the threatened spasms, and she was safely delivered, and is doing well.

I consider the action of these remedies in cases of this kind as strictly homœopathic; and I believe that some members of our school do themselves, their patients, and the profession great injustice, by discarding these means, apparently because the opposite school use, and sometimes abuse, by their excessive use, these strictly homœopathic remedies, which like others of our remedies may coincide with disease, in consequence of their specific action on parts rendered susceptible to their action, by the existing disease, for which they are the specifics.

I have had the satisfaction in other cases, where convulsions were eminently threatened, of seeing the symptoms indicating them promptly disappear by the use of our common remedies in the usual doses.

A week since a case of arm presentation, with violent symptoms of convulsions, while turning, was promptly controlled by Chloroform, and safe delivery effected. L. Dodge, M.D.

Article XXXV.—*Case of Extra Uterine Pregnancy*, by Drs. Sparhawk and Currie, of Rochester, N.Y.

Dr. Peters,

Dear Sir,

Below we send you the facts in relation to a case of extra uterine pregnancy, which you are at liberty to use as you think proper.

Eleven years ago last April, Mrs. J. S. of Rochester, N.Y., was pregnant for the third time, and up to the ninth month had regular paroxysms of pain, resembling neuralgia of the womb, of a very aggravating character, and lasting about as long as the usual menstrual flow.

At the ninth month slight labor-pains came on and lasted about two weeks, when they gradually wore away, and her strength which had become very feeble began to improve. Her breasts filled, and she nursed a pup *four* months, having a large flow of milk. Menstruation again commenced three or four months after weaning the pup, and continued down to Aug. 1856,

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with a good degree of regularity. During the regular term of pregnancy she had a most *voracious* appetite, which continued until within a few days of her death; still she could not bear the least particle of food without the greatest distress. She complained most of a *constant burning* in the stomach, as of a pent up fire there, which nothing would cool or assuage. This was aggravated by food, which caused much bloating of the epigastric region, and to use her own words: "her food lay like a stone." Her bowels inclined to constipation. Her general health continued quite comfortable, enabling her to perform considerable manual labor, which (she was obliged from indigent circumstances to perform, if possible,) until May, 1856, when we became more intimately acquainted with the facts of the case. From this time her stomach difficulty seemed more severe, and she was unable to sit up all the time ever after, although the same *terrible* appetite was her *constant* companion.

We proposed an operation when we became fully acquainted with her case, but she preferred to let nature have its course. About three weeks before her death, she was suddenly attacked with labor-pains, which continued with more or less severity, until a few days before her death, when she lay in a state of stupor, which continued until she died. At the time the labor-pains came on, she had many symptoms of stone in the bladder, and with the passage of urine, were emissions of flatulence, with a loud report, which seemed to pass from the *urethra*—perhaps from the vagina.

With her urine were discharged shreds and lumps of very offensive smelling matter, which had the color of pus. At the post-mortem, the fœtus was found encysted in the right ovarian region, with a fistula connecting the cyst with the urethra—explaining the cause of the offensive urine. Nothing of interest was found beyond its extremely offensive odor and appearance. ——She was in her 53d year.

Drs. SPARHAWK and CURRIE.

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ARTICLE XXXVI.—*On Nursing Sore-Mouth,* by R. McMURRAY, M.D. of New-York.

Read before the Hahnemann-Academy of Medicine.

While most of the important forms of disease incident to the puerperal state and the period of lactation, are to be found accurately described and ably treated of, in the various systems of theory and practice, as well as by the various authors on the subject of midwifery and the diseases of females, it is a matter of surprise that so few of our important writers have taken any distinct or adequate notice of that peculiar and very troublesome complaint known as

NURSING SORE-MOUTH.

But when we turn our attention more particularly to the subject we find that it has received a good share of the attention of the profession for the last score of years, as is proved by the number of articles to be found on this subject, contributed to the different medical periodicals, and also here and there a monograph treating of this disease.

Previous to the period mentioned above, there appears to have been very little written on the subject, or at least little that was worthy of being saved from oblivion, although most of us know that there were no lack of examples of the disease long before that time; if not from our own observation, at least from the oral instructions of our seniors in the profession. While preparing for this occasion I have examined as many different authors on the subject as my time and opportunities would allow, and to them I am indebted for many important ideas and facts; but I do not intend to make any verbatim quotations. I hope this acknowledgment will be considered sufficient to relieve me from the charge of intentional plagiarism, if I give no distinct credit for ideas uttered at second-hand.

We are to inquire, what are the characteristics, pathology, causes and proper treatment of Nursing Sore-Mouth.

This affection has received various names as for instance, *stomatitis nutricum, stomatitis puerperalis, puerperal anemia, anemia nutricum,* &c., each in some degree indicative of the notions entertained by the various writers of the causes and na-

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ture of the complaint of which he treats; but for the present we will give it the plain vernacular, with which we started, a name which all understand, although, strictly speaking, incorrect, because, as we will find, it is not confined to the period of lactation, but often shows itself during the term of pregnancy.

The affection under consideration appears to have a direct connection with the period of child-bearing, as its name indicates; it is characterized by debility, anorexia, vitiated or absence of taste, nervous irritability, melancholic forebodings, fear of death, &c.; with a sense of heat at the epigastrium, and occasionally rejection of food from the stomach, if the patient has succeeded in swallowing any considerable quantity, which is often prevented by the diseased condition of the mouth and throat; the fauces will be found to exhibit a redness, like that produced by the application of scalding water, and the patient usually says, it feels as if it had been scalded.

At the apex, on the edges of the tongue, and on the sides of the bucal cavity, will be found elevated points or pimples, which soon become small ulcers, or aphthous sores, or as they are usually called, *canker sores;* they may appear in numerous distinct patches, or they may coalesce and form one large ulcer, the remaining portion of the mouth being comparatively free from ulceration at this stage; every thing cold or more than blood-warm taken into the mouth producing intense smarting and pain. The surfaces are too tender to admit of the mastication of any but the softest articles of nourishment, and those in small quantity. The saliva is generally increased in quantity, and becomes acrid and burning in quality, amounting in some instances to quite profuse salivation; but in some instances the mouth and throat are dry and husky, requiring to be often moistened, to relieve the sense of burning heat with which she was annoyed. The fever accompanying this state of things is of an irritative or nervous character, amounting in some instances to positive hectic.

The bowels are often affected with profuse watery diarrhœa, which if not successfully treated, soon runs down the remaining strength of the patient, and fixes her on her bed, and if allowed to progress, would no doubt soon carry her to the grave. Accompanying these symptoms we have of course the appearances

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indicating approaching exhaustion, the face is pale and sallow, almost icteroid, with well-marked dark circles under the eyes, the features shrunken or bloated and waxy, the countenance expressive of anxiety and distress, although there is usually little positive pain. Upon motion we may have dim vision, dizziness of the head, tinnitus aurium, palpitation of the heart, with disposition to syncope, or actual fainting, requiring the greatest care in changing the clothing about the patient, or in moving her at all.

Such is a rough sketch of the more salient points to be observed in this most troublesome affection. And yet we may find our patient, even when she has reached the worst state described above, with her breasts distended with milk, upon which her child may be thriving finely, and enjoying the most robust health, while the mother is to all appearances, rapidly sinking to the grave, which she would inevitably reach, unless rescued by judicious treatment and faithful nursing.

The pathology of this disease appears to be pretty generally agreed upon by all the authors I have consulted on the subject. All seem to agree in considering the local symptoms as mere signs of constitutional disease, or a vitiated state of the general economy. This is shown by the fact of the migratory character of the disease. We have not only the sore mouth, but also and often previous to any indication of trouble there, evidences of a diseased state of the mucous lining of the stomach; showing itself in the form of pyrosis and other symptoms, usually termed dyspeptic. Some authors assert that the same trouble may extend to the bronchial surfaces or to the mucous surfaces of the genito urinary organs. The mucous surfaces appear to be its chosen habitation, but it is more especially confined to the alimentary canal, producing indigestion, loss of appetite, and in more advanced stages, profuse and obstinate diarrhœa, which we may readily suppose to be produced by ulceration similar to that which we see in the mouth, attacking the mucous follicles of the primæ viæ.

These are the principal local lesions whose existence appear to be indicated by the symptoms, and to these in a great measure we may ascribe the general distress, nervous irritability, prostration and debility, &c., which we always find accompanying the disease, and forming an important part of its sum total.

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The cause of this disease, judging from what I can gather on the subject, is to be sought primarily in a vitiated state of the constitution, similar to what is sometimes called the scrofulous diathesis; perhaps our writers on homœopathic medicine would term it a psoric diathesis. The exciting cause, it is most reasonable to suppose, is to be found in imperfect alimentation or inadequate nutrition. An example will, perhaps, best illustrate and convey the idea I would express.

A patient called on me for relief from the distressing nausea and pyrosis consequent on the early stages of pregnancy; she was small and thin, of an exquisitely nervous temperament, subject to what she called salt-rheum, and no great feeder at any time.

She had borne three children, at considerable intervals between each birth. During her last pregnancy, as she informed me, the same symptoms had troubled her to such a degree as to confine her to the bed for a considerable part of the term, and was followed by an attack of sore mouth, which was soon relieved.

My remedies were productive of partial and temporary benefit. She suffered severely during the whole term of utero-gestation, and would reiterate the question, "Doctor, what can I eat?" over and again, saying that when she had eaten she felt as if she had swallowed live coals, and very often got no relief until her stomach had cleared itself of its contents. This state of affairs produced towards the close of the term considerable prostration, so as again to keep her for the greater part of the last month in bed. Soon after her confinement, as we had anticipated, the pyrosis was relieved, and all appeared prosperous for about ten days, when she began to have the appearances of sore mouth, viz., heat in the mouth and throat, redness of the lips, fever, loss of taste and appetite, soon followed by aphthous sores, nervous irritability, disposition to diarrhœa, &c., which was relieved after a week or ten days.

Here we have a woman of meagre habit, feeble nervous system, with undoubted evidence of the presence of psora in her blood, having borne a number of children, and sustained the cares of her family, and of necessity undergoing a considerable amount of fatigue, enduring all the derangements of digestion incident to child-bearing in an unusual degree of severity, pre-

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vented from taking the quantity of nutriment usually required to support her own strength, at the time her system was called on to furnish material for the development of the vastly enlarged womb, and the growth of the fœtus in utero, then follows the shock of child-birth, the unavoidable drain of fluids attending the puerperal state, and finally furnishing a supply of milk for the support of the child.

All these circumstances combined would seem sufficient to produce a most perfect state of anæmia, and more or less prostration of all the vital powers. An abundant secretion of milk has appeared to be a prominent feature in some of the worst cases. In the most severe example of the disease I have ever seen, the breasts were loaded with milk, and when told that she must wean her child, a very fine robust boy, the patient demurred, on the ground of inability to dispose of her milk, although at the same time she was so reduced as to be unable to raise her head without fainting.

According to my observation, whenever the secretion of milk has been moderate and the bowels costive, the disease has been comparatively easily treated, but when that had been excessive and the bowels have become implicated, the patient is very fortunate who is not obliged to wean her child, and so check this excessive drain which is exhausting the fluids of her already enfeebled system, before she can in any degree rally or make any progress towards regaining health and strength.

Dr. Knapp, late professor of Materia Medica, and President of the College of Physicians and Surgeons of the University of Iowa, in an elaborate essay on this subject, attempts to prove that nursing sore-mouth is always of a scorbutic origin, or in other words, that it is essentially *land scurvy*, and if he has not succeeded in his purpose, he has at least proved that it abounds wherever the known causes of scurvy prevail. For instance, he found among the early settlers of Illinois, who lived for many months together on bread, bacon, and strong coffee, with an occasional admixture of whiskey, and at the same time were often exposed to great thermometrical vicissitudes, an abundance of sore-mouth among their nursing women, which he says he cured very readily by putting them on a diet of fresh vegetables and fruits, lemonade, &c., &c.; even when diarrhœa was most trou-

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blesome he gives turnips, raw or cooked, berries of all kinds, stewed or raw, checking the diarrhœa with opiates and antacids, as Carbonate of Soda, or Potassa, together with tonics, astringents, &c. But as he seems to be possessed with the notion that almost every important disease is a manifestation of scurvy, and has issued similar treatises on Asiatic cholera and cholera infantum, we may be pardoned if we consider him (to use an expression more common than scientific) rather hobby-horsical, and receive his observations with a few grains of allowance, until more fully verified. But that it is a disease of debility and exhaustion, no one will doubt who has observed the soft compressible or rapid fluttering pulse, and other phenomena which attend it.

The diagnosis of this particular form of disease need not occupy much of our time. The principal diseases with which it is liable to be confounded are ordinary stomacace or stomatitis, and mercurial ptyalism. From the former it may be distinguished by the greater tendency of the ulcerations to spread over the mucous surfaces, and by the greater severity of the constitutional symptoms, and also by the fact of the patient being in a state of pregnancy or lactation. Query? Would an attack of ordinary stomatitis, occurring at that time, assume the characteristics of nursing sore-mouth? From the latter it may be distinguished by the entire absence of the mercurial fetor, and the much less inflamed and serrated appearance of the gums.

The treatment of this disease is a subject which I approach with much diffidence, having had to feel my way as best I could, and depend almost entirely on my own judgment and discrimination in the selection of remedies to suit each case as it arose.

The chief remedies from which I have selected have been Sulphur, Mercurius, Arsenicum, Nux-vom., Cinchona, Chamomilla, Nitric-acid and Borax. The two first mentioned remedies I find very useful, and will often cure mild cases, without anything else. I give them alternately, a powder every two or four hours, and find them applicable to nearly all forms of the disease, as they touch the aphthous ulceration, the peculiar derangement of the bowels, and nearly all the symptoms found in an ordinary case.

Arsenic is applicable when the burning sensation is very trou-

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blesome, attended with thirst and watery painless diarrhœa, producing rapid prostration with entire inability to take food.

Nux-vom. appears to be indicated when we have a preponderance of dyspeptic symptoms, as pain at the epigastrium, distention, flatulence, especially if accompanied with a constipated state of the bowels, with nervous irritability and irrascibility.

Cinchona appears to be applicable in cases accompanied with or preceded by a great loss of fluids, as hæmorrhage, profuse diarrhœa, or an excessive secretion of milk, and is of use in almost any stage of the disease.

Nitric-acid seems to be indicated by a variety of the symptoms which go to make up the disease, such as the smooth redness of the mouth and tongue, appearing as if scalded and having much the same sensation to the patient; also some forms of bowel difficulty, as well as by its tonic and stomachic qualities. Query, who has tried Capsicum under similar circumstances? Besides these we could examine Iodine, Sulph.-acid, Carbo-veg., Hepar, Calc.-carb., Causticum, Ferrum, and Phos., or Phos.-acid.

In the management of this disease the proper regulation of the diet is of the first importance. Unless positively contra-indicated, the diet should be as generous and abundant as the digestive organs will dispose of; fresh meats, animal jellies, with some of the fresh vegetables, should be given freely, and frequently changed, so as not to give a distaste to any, if it can be avoided. A very fine article for a change is the dried codfish, picked fine, and well freshened, and properly dressed it; agrees well with the stomach, even the most delicate, and is often relished, when it is very difficult to find anything else that can be eaten. Stewed apples are often liked; boiled turnips; roasted or well-boiled potatoes, with beef-steak, mutton-chops, or fowls, or wild game, may all be brought into service and will be found useful, and besides all these, some form of stimulant is required, and the most useful in my hands have been the malt liquors. I have given ale or porter at as early a stage as I could persuade the patient to begin its use, and encouraged her to increase the quantity until she could drink a small tumbler of ale or porter mixed with water and sugar at each meal;—I have always found its use attended with benefit; the appetite is improved,

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she sleeps better, gives tone and strength to the nervous system, which does not appear to be as transitory as the good effects of stimulants usually are.

Indeed, I have come to consider malt liquors very important medicines in the treatment of nursing sore-mouth, and would not like to be deprived of their use when called to take charge of a patient affected with that disease.

Such are the very imperfect ideas I have acquired of the nature and treatment of the disease under consideration, which I submit in hopes that their errors and imperfections may be the means of drawing out those of larger experience and more extended observation, and inducing them to impart to us a portion of that information which their superior opportunities, or greater industry, if you please, has enabled them to acquire.

ARTICLE XXXVII.—*Case of Poisoning with Arsenic*, reported by Dr. WETMORE, late house-physician to Bellevue Hospital.

Dr. J. C. PETERS.

Dear Sir,

I send you the following account of a case of accidental *Poisoning by Arsenic*. It is one of great interest and well worth publication—both as an instance (hitherto I believe unprecedented) of recovery from so large a dose of this poison, and as a very accurate account of the principal primary and secondary symptoms produced by the drug—the patient being himself a well-educated and intelligent physician (old school). I give it nearly in his own words.

H. P. PERKINS, physician and surgeon. Born in Boston, Mass., aged at the time of the accident, thirty-five years.

Never before had a day's sickness, to his knowledge—had even been free from all the ordinary diseases of childhood, as was the case with all his ancestors on the male side. He was, however, at the time treating himself for a dyspepsia, with biliousness and some hepatic tenderness—produced, as he thought, by suddenly leaving off smoking (which habit he had indulged in to excess for fifteen or sixteen years, averaging about thirty segars a day) some three weeks previously.

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On Saturday, July 24th, 1852, at a quarter to 5 o'clock, P.M., he sent for a small quantity of *Potass.-bitart.*, and took the powder brought him in ice-water with sugar and a little *Tr. Gent.-co.* on an *empty stomach.* Twenty-five minutes after he was seized with *giddiness* and *slight loss of vision*, burning *sensation in the stomach*, great *coldness of the surface* of the body and *profuse cold perspiration*, inclination to vomit and purge, without ability to do either, and very severe *cramp* in the *stomach and abdomen.* Imagining that he had an *attack* of *cholera*, he took a large dose of Calomel (40 grs.), and a mixture composed of Peppermint, Rhubarb, Opium, Lavender, and Cayenne-pepper, without relief. In about *an hour and a half he began to vomit*, with great difficulty, and some ten minutes after to purge, and, when this had continued fifteen or twenty minutes, to vomit and purge bloody matter. The latter did not cease till 3 o'clock, A.M., (Sunday, the 25th,) when he became quiet. At 3½ o'clock, *thirst commenced*, for the first time. He drank up all the water, tea, &c., he had by him, but the thirst increased and became distressing. This led him to suspect that he was poisoned. From this time till a little after five, being unable to walk or arouse any one, he lay in great agony from thirst, praying for death—at length he was able to make himself heard by a servant, who brought him a pint of ice-water, which he drank at once and immediately threw it up. He then sent for the hydrated peroxide of Iron and a physician, who ascertained about 8 o'clock, that instead of the *Potass-bitart.*, he had taken 127 *grs. of pure Arsenic.* At 12 o'clock he fell asleep, and slept fifteen minutes, but seemed in great distress. His physician had no hope of recovery, but he thought himself that he should eventually get perfectly well. On Monday morning (26th)—*forty-three hours* after taking the Arsenic he was *weighed*, and was found to have lost in that time *forty-two pounds.*

From this time he suffered severely from *cramps*, *constipation* and *gastritis* until *May*, 1854, when he began to be relieved of his *cramps*, and the constipation and gastritis were much improved. He now (in the course of about a fortnight) lost the entire use of his feet, legs, arms and hands—and severe *neuralgic pains* set in and continued for two and a half years.

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These were so violent that he could obtain relief only by very large doses of *Morphine*—he averaged daily, for eighteen months or more, 36 to 38 *grs.* Also, on one occasion he swallowed at once ʒviij. of Laudanum, without producing the slightest narcotism.

He is now (April, 1857), entirely free from his gastritis, cramps and constipation. His *breath* has a peculiar, very offensive pungent odor. His feet are still partly paralyzed, so that it is difficult for him to walk any distance, and there is but little sensation as yet below the instep. There is some soreness on motion and pressure, in the arch of the right foot. The neuralgia is nearly gone, and he hopes in a few months to be entirely well.

On inquiry, I was enabled to procure these few additional particulars.

Amongst the first symptoms he noticed, after he suspected that he was poisoned, were a *crimson line on the gums* (which he had remarked in other cases of arsenical poisoning) and *injection* of the *conjunctiva*, with symptoms of *iritis*.

His *mind* was all the time perfectly clear, and, with all his senses rather morbidly acute. He was for a long time troubled with bad dreams and night-mare, which would dwell on his mind and annoy him during the day.

His *appetite* was usually inclined to be ravenous.

The *cramps* appeared to affect all the muscles of the inferior extremities at once, and especially he thought the *plantaris* of the right leg.

The *neuralgic pains* were confined to the arms, below the elbows, and to the legs below the hips, they did not seem to follow the course of the main nervous trunks. They were never darting in their character, but always steadily increasing to their climax and then gradually decreasing. Cold air or water would always bring them on—they were worst between 9½ o'clock, P.M. and 8, A.M.

The *paralysis* was of both motion and sensation—but he remained acutely sensitive in the paralyzed parts to cold.

As regards his *treatment*.—He took large doses of both the Hydrated-peroxyde and the Carbonate of Iron at the outset—but not till more than twelve hours had elapsed after the taking

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of the Arsenic. Afterwards he was treated with brandy (averaging viij. a day for over three years).—Bark, Sulphur, with Potass.-bitart. for two months—then with Potass.-carb., and lastly with Potass.-iod. The Potass.-iod. he thought helped him very much, as also the Bark. His constipation he broke up with Pil. Rhei Comp.

During his paralysis he was an inmate of Bellevue-Hospital. He is now a resident of the city, very poor in consequence of this misfortune, but anxious, now his health is in a measure restored, to earn a livelihood once more.

JOHN Mc B. WETMORE, M.D.

ARTICLE XXXVIII.—*Caulophyllum Thalictroides.* Therapeutical Indications for its Use, with Illustrative Cases in Practice. By Dr. E. M. HALE, Jonesville, Mich.

This plant, likewise known as *Squaw-root*, *Pappoose-root*, or *Blue Cohosh*, is a favorite agent of the so-called botanic, and the eclectic physicians. It is the object of this article to call the attention of my homœopathic brethren to this really valuable and important remedial agent.

Like many of our indigenous plants it was first used by the aborigines of this country, who have performed many extraordinary cures by its use. The first mention that I find of it by any medical writer, is in the work of John Thomson, who, after mentioning its employment by the Indian females to expedite delivery, and to relieve uterine pain and spasm: (whence proceeded its name *Squaw-root*), reports a case of inflammation of the uterus, cured rapidly by a decoction of the root. It is also highly spoken of by Smith, Matison, Beach, and other botanic writers; but the best description of the plant, and *resumé* of its properties and uses is to be found in King's Dispensatory. He says: "It is principally used as an *emenagogue*, *par-* "*turient* and *antispasmodic*: but it likewise possesses diuretic, "diaphoretic, and anthelmintic properties. It has been suc- "cessfully employed in *rheumatism*, dropsy, *colic*, *cramps*, "hiccough, *epilepsy*, *hysteria*, *uterine inflammation*, &c. It "is a valuable agent in all *chronic uterine diseases*, appearing

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"to exert an especial influence upon the uterus, and has been "found serviceable in *uterine leucorrhœa, amenorrhœa, dysmenorrhœa*, &c. When used in decoction several weeks previous to the parturient period, it is said to *facilitate that process*, . . . it forms an elegant and effectual wash for aphthous "sore-mouth and throat. In decoction, but colosh is preferable to ergot for expediting delivery in all those cases when "the delay is owing to debility, or want of uterine nervous "energy, or is the result of fatigue."

I generally prefer to use the resinoid or active principle, named *Caulophyllin*, (for a description of which see King's Dispensatory). It contains all the virtues of the plant, and has the advantage of being more rapid and certain in its action, and can be administered in a more agreeable manner.

I have used this agent for nearly four years, both in its crude state, and in triturations and dilutions, and consider it one of the most valuable remedies (in its sphere of action) in existence. Besides the successful use I have made of it, in the diseases which *I have italicized* above, have used it with gratifying results in *passive menorrhagia, congested cervix*, relaxation of the uterus and ligaments, *after-pains*, and those harassing pains which many women experience during pregnancy, described as "bearing-down," "dragging," "weight," also *false-pains*.

If I were to compare any of our remedies with it, I should name, Puls., *Asa-f.*, *Plat.*, *Ign.*, *Bell.*, but more particularly Ergot. It seems to act as specifically upon the uterine system as that drug, while it is entirely devoid of any of the deleterious effects which are said to follow the use of *Secale*.

King, in his Obstetrics, places it among the most important of his so-called "uterine tonics," and remarks that "the con-"tractions it occasions, more nearly resemble the natural ones, in-"stead of the continuous, spasmodic contractions effected by "ergot;" an assertion which an extended experience in its use, justifies me in upholding.

In deficient contractions, with retained placenta, or profuse hæmorrhage after delivery, I have relied upon the 1st trit. of Caulophyllin, to produce firm contractions, and have never been disappointed. In cases of threatened abortion, I have used the

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1st dilution made from the tincture of the root, with gratifying results; also, (in larger doses) in those frightful hæmorrhages accompanying miscarriage; and to expel hydatids, moles, or a dead fœtus.

The term, "uterine tonic," applied to this drug, is not an inapt one, although one which a strict Hahnemannian would not recognize. Yet in those cases characterized by a debilitated and relaxed state of the uterine tissues, and depending upon no particular disease, it most assuredly does act as a local tonic and with no other perceptible effect. If the patient is anæmic, I alternate it with *Iron.*

PATHOGENETIC EFFECTS.

I have noticed but few morbid symptoms, which I could attribute to its action. Those which I have observed I will place in the usual order, I have not tried to *prove* the attenuations.

GENERAL SYMPTOMS: Sensation of comfortable languor and disposition to sleep. A fine prickling sensation in all the extremities, (from 2 grs. of the resinoid). Increased mental and physical vigor (in a chlorotic girl).

NERVOUS SYSTEM. It undoubtedly exercises a powerful sedative effect on the whole nervous system, while at the same time it increases its tone and strength. It relieves the tremulous weakness peculiar to hysteric females. Its action on the nerves of motion seem to resemble nearly the effects of the *Actea-rac.*, but in *actual spasm* I prefer it to that drug. "It is a powerful anti-spasmodic." (KING.)

ON THE TISSUES.

It acts upon the mucous membranes of the mouth and throat, causing increased secretion of mucus. It cures aphthous inflammation of the mouth and fauces.

On the muscular and fibrous tissues it has a powerful effect, but whether directly or through the nervous system, is not yet determined. Its efficacy in rheumatism is undoubted. (see case No. 4.)

Sensorium. Swimming sort of vertigo, with dimness of sight.

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Head. Sensation of fullness in head, with pressure behind the eyes, and fullness of the temporal arteries.

Eyes. Dimness of sight.

Mouth. Sensation of dryness in mouth, or as if scalded. It cures apthæ of the mouth.

Stomach. It relieves severe cases of spasm of the stomach, and spasmodic vomiting.

Abdomen. "Combined with drastic purgatives such as *Aloes*, and *Podophyllum* it prevents tormina better than any other known drug." (King.) It relieves attacks of spasmodic colic.

Urinary Organs. It is recommended in spasmodic retention of urine.

Female Sexual Organs. Congestion of blood to the uterus. *Labor-like pains. Abortion.* Increases the natural pains of labor. Relaxes the os-uteri. Profuse secretion of mucus from vagina. (For further information, see general remarks, and cases reported).

Chest and Larynx. It has relieved the spasm of the chest, and larynx in hysteric persons.

Back and Extremities. Lassitude, and weakness.

The above is but a meagre digest of symptoms, but I trust by the time it shall be reached, alphabetically, in our new Materia Medica, a more extended proving will be made. Meanwhile I earnestly advise its free use in the morbid states I have mentioned.

The following cases, I copy from my case-book. They will illustrate the beneficial action of this excellent remedy.

Case 1.—Threatened Abortion.

Mrs. S. . . . Has had several abortions at about the third month, each preceded for a week or more by sense of weight and pressure in pelvis. When I was called, labor-like pains had already set in, and the os-uteri was slightly open. Gave her Caulophyl., 1st dil., one drop every half hour. In a few hours pains abated. She has since given birth at full term to a healthy child.

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CASE 2.—DIFFICULT LABOR.

Mrs. E. . ., a primipara, had been in labor twenty-four hours when called; a midwife attending her. Found the os-uteri about the size of half a dollar, (the membranes had broken during the first hours of pain) hard, rigid and unyielding; vagina dry; the pains frequent and spasmodic. Gave *Bell.* and *Puls.*, and ordered warm fomentations.

Twelve hours afterwards there was scarce any alteration in the condition of the patient, except that she had some fever and was slightly delirious. Gave *Acon.* 1st.

Six hours of agonizing pain and no progress; by auscultation I discovered that the child was dead. (It was alive twelve hours before.) I began to fear for my patient, and having no *Ergot*, I gave Caulophyllin ½, one gr. every twenty minutes. In one hour the os-uteri had become soft and dilated, the vagina relaxed and moist; fever abated, moist skin, pains less severe, but strong and expulsive, and in one hour more she was delivered of a dead child, weighing 10¼ lbs. The mother rapidly convalesced.

I do not think any other drug could have produced so favorable a change, in so brief a time. I have not used Ergot since, (nearly three years) and consider this resinoid infinitely superior to it, in every respect. As an agent for inducing premature labor, after rupturing the membranes, it is invaluable.

CASE 3.—HYSTERIA WITH AMENORRHŒA.

Miss N. . ., a young lady of seventeen years, plethoric and blooming; nervous, lymphatic; menses, suppressed 2½ months. When called to see her, found her in spasms, evidently hysterical, but resembling epileptic spasm, confined mostly to chest and larynx, and uterus. She was unconscious. For three hours, under the administration of Bell., Hyos. and Lobelia ½, (which, in drop-doses relieved the spasm of chest and larynx somewhat) and even Asa-f., Chloroform and hot bath, she remained in these peculiar and frightful spasms. I had seen hundreds of cases, but none so bad as this. As a last resort, and after giving no medicine for one hour, I gave *Caulophyllin* ½, one gr. In fifteen minutes the spasms ceased; the

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patient lay in a semi-stupid condition, free from pain. In the course of the night the menses came on, and in a few days she was about the house. I will add, that this was the *first* and *last* attack the lady ever had.

The best preparation of Caulophyllin is that prepared by W. S. Merill & Co., Cincinnati, O. The best form to use the crude-tincture, is the fluid ext. of Tilden & Co. For dilutions, an alcoholic tincture of the root is preferable. This plant is often confounded with the Cimicifuga or black cohosh, but it possesses different properties.

Jonesville, Mich., Nov. 31, 1857. E. M. Hale, M.D.

(Addenda.)

Since writing the above, the following striking case, in which the blue cohosh was used with surprising benefit, was related to me by my brother, Dr. P. H. Hale, of Hudson, Mich.

Case 4.—Complicated Rheumatism.

Mr. B. . . ., a plethoric man of nervous temperament, was attacked with rheumatic swelling of both feet. In a few days the swelling shifted to the knees, and from thence to the wrists and hands. No perceptible benefit occurred from the administration of Puls., Bry., Rhus, and Acon., internally and externally. One night, about the third week of his illness, I was called in great haste to see him. The pain and tumefaction had suddenly left the extremities, and he was suffering from excruciating pain in the cervical and dorsal regions; with spasmodic rigidity of the muscles of the back and neck; could not bear to be moved, slight twitching of the muscles of the arms; paroxysms of quick, panting breathing; complained of great oppression of the chest; high fever, some delirium, and great nervous excitement. The strong, alcoholic tincture of blue cohosh, was given in doses of one drachm every half hour. In a few hours the symptoms disappeared rapidly, and from that time the patient rapidly improved, and in a week was attending to his usual avocations. He has had no attack since.

My brother also states that he has used it with magical success in rheumatism of the uterus, and neuralgia of the uterus and ovaries. H.

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ARTICLE XXXIX.—*Cases from the Practice* of WM. BANKS, M.D. of New-York, (continued).

3d Group, VENEREAL DISEASES, continued.

CASE 2d. *Constitutional Syphilis, secondary form.*—This is the variety of Syphilis we most frequently see, and for two reasons; the first because the patient, after the primitive form of the disease, (the chancre) is cured, supposing that there is no necessity for further treatment, cannot be induced to continue the use of remedies which neutralize the venereal infection and thus preclude secondary developments; the second, because, when secondary symptoms do manifest themselves, the patient, under the influence of apprehensions as to the result, does not always rely exclusively on the advice of his usual medical attendant, but consults other physicians, and the same case is thus seen by many. Secondary syphilis is proteas in its forms, and may assume the appearance of any of the *epiphymata* when the skin is the seat of attack, of *angina*, *iritis*, *rheumatism* and other maladies when the throat, the eye, &c., are invaded by it. It is most frequently seen on the skin, however, as *lepra vulgare*, or *psoriasis guttata*, and in the throat as *angina ulcerosa*.

Mr. S——, a merchant of New-York, who placed himself under my treatment last summer for secondary syphilis, presented a case of that disease under the form of *psoriasis guttata*, with concomitant ulcerations of the throat and furuncle seated over the symphysis of the chin. This condition had existed for six weeks, with characteristic tendency to malignant increase of the symptoms, in spite of the advice and prescriptions of two physicians, who had already been consulted. The psoriasis was located on the neck and thighs. The *plaques* were in various stages of development, some were of a dingy, coppery hue, showing that they had attained the chronic stages, others of a bright red, showing the acute stage. I will here repeat remarks which I made relative to the coppery color of syphilitic cutaneous eruptions, in an article on skin diseases, published some months since, viz.; that this color is not observed in the *syphilides* until they have attained the chronic stage; that it is characteristic of many other epiphymata in their chronic form, and that the *syphilides*, like other cutaneous maladies, are red or

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scarlet in their incipiency. Close observations which I have lately made, confirm me in this opinion, and I therefore place but little confidence in the coppery color as diagnostic of a constitutional venereal taint, notwithstanding the assertions of Ricord, Babington, Cazenave, and other syphilographers. The ulcerations of the throat were seated almost exclusively on the left side, but both amygdalata were involved; they presented the yellowish surface and irregular, jagged edges, so characteristic of secondary as well as primary syphilitic ulcerations. The furuncle situated on the symphisis of the chin was about the size of a large filbert, with an irregular, central orifice, through which was streaming a bloody pus. This is one of the rarest effects of constitutional syphilis, and is mentioned by but few medical writers; it presents no characteristics in its earlier stage which distinguish it from simple furuncle, but when suppuration is established, and evacuation of pus effected, instead of healing up, as does the simple variety, it continues to discharge through its crater-like orifice with marked proclivity to augmentation of volume. It never occurs solitarily, other cutaneous symptoms always presenting themselves simultaneously, especially those of the squamous kind. The general health of my patient, as might be expected from the local disorders, was also much deranged; there was cephalalgia, yellow tint of eye and skin, furred tongue, anorexia, constipation, hebetude alternately with great restlessness, and debility.

The remedies the most homœopathic to these symptoms are *Mercurius* and *Opium*, and I accordingly resorted to them. The preparation of *Mercurius* which I selected, and which I believe to be the most efficient in venereal disease, was the *protiodide*; of *Opium*, the watery extract. I wished to touch the ulcers of the throat with *Argenti-nitras*, but the patient objecting, I had to content myself with a gargle rendered slightly astringent by a little *Zinci-sulph.* To the furuncle I applied the ointment of *Protiodide* of *Mercury*, of medium strength. Three weeks of this treatment having sufficed to induce a decided amelioration of all symptoms, save the debility and anorexia, I suspended the administration of the *Mercurius* and *Opium*, though still continuing the topical treatment, and gave *Nitri-acidum.* Under the use of this remedy the appetite became

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normal, the patient gained flesh and strength, and the ulcerations of the throat were entirely healed, but the *psoriasis guttata*, after four weeks' administration of the *Nitric acid*, having begun to show indications of resuming its former activity, I stopped the administration of the acid, and again gave *Merc.-protiod.* I persevered in the use of the *Mercurius* alone (the gargle, owing to the disappearance of the throat symptoms, and the ointment on account of the greatly improved condition of the furuncle, having been suspended,) five or six weeks longer, and, as at the expiration of that time, there were no longer any traces of the disease, I ceased further treatment.

I may here observe that I do not partake of the generally received opinion relative to the gravity of constitutional syphilis; physicians and patients both give a magnitude to the dangers attendant on the disease, which only exist when it is neglected, or improperly treated. With a few sterling remedies scientifically administered, and a careful attention to diet and general health, the disease shows itself perfectly manageable, and the most objectionable charge which can be brought against it, is the time requisite for a radical extirpation. Patients, as they cannot observe a marked improvement each day, grow despondent as to the result of their case, in fact, fall into a state of medical pyrrhonism, which often renders them rebellious to the advice of their physicians, and thus the progress towards a cure is impeded. The best remedies in *secondary syphilis* are *Mercurius*, *Nitri-acidum*, *Ferrum* and *Opium*; in *tertiary*, *Kali-hydriodicum*, *Silicea*, *Guajacum* and *Conium*. With these remedies in our hands, and taking care that the patient is well fed, lodged and clothed, we may bid defiance to the most malignant attacks of *constitutional syphilis*.

Case 3d. *Syphilitic Bubo seated in the right Inguinal Region.*—This form of syphilis, when taken in its initiative stage, is one of the most manageable varieties of the disease, but when permitted to run on unchecked, it becomes formidable on account of the extreme obstinacy it sometimes presents to all medical treatment, as well as the great destruction of tissue resulting from the suppurative process of its more advanced period. Compression, the application of cold frictions with mercurial ointment after slight rubefaction, and painting over the groin

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with tincture of Iodine, are the means most frequently and most successfully resorted to, to arrest the progress of a newly developed bubo. These energetically and perseveringly employed, in conjunction with the internal administration of *Aconitum*, complete muscular repose, and a non-excitant regimen very seldom fail of effect.

I was called to see Julia, a public prostitute, and found her suffering greatly with bubo in an advanced stage. The bubo, seated in the right groin, from its extent and depth, and active inflammation accompanying it, rendered all movement of trunk and lower extremities excessively painful. It was about two inches and a half in length, one and a half in breadth, and half an inch deep, environed by an erysipelatous *areola*. Its edges were jagged and jutted considerably over the cavity they circumscribed, the *parietes* and bottom of which presented extremely uneven surfaces, owing to the inequality of resistance which the different inguinal tissues opposed to the advance of phagedæna. Her appetite was, of course, considerably impaired, and there was emaciation and debility.

Six weeks had elapsed since the appearance of the bubo, which had been preceded by a *chancre* situated on the *nympha* of that side, and which had been cured by astringent washes, yet there was no evidence of a venereal constitutional taint. Looking upon the disease, then, as still purely local, I determined on active local treatment combined with an internal remedy, homœopathic to secondary syphilis, and thus prevent the development of constitutional symptoms so imminent in such cases. We have remedies whose topical effects are, when energetically applied, very analogous to bubo, and hence are homœopathic to it. Nitric-acid, Nitrate of Silver, and the arsenical paste of Friar Como are, perhaps, the best of these remedies. The third mentioned I did not dare to use, for fear of too great absorption of Arsenic, which the extent of surface to be acted on, rendered quite possible; the second, owing to the unevenness of the *parietes* and bottom of the bubo, was tedious in its application, and I therefore selected the first. With a species of brush made of cotton closely tied around an expanded end of a small stick, and saturated with Nitric-acid, I thoroughly cauterized every portion of the diseased surface. I then filled the

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cavity of the bubo with *charpie*, pressed as lightly in as possible, so as to enable it to absorb readily the pus which the bubo was pouring out. By frequently changing the *charpie*, repeated ablutions with tepid water, and occasionally applications of Nitric-acid, in two weeks the case was so far amended, that the cavity did not present half the depth and extent which it did at the commencement of treatment, the erysipelatous *areola* had paled, movement of the trunk and lower extremities gave but little pain, and the general health improved, and in six weeks of this treatment, the bubo was well. Internally, as homœopathic to secondary syphilis, and consequently tending to prevent its development, I gave *Merc.-protiod.*, 1st trituration, night and morning for two months, and with complete success.

William Banks, M.D.,
119, 10th street, New-York.

Article XL.—*Case of Diarrhœa cured by Cider*, by Robert McMurray, M.D., of New-York.

Dr. Peters,—

In the last No. of your Journal you mention the use of old cider as beneficial in dysentery; this reminds me of a case of diarrhœa occurring in my practice, in which the same article was found very useful, which I will relate for your consideration.

Mrs. R——: was confined with her fifth child, on the 31st of August, 1854, mother and child progressed exceedingly well, until the 12th of September, when she was quite severely attacked with cholerine, which was prevailing at the time. This was relieved in a reasonable time by the usual remedies, and all appeared right for a few days, when she was again attacked with profuse bilious diarrhœa, producing rapid prostration. This was again checked for a few days, and again broke out, still increasing the exhaustion of my patient. Without going into detail, suffice it to say, that this vibration from better to worse continued each time with increasing exhaustion, until my patient was so weak as to be unable to turn herself in bed, or to take the simplest articles of nutriment. At this stage of affairs I called my friend, Dr. W. C. Palmer, to my assistance, and with

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his valuable advice and assistance we continued for some days longer to put our trust in the materia medica with very little benefit to our patient, when as a last resort, the Doctor proposed to give old cider. This we gave with equal parts of water, watching the effect on the stomach. It was grateful, and agreed well. We quickly omitted the water, and gave pure cider in moderate quantities. Our patient improved, and began to have some appetite. We gave the cider ad libitum, and were soon gratified to see a wife and mother whom her friends had given up to die, restored to health and usefulness.

The above case was to my mind one of considerable interest, and if it may seem equally so to you, you are at liberty to make such use of it as you may think proper.

Yours, &c., R. McMurray, M.D.

N.B.—The characters of the diarrhœic discharges in this case were light yellow, sudsy, offensive, and quite copious.

Article XLI.—*Cases of Coxalgia, treated by Carbo-Animalis*, by Stephen Fairchild, of Parsippany, Morris Co., N. J.

To the Editors of the North American Journal of Homœopathy.

I will relate to you five cases of Coxalgia, or disease of the hip-joint, which have been under my care, and leave to your discretion the propriety of publishing them in the Journal.

Case 1.—In the summer of 1852, a man aged about twenty-two years, had been suffering for some months with pain and lameness in his knee and hip. When he applied to me he was suffering severely with pain in the hip and soreness about the trochanter major, and was unable to walk. I attended him for a few weeks without giving him any relief. He then was moved to Newark and placed under the care of another physician, where he remained several weeks. There he grew worse and returned to me again. At this time the region about the hip was much swollen and indescribably painful, attended with hectic fever and cough; from thence he continued failing until about the 1st of December, 1852, when he died. I administered neither Carbo-Animalis nor Lachesis in this case.

Case 2.—In the winter of 1853, a man aged about thirty-five, was brought to the Morris County Almshouse, who had labored

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under hip-disease for several months; he was in an extremely emaciated condition, unable to sit up, hip swollen, pain excruciating, pulse very frequent, tongue red, hectic flushes in the cheeks, and with an almost constant dry cough. For about two weeks I gave a variety of medicines, and made external applications, which afforded no relief. I then left off all other remedies and gave Animal Charcoal, which relieved the pain in three or four days, and almost removed the pain in a week. The swelling soon diminished, the cough gradually abated, and in two months under the use of Carbo-Animalis alone, he was well; the succeeding spring he was discharged from the Almshouse a healthy man. The animal charcoal was of my own preparation, ten grains of it ground with one hundred grains of Sugar of Milk; ten grain doses of this given three times a day for two weeks, after that at longer intervals.

Case 3.—In the spring of 1853, a man aged about forty, had complained for about two months with the same kind of lameness that was felt in the two previous cases at the beginning. When he applied to me he could hobble about, but was unable to work. I at once gave the Animal Charcoal in ten grain doses, and in a short time, say about two weeks, he was well.

Case 4. In the summer of 1853, a female about twenty-two, was brought to the Almshouse, suffering under the same disease. I do not remember how long she had suffered, but when I first examined her, I found her right thigh was dislocated upwards and backwards, her hip much swollen, pain very severe, and some fever. Examination was difficult, owing to the intensity of her suffering. She told me that her hip had become dislocated in the progress of her disease, which was called rheumatism. I tried Carbo-Animalis for two weeks, but failed in giving relief. After trying and failing with a few other remedies, I gave Lachesis[6], two drops thrice daily. She was much relieved of her pain in less than a week, and entirely in two weeks. The swelling soon subsided, and in six or eight weeks she was free from suffering, and was walking on a crutch, owing to the shortness of her limb. She remained a long time after her recovery in the Almshouse, had an attack of intermittent fever, and recovered without any return of suffering in the hip. She afterwards left the house to learn the trade of dress-making.

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CASE 5.—In the winter of 1855, a boy about ten years old, was brought to my residence by his parents, suffering under hip-disease; hip swollen and painful, could not take a step, or stand, or have the joint moved. I gave Carbo-Animalis, three doses daily; visited him in a week, he could then get up alone out of his bed, turn over, and had but little pain. Continued the same medicine, visited him in another week exactly; he had walked half a mile to a store and returned; no pain, no lameness, no swelling; discontinued the medicine, visited him in just another week, he had gone to school, was well, I did not see him, and have not heard from him since.

Respectfully, yours,

STEPHEN FAIRCHILD.

Nov. 30th, 1857.

ARTICLE XLII.—*Bee-Poisoning*, by Dr. DAKE, of Pittsburg, Pa.

A stout, healthy female, aged thirty-seven, being near a hive, was stung by a bee on the inner side of the thumb. She walked directly into the house, and in about ten minutes after being stung, while crossing the floor, complained of a very strange feeling, which she could not define; her face became *red*, then *purple;* she staggered and fell. She was found to be in a spasm, generally tonic, but in a measure clonic. Her knees were drawn up to her breast, and her hands and arms moved convulsively. She was but partially conscious and continually moaning.

She continued thus till her feet were bathed in warm water, and some wine poured into her mouth, when the muscles relaxed, and she became fully conscious. In a few minutes after the cessation of the spasm, there appeared all over her body and limbs, and even on her ears, a red eruption; some of the elevations in circumference the size of a pea, but generally like millet-seed. This eruption continued visible for an hour, and was very itchy while passing away.

On the following day she felt very sore from head to foot, but so far as I am informed, experienced no farther trouble.

Taking the symptoms manifested in this case, together with those exhibited in provers using the tincture or an attenuation of the *Apis-Mel.*, I draw the conclusion: ***That the influence of the tincture prepared from the bees, is the same in kind as that communicated by the sting.***

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Reviews and Bibliographical Notices.

1. *The Atlantic on Homœopathy.* Not the Atlantic Ocean, but the *Atlantic Monthly Magazine*, published in the classic city of Boston, that famous city universally assumed as the moral and intellectual centre of the civilized world.

The second number of the *Atlantic* contains a review of a recent work on Homœopathy, in which the reviewer, after first attempting to be exceedingly funny, takes his *scalpel* and goes to work in earnest, showing to his entire satisfaction that Homœopathy is a cheat, a swindle, and an insult to common sense; good enough to tickle the fancy of feeble women constantly craving for something new, and answering admirably in all cases where no medicine is required. "Medical science," says the reviewer, "was fast emerging from a chaotic confusion and assuming a definite forward shape, when Homœopathy came and with one harlequin bound leaped out of its century backward into the region of fogs, quagmires and mirages, from which true medical science was painfully emerging."

Now all this is decidedly rich. The reviewer is evidently a certain funny poet, an M.D. by profession, who devotes a portion of his time to holding forth upon bones and muscles—(rather of a dry subject for such a funny poet)—in a medical college in Boston, and another portion of his time in writing funny poems, and saying funny things. He once complained bitterly that he dared not write as funny as he could, for fear the world would die of laughter. Homœopathy seems to have brought out all his fun, and sharpened and polished his wit to a wonderful degree. Those who remember the good old practice of twenty years ago, the blisters, the leeches, and the caustics, the hot drinks, (cold water was poison then,) the senna and salts, Assafœtida, and Calomel and Jalap, can appreciate fully the fun and wit of the reviewer. We fear that his nervous system may suffer after being so very funny, and would advise him to take an ounce of the *Mixtura Assafœtida*, wrap his editorial mantle calmly about him, and lie down to pleasant dreams. One thing is certain, Homœopathy is done for. The Boston wit has spoken, and the bubble touched by his pen has exploded.

N.B.—Now that the *Atlantic* has demolished Homœopathy, and shown us where to look for truth in Medical Science, (which is doing pretty well for a child two months old), will it not have compassion on our spiritual wants, and show us where among the conflicting system of theology we may rest our weary souls, and feel we are on the strong ground of truth.

GUERNSEY.

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2. *Our Literature—A Review*, by JOHN FITZGIBBON GEARY, M.D., (continued from the Philadelphia Journal of Homœopathy, Vol. 4, page 655.)

To examine the literature of a scientific school is neither an easy nor an enviable undertaking. It involves the responsibility of condemning books entirely useless, and of "damning with faint praise" those whose evil elements predominate over their good. *Unnoticed* these must needs compromise the professional standing of those who receive them without a protest, and give to their authors a false position, by allowing tacit forbearance to be construed into implied commendation.

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We are mindful of the fact that they who most deserve chastisement, bear it generally with the worst grace, and least profit by its salutary teachings, whilst they usually foster the worst dispositions toward those who have bestowed it. But a labor like ours is *a public duty*, intended only for benefit to the wise and the prudent, and to redeem ourselves from the odium attaching to those who are found in company with indifferent or doubtful associates. Nor does it concern us much to be frowned upon by any against whom we have received a verdict of guilty at the bar of the court where *science*, *experience*, and *common sense* sit as presiding judges.

Prompted by such feelings, and induced by such motives, we commenced a series of articles under our present title in the fourth Volume of the "Philadelphia Journal of Homœopathy." These remained incomplete in consequence of the discontinuance of that work in March, 1856. Those who have honored us by a perusal of that portion of our task before the world, will bear us witness that with an unsparing hand we have endeavored to do ample justice, with what success let the learned and the candid judge. In the same spirit, and with the same determination, we resume our work under auspices that promise an ample opportunity to enable us to bring to a conclusion a work which can only be fairly judged when completed.

Without deviating from the line marked out at the first, we take up two small works—the next in order upon our list—and give here what we had *then* intended to say on

"MARCY'S *Theory and Practice*," and "PETERS *on the Diseases of Married Females.*"

It has been a question whether abridged treatises on scientific subjects have been of any real value, and even whether they have not caused positive injury. At the best they convey but a meagre outline upon any given science or art, which to be well understood, requires the most elaborate and lucid details. They present, it is said, temptations to the careless, idle, or desultory reader, and afford a ready opportunity of acquiring a small amount of elementary information and technical terms, which are well adapted to give a certain class, whose mental developments are of an inferior grade, and whose moral principles are deficient, the means of imposing upon the uninitiated, and of deceiving themselves by the credit they have forced upon so small an amount of capital. They are charged with making men of another class of mind idle students, who trifle lazily on the surface, while they should be diving far down to the lowest depths for the gems and gold that lie out of the reach and ken of superficial and common observers. They easily place within grasp "a little learning," which most certainly is, *in our profession*, "a dangerous thing!" There is not probably another department of human knowledge to which the poet's words can be applied with more peculiar force, than to the man who upon the strength of information of a superficial character and doubtful accuracy, undertakes the fearful responsibility devolving upon a healer of the sick.

It is further urged that such results tend to lower the standard of the profession in the eyes of persons of general intelligence and liberal breeding, who must observe the incongruity between professional rank and obvious defects in general knowledge, and the simple elemental training common to all persons of education.

But the question must be looked at from another point of view to be fairly understood. It is maintained here that this reasoning is only well-founded from the abuse resulting from the misapplication of good works intended for another and a higher purpose. Medical men on entering on their profes-

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sional duties are supposed to have been duly and carefully "prepared and qualified;" and serious defects in this respect are chargeable upon their *alma mater* in the first instance, and upon the public in the second, who should not be blind to defects that must affect them in so vital a part. The accomplished physician is supposed of necessity to have become acquainted with a few, at least, of the most approved and elaborate works, ancient and modern, upon the different branches of his profession, before he enters upon its actual duties on his own responsibility. He is supposed not only to cultivate a steady and continuous acquaintance with these, but to extend his sphere over the whole field of scientific inquiry and experimental research, so as to be able to produce from his treasure-house upon all necessary demands, "things new and old." But as the very best memory, however clear and comprehensive, cannot at any given moment of time call up every landmark it has noted on its journey, without some suggestive association to recall the spot, and that urgent and serious demands are made upon him at a moment's notice, there can be nothing more appropriate and useful than that a chart should be at hand on which the great outlines are marked off, and the whole landscape made manifest at a glance.

The clergyman has abundance of time to prepare his sermon, the lawyer his argument, and the soldier, generally, his mode of assault or defence; but the Doctor must be ever ready without postponement or delay, to administer remedies and use appliances for sudden attacks of violent disorders and terrible accidents, without being able to command more than a few minutes, perhaps, at the farthest, to recall his thoughts and collect his faculties, pre-occupied, it may be, by an entirely different case. It is here, then, that an abridged manual has its most important and legitimate uses; and however well-informed any man may feel himself, he must have numerous occasions to avail himself of some convenient guide to refresh his memory; nor can he deny that he is the debtor of him whose careful and arduous labor has placed before him one which he can safely trust. Upon this point we are able to speak from experience, having always made it a practice to consult one or more of these abridged works before, as well as after, we had studied our subject through all its leadings in its uncurtailed form. And we venture to recommend this plan to such of our medical brethren as don't consider themselves so well "posted" as to render reading altogether unnecessary, with the full assurance that it will be attended with considerable advantage.

One of our oldest friends of this class is "MARCY'S THEORY AND PRACTICE."

This work, whilst abridged sufficiently for ready reference, has been arranged with every careful regard to the scientific plan for which such works, even on the largest scale, are distinguished, and though at all times we have referred in doubtful cases to the most reliable and best known sources for corroboration or contradiction, we have seldom if ever seen any strong reason to depart from the views presented by Dr. Marcy. This is sufficient evidence that the author in the performance of his labor has taken every pains to present the soundest and most approved, as well as the safest views on his subject. While no allopathic physician could quarrel with that portion of the work which is common to both old and new schools, the therapeutics is to our thinking, strictly and fairly homœopathic, rational and sound, without being dogmatical or fanatical, a feature that can only distinguish the views of men who are in the habit of thinking for others as well as themselves. It is not our intention in this paper to enter upon the question of medical dilution or potency as recommended by Dr. Marcy, since the "high" or "low" does not constitute the scientific basis upon which

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Homœopathy rests. We have ourselves used what are called "*low*" potencies, and as far as we have been able to ascertain, they have done us all the good service we could expect from them, and our patients have generally experienced the expected relief *without* "*dangerous medical aggravation.*" So that on the whole we cannot but express our conviction that the work before us is produced by a man who knows his profession as a science, and speaks upon its practical points from having in his own experience tested it as an art. Although our statements are solely inferential, having no further knowledge of the author than that derived from the work, we recommend the book to those who would consult a *medical man* on medical matters. It is not dependent upon our verdict for the place in our Literature it has already obtained, which is, and should be, a very high one, and which it will sustain without our recommendation.

The work classed with Dr. Marcy's at the head of this article, is one of a series by the same author, Dr. Peters. It limits its object to that peculiar class of diseases incident to females in the marriage relation. Its author claims only the credit of a "compiler," which we think much less than his due. If the value of a work may be, in some sort, predicated by the modesty of an author who would make no claim for himself, nor challenge our profound regard by a flourish of trumpets on the very first page—and it is not often a bad index—we are in duty bound to award him the full benefit of that short but admirable commendation of Horace,—

"Non fumum exfulgore, sed ex fumo dare lucem!"

This man gives us not smoke from flames, but from smoke produces splendor! The author informs us in a preface remarkable for brevity and good taste, "that he claims no unusual amount of knowledge or experience upon the subject on which his work treats, but that it was undertaken as much for his own instruction as that of others, and was chiefly intended for the junior members of the profession." But the internal evidence of the work proves it to be valuable to the oldest and most experienced in the ranks. Indeed it is a most valuable compendium of practical information selected from the very highest authorities, and with the nicest sense of literary honor; not a line being quoted without open acknowledgment of the source whence it has been drawn. Such a compilation alone affords the best evidence that its author possesses no mere theoretical acquaintance with his subject. It is the work of a practical man who understands what practical men require. In medical science we none of us have anything which reading and experience have not supplied; and he who so invests and disposes the accumulations thus derived to best advantage for the benefit of his heirs, deserves well of the world, which in this case owns the inheritance! Dr. Peters has placed the whole profession, young and old, under an obligation, by adding to our stock of medical literature a work for which all we have said or could say would be no compensation for the benefit we have derived from its perusal. We sincerely trust that every member of our school will find it at his elbow when he desires consultation on "DISEASES OF MARRIED FEMALES."

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3. *Review of Ring's Rational Homœopathy.*

The ensign of "Rational Homœopathy" is again hoisted in your May No. of the N. A. H. Journal, "by Hamilton Ring, M.D., of Urbana, Ohio." I take the first occasion offered, to say that I was not aware until informed by the Dr., that there was anything in my notice of Rational Homœopathy, which could be construed by the most fastidious into a want of courtesy.

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I disclaim any such intention as to the former, or the present notice of his views.

My last communication was two-fold in its character, namely, to correct an error into which the Dr. had fallen in reference to Western Homœopaths, and to obtain information as to his meaning of "*higher and lower regions of the body, the inmost recesses of the human organism, &c.* I expressed my fear of doing injustice to the author, on account of the obscurity of his ideas. I wished a full development of their form and importance, that I might not only see and comprehend the regions into which the Dr. was leading his professional brethren, but that I might also behold without a veil those lovely planes, and be made a participant in the good fruit which Dr. Ring had discovered, and appeared to enjoy with so much exhilaration. Having failed in both particulars, we shall now review "Rational Homœopathy" as we understand it, and although we do not hope to benefit its author by the facts and authorities we shall adduce to show its utter absurdity, yet we trust there are some seekers after truth, who have their minds free from the deluding *regius fatuus* light of theory, who may be profited.

The medical profession for thirty centuries has been the parent of more theories than all other professions combined, and in its insatiable desire for new offspring it has continually sacrificed the older children to make room for the new born, always imagining that the last is to sway a universal sceptre. From the dogmatic language of "Rational Homœopathy," we conclude that such may be the hope which radiates from Dr. Ring's heart on the future of his beloved child.

After noticing the communications of Dr. Jones and myself in a rather sneering manner, the Doctor seems inclined to apply a little unction, by way of flattery and benefit, in the following language: "I do not wish, however, to under-estimate the zeal and disinterestedness of these gentlemen in the cause of medical truth, and especially as they are fair samples of the great majority of Homœopathic physicians throughout the land, I shall make the attempt to do them and perhaps others, some good, by calling in question some of their *homœopathic orthodoxy*." We do not think it very manly or honorable in Dr. Ring on the very threshold of his reply to Dr. Jones and myself, to practice a ruse by endeavoring to draw attention from his *theory*, to our views on homœopathy, about which he knew little, and in questioning that little, could not by any such effort prove the truth of his "Rational Homœopathy."

But to the subject. Dr. Ring's "Rational Homœopathy" we will now proceed to show is not homœopathy at all, but a delusion, which leads its blinded votaries into the old and putrid slough of allopathic corruption.

The Doctor says, "I have been persuaded, and the persuasion has gradually become conviction, that either similia similibus curantur does not include all the principles which lie *at the centre*, and determine the operations in every instance of successful and wise treatment of diseases by medicines, or that the so-called law of homœopathy is not rightly understood in many cases in which it is really, though obscurely applicable." Again he says, "At the same time that I have not been enthusiastic in my advocacy of homœopathy, I have nevertheless been most *thoroughly convinced* that 'similia similibus curantur' expresses the law which governs and pervades *the truly scientific treatment of all* diseases, such as have their location in the *higher regions*, in the inmost recesses of the human organism," &c. Here we perceive that Dr. Ring declares himself convinced as to the truth of the law, when applied to those diseases which invade "the higher regions or planes of the body, the cerebro-spinal system," for says Dr. R., "in diseases of which *vital symptoms* are the proper manifestation, medicines adminis-

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tered in accordance with the law of similarity of symptoms, *will certainly cure.*" So much then for "the higher regions or planes of the body" in their relationship to "similia similibus curantur," and the efficacy of that law to relieve them from disease when properly applied. Here all is bright, no cloud is visible, even as big as a man's hand, to tell of the possibility of a darkened sky, or coming storm in the future. But, alas! we must turn from this prophet, so bright and beautiful, from these regions where the scientific mind can breathe the pure air, and luxuriate in their rich fruit, to follow Rational Homœopathy into regions of a far different character, "*Lower Regions*," bearing very different fruit, and having no *vital symptoms* to reflect the law of similarity, or to draw sweet solace and ease from its health-giving power. But let us follow Dr. Ring, and listen to the voice of "Rational Homœopathy." "When it is attempted to apply the law of similarity to the treatment of *symptoms* and conditions of the *inferior organs, I am convinced*, that the common method in the homœopathic school of investigating those conditions, or viewing those symptoms, is based upon erroneous, or imperfect views of their nature, and that, until such error be removed, the homœopathic treatment of several forms of disease, must continue to be, as it has been, failure and disappointment." Again, "I am *not convinced* that in diseases which originate in the more *complex and gross structures of the body*, in the *inferior organs*, and in the *plane of the red blood*, and which affect and involve the higher organs, by virtue of the dependence of the *higher organs upon the lower*, as upon a basis for their normal existence, that the formula similia similibus curantur, is sufficient to determine the selection of remedies adapted to each phase of disease"—"the homœopathic school will be obliged to adopt the same treatment of the diseases alluded to, bilious, remittent, and intermittent fevers as is employed in allopathic practice, or concoct a more effectual, scientific, and rational practice."

"Now it does *appear to me*, notwithstanding the many arguments which have been employed to prove that all aperients or evacuants are unnecessary, that in forms of disease in which the lower organic functions are impaired, (those of the abdominal organs, for example,) the normal condition, and the essential nature of those functions should be restored by the operation of medicines, or the treatment should be regarded as inadequate." Again, rational homœopathy asserts "that *true science, based upon experience*, requires that in diseases essentially, and not secondarily involving the inferior organs of the body, medicines *in the crude form*, and it might be, at times in no inconsiderable quantity, *shall always be administered*." "For a long time," says Dr. Ring, "I have been impressed with *a conviction, that the distinctions usually drawn between* what is called the *homœopathic and the allopathic* uses of medicine, *have no foundation in truth*." The quotations above, we believe, contain Dr. Ring's "Rational Homœopathy," to which we call the attention of every one who is a lover of true homœopathy, that the contrast may be seen, the base coin detected, and the counterfeit exposed.

By all intelligent minds, we presume it will be admitted, that the facts of Nature, not the theories of Man, are the only infallible tests of the truth of alleged discoveries, and "that Inductive Philosophy is the truly vivifying principle of a genuine medical education; and if through other and more efficient collaborators in this cause, the conviction at length obtain, that without this seminal principle of vitality, a 'medical license to practice,' is little better than a legal license to destroy."

We shall now state what Homœopathy is—then 2dly what Allopathy is, and under the third head contrast "Rational Homœopathy" with both, that

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its family likeness and true relationship may be seen. Let us first determine what homœopathy consists of—of what it is composed—and whether there be any fixed law governing that composition. In medicine, Homœopathy is "the Science of Therapeutics." The only successful generalization of the curative powers of the Materia Medica, comprehended in the principle "Similia Similibus Curantur," and the truth of this great radical principle is indispensable to the existence of Homœopathy, and they "who hope to cut off any portion of its vital nutriment, must aim their blows at this, and not idly waste their energies, as heretofore, upon the parasitic productions of misguided zeal, and their own prolific imaginations." As we believe there are none calling themselves homœopaths, who deny the above definitions, and that the great principle "Similia Similibus Curantur" enounces a law of Nature, we deem it unnecessary to extend this branch of the subject. The application of this great principle, this Physical Law, in all classes of disease is called in question by Dr. Ring, and it therefore will not be considered out of place to consider this point briefly. "The law Similia Similibus Curantur," says Dr. Schron, "will be found by every one who is sincerely desirous to know its value, and who has courage to cast himself loose from old methods, not hurrying back to them in every important case, to lead to the most certain cures, and to be of more *practical value* than all the *old systems* and *theories*. In following this law, the most certain, the most radical cures are undoubtedly effected. It needs no panegyric: he who has eyes, can see its operation; he who has ears, can hear the thanks of those who owe to it their recovered health." That is all very true says Rational Homœopathy, provided the diseases are located in "the higher regions or planes of the body," but not true, if in the lower regions of the body, stomach, bowels, &c., &c., for "man enjoys *two lives*—one is animal, the other organic." "The former is regulated by the nerves of the cerebro-spinal axis, or as they are called, the nerves of *animal life*; the latter is dependent for the harmony of its functions on the distribution of the trisplanchnic system of nerves, denominated the nerves of *organic life*, and therefore the great principle of similarity cannot be applied to but one of the "two lives" of man, and that, the *higher and more perfect*, "*the refined nervous structures*"—while "the *red blood and the organs concerned in its elaboration, depuration, &c.*," must be relieved from disease upon some other principle. This stone prepared by Dr. Bedford for Dr. Ring, has been accepted, and we suppose may be considered as one of the corner-stones in the foundation of Rational Homœopathy, and is certainly very suitable material for such a theory." "Man is a unit; and however subservient," says an able writer, "the functions of the body to the nobler attributes of the soul, it is not to be contested, that while united, *they are subject to one harmonious code of laws, governing alike the psychological, the physiological, and the pathological in every condition in which life is exhibited.*" Perfect health of the animal economy, implies perfect conformity with the laws under which its forces, in harmonious activity, promptly respond to every exigency of its nature. Disease, like every suffering to which humanity is subject, is Nature's warning revelation, her benignant penalty of violated law. It is the condition in which, through lesion of sensation, of motion, or of structure, the equilibrium of the vital forces is disturbed. "The complete development, then, of both the psychological and corporeal forces maintained in harmony with the laws of life, constitutes the *beau-ideal* of health, the ultimate aim of medical science." It must be manifest to every close observer that "of the miriads of active agents by which animal life is invested, none proves hostile but through an excessive exhibition of its power," and consequently that "within limits,

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normally conservative," every agent is actively contributing its quota to that perfect development, without which, the ends of existence are but inadequately fulfilled." Physicians are the ministers of nature, and their legitimate aim is to render aid to the "*vis conservatrix naturæ*, either by obviating difficulties, or by reinforcing its sanatory effects," as the restoration of health depends upon the vital forces. On demonstrable facts alone, will the philosophical physician rely in his consideration of disease—and undisturbed by speculations as to its *nature and essence*, he rejects all pathological hypotheses, and adhering strictly to "appreciable phenomena and their inductive classification, as the only legitimate work of medical philosophy, he discerns, in these thus classified, the characteristic features of individual cases—and in each case respectively, that certain functions or forces of the living economy are specially invaded, requiring the aid of medicinal agents," and that some definite fixed law of nature can only be relied upon, or be adequate to the relief of deranged natural functions. Similia similibus curanter being admitted by Dr. Ring to be a great principle, a natural law, the necessary conclusion must be that, a remedy chosen in conformity with this law, is the proper and only "*rational*" agent. Inasmuch as every agent, like exercise, is "an agent within conservative limits, uniformly invigorating, and beyond these limits, as uniformly enfeebling every function or force of animal life" in its sphere of activity, and as the sole object of a medicinal agent so selected is to *invigorate yielding functions or forces*, it follows that only within these limits should the power of such agent be exhibited.

It was my good fortune to meet with a little tract, in 1853, entitled, "*The little pills vindicated:* or Orthodox Delusions versus Homœopathy." I was much pleased with it, and considering it worthy of preservation, I had it bound with others into a volume, which occupies a place in my homœopathic library. The pleasure afforded me by the first perusal, has been renewed by a second, and we shall therefore extract from it a few sentences and sentiments worthy of approbation, and directly pertinent to the subject under our consideration. The author says, (mark the language) "This tract is addressed to honest and truth-loving inquirers, and is intended to prepare their minds to receive, if they will, correct ideas respecting the system of medicine styled—Homœopathy. No parley is held with the "Orthodox Medical Profession," &c. "The *peculiarities* of the homœopathic system are in general—1st, *A new principle* according to which remedies are administered: 2d, *Peculiar preparations of remedies*, the despised "small doses," "little pills," "infinitessimals" which have been proved in homœopathic practice, to be *more efficacious than any other preparations for the treatment of disease*." "Such is homœopathy, despite the harmless wit of Holmes, the contemptible production of Hooker, &c." In illustrating the application of homœopathy to the treatment of disease, the author has been very felicitous in his similes and illustrations. "'Skill,' says he—"which is but another name for the right application of truth—insures the *least possible expenditure of power*, the nearest adaptation of it to the work to be done, or in other words, accomplishes the work with the employment of *the least possible material agency*." "Medicines—all of which are poisons—are essentially related to diseases; they were given *under Providence* to cure diseases. The only effect they can have upon health is to derange it; and it does seem to us that any reference to the efficacy of medicinal preparations in disease based upon their mere activity, the damage they will effect in a healthy constitution, is far from being well chosen. All fair argument based upon this consideration must tend to prove that orthodox doses may *do much injury*, without at all showing that

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they are beneficial in the treatment of disease." We will make but one more quotation from this excellent tract, written by Dr. Hamilton Ring, of Urbana, Ohio. "For ourselves, if homœopathy be true!" says the Doctor, ("as we believe it is,) we will use it, as *a gift of God*, in spite of the scorn and ridicule of the 'Orthodox Profession' and their adherents."

2dly. What Allopathy is, we will now show from authorities recognized as sound and orthodox. In an "Essay on the Certainty of Medicine," by the distinguished French physician and philosopher, Cabanis, he remarks, "We are continually obliged to admit exceptions to those rules which were thought adequate for our guidance. We discover nothing *fixed and invariable* in their application, or in the plans which they should furnish us for our conduct. With the exception, therefore, of some principles, which in consequence of their very general nature, are little calculated to direct us in the detail of every particular circumstance, it seems as if the theoretical knowledge of a physician was reduced *to nothing* at the bed-side of the sick, and that his practical skill resides in a sort of instinctive acuteness, improved by habit and experience." In view of the difficulties which embarrassed the subject, he asks, "If in the mathematical sciences, the slightest deviation from the accurate construction and employment of rules, leads us inevitably to the most incorrect results, shall we ever be enabled to avoid errors in an art, the successes of which depend exclusively on the acuteness of our organs, and in which the most happy views are less the effects of reasoning than of inspiration." The immortal John Hunter says, "The difficulty is, to ascertain the connexion of substance and virtue, and to apply this in restraining or altering any diseased action; and as that cannot be demonstrated a priori, it reduces the practice of medicine to experiment, and this not built upon well-determined data." Dr. Paris, Professor of Materia Medica in the Royal College of Physicians, London, in a lecture on the efficacy of medicine, remarks: "That such fluctuations in opinion and versatility in practice should have produced, even in the most candid and learned observers, an unfavorable impression, can hardly excite our astonishment, much less our indignation"—and again that "unlike the other branches of science it is incapable of successful generalization." We will make but one more quotation from the immense array of testimony furnished us by incontrovertible allopathic witnesses. "It seems to be one of the rules of faith in our art," says Dr. Rush, "that every truth must be helped into belief, by some *pervasive fiction of the school*;" and "as far as I know, the medical profession can scarcely produce a single volume in its practical department, from the works of Hippocrates down to the last made text-book, which by the requisitions of an exact philosophy, will not be found to contain nearly as much fiction as truth." These quotations we believe to be sufficient to show what Orthodox or Allopathic medicine is, and we therefore proceed to our consideration of the 3d branch of our labor, to contrast "Rational Homœopathy" with both, that its family likeness and true relationship may be seen.

Homœopathy, we have shown, is a system built upon a sure foundation, a great principle, a law of nature; a reliable guide to the application of remedies for the cure of diseased functions—the law of similarity, expressed by "similia similibus curantur." We have shown that neither in accordance with philosophy or reason, can remedial agents be applied contrary to this great principle, without danger or injury to vitality—and that this principle or law, is indispensable to the existence of Homœopathy.

Allopathy, we have shown, although called a *system*, has no rules which are "fixed and invariable in their application," and that its theoretical knowledge "was reduced to nothing at the bed-side of the sick." That its

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practice is nothing but experiment, and that "not built upon well-determined data." That "unlike the other branches of science, it is incapable of generalization." Thus while it is clear that "Inductive Philosophy has placed beyond the reach of controversy, the truth of the Homœopathic doctrine as the long sought desideratum of the art, Medicine," or Allopathy, "has been arraigned at the bar of inexorable justice—humanity and science have stood forth her accusers—a jury from the most intelligent of her peers have pronounced their verdict, and an impartial judgment cannot but decree—that estranged from homeopathy, she shall continue, with no better guides than 'instinct,' 'inspiration,' and 'unreasoning experience,' ever groping in the labarynths of hypothesis!"

"Rational Homœopathy," we have shown, divides man and diseases into two grand regions, planes, hemispheres, with an equatorial line, neither horizontal nor perpendicular, but although not traceable by ordinary comprehensions, is most surely well-defined and distinct to the eye and the mind of Dr. Ring. On the one hemisphere are to be found only that class or character of diseases which Rational Homœopathy cures with infinitesimals, given in accordance with the law similia similibus curantur. On the other hemisphere this law is not recognized, infinitesimals can't be admitted, because in the diseases of this region we "will be obliged to adopt the same treatment as is employed in *Allopathic practice.*" On this side the line, emetics and cathartics must be used, says Rational Homœopathy, or "the treatment should be regarded as *inadequate.*" "Medicines in the crude form," and in "no inconsiderable quantity, shall always be administered." So much for the two great kingdoms which Dr. Ring has constituted into an empire, upon the throne of which he has seated "Rational Homœopathy." But unfortunately for the permanency of this empire and the reign of the newly-installed sovereign, Dr. Ring most thoughtlessly, if not cruelly, exposes the usurpation and imposture, by declaring that he is "*impressed with* a conviction that the distinctions usually drawn between what is called the homœopathic and allopathic uses of medicine, have *no foundation in truth.*" Alas! Alas! That those higher planes, those exalted regions of life and beauty, should be sunk, submerged and lost forever in the lower regions, by that magic power which limits and confines them within the bondage of an Urbana "Ring."

We have endeavored to give a faithful likeness of Homœopathy, Allopathy, and Rational Homœopathy, without drawing the delicate lines of light and shadow requisite to a perfect likeness, not deeming it essential. We will not dismiss the subject, without noticing a few more of Dr. Ring's remarks in your Journal for May. The opinion expressed by me in my former notice of R. H., that "Homœopathy was a method revealed from heaven," is by Dr. Ring "*emphatically denied.*" In the "Little Pills vindicated," we find him using this language. Speaking of homœopathy, he says: "we will use it *as a gift of God.*" Now by our feeble intellect, we cannot possibly discern the difference between a revelation from God, and a gift of God, in reference to any blessing we enjoy. How can Dr. Ring enjoy a gift of God, which is not revealed from heaven? We leave it to his logic, for solution.

As to the authorities adduced to sustain the Doctor in his theory, we certainly shall not object; indeed we think there is consistency in this, as only such authors can sanction or entertain such views. We have not quoted any of their views, because they were not pertinent to the question directly at issue, and only tended to divert the consideration from the simple character of "Rational Homœopathy," to extraneous "misty moonshine."

We sincerely hope that Dr. Ring will apply himself immediately in the

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right direction, that he may extricate himself from the wretched position which he now occupies. In conclusion, we assure Dr. Ring that it would afford us much pleasure to find his active mind and ready pen occupied in the support of that truth which was so ably vindicated in his tract of 1853.

JOHN T. TEMPLE, M.D.,
St. Louis, Mo.

SECRET AND QUACK REMEDIES.

Cancers cured without the Use of the Knife, by Drs. BLAKE and LESSEY.

This is the title of a little pamphlet which we have received from New Jersey. A portion of the title-page also is: "Please read and hand to your neighbor." "Important to the afflicted. Cancers, ulcers, moles, birth-marks and tumors of all kinds removed in a few minutes. Also, alterative remedies given to cleanse the blood and thereby prevent the formation of cancers. You are requested to preserve this pamphlet, and give the information to your friends, that the above-named diseases can be cured without the use of the knife."

Twelve clergymen have given their testimonials in favor of the treatment, and among them we find that of the Rev. Dr. Hutton, 108, 9th-st., New-York; and nearly twenty physicians among them Dr. Kitchen, of Spruce-st., between 7th and 8th sts., Philadelphia.

The REMEDY is said to excel all others in the following particulars:

1st. "*The slight pain*, and in many cases, *none*, which it produces, the majority of operations are attended with no pain at all, only a slightly warm sensation, which is compared by most of the patients to the heat of the sun on a warm summer's day."

2d. "*The rapidity of its operation*; the time occupying only from fifteen to sixty minutes, the patient generally being able to converse as usual; many cancers of over an inch in depth have been destroyed in fifty, and in one case in twenty-five minutes. Cancers, if cured at all, must be cured quickly, by so doing, that slow and fatal irritation is avoided, which attends the application of ALL other cancer-remedies. Slowness of operation and severity of pain have been and still! are the principal objections made by the faculty against the majority of the so-called cancer-remedies."

3d. "*The time occupied in healing*. This varies from three to ten weeks according to the health and age of the patient and size of the cancer."

4th. "*The slight surrounding inflammation and swelling which it produces*. This is hardly perceptible; there is just enough to produce a sufficient discharge and healthy granulation. The subsequent inflammation and swelling produced by most cancer-remedies, cause more pain and suffering, if possible, than the application of the caustic."

5th. "*There is no shock to the nervous system*; the pulse of the patient is not even quickened by the operation; the patients often improve much in health and spirit before the healing process is completed. In all cases *where necessary!!* medicines are given to cleanse the blood and eradicate the cancerous poison from the system; this is of the greatest importance in many cases!!" Is it possible!

6th. "*The completeness of the cure*. NO CANCER CURED BY THIS REMEDY HAS BEEN KNOWN TO RETURN." If any one but an authenticated upright christian man had made this assertion it would be pronounced an unmitigated, wilful and deliberate lie.

7th. "The remedy is purely *vegetable*? and contains no poisonous principles whatever."

8th. "*Its operation is not confined to cancers*." I should think not; the cul-de-sacs, vulgarly called "pockets," are doubtless extensively operated upon, as well

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as simple and benign tumors, called "ulcers, moles, birth-marks, tumors of various kinds and other similar difficulties (which are wilfully mistaken for cancers), with but little pain, and in many instances the pain is so slight that the operation is performed without the knowledge of the patient."

9th. "No one will have any hesitation in saying that it is truly one of the most remarkable discoveries ! ! of the age, and if properly used, will be the great cancer-remedy in the world. The whole truth about it is too much to tell ; (we should think so) a remedy of such inestimable ! value should be made known to the world ; so all have said who have witnessed its application." We think so decidedly ; but the men who hold and use this secret remedy do not make it known for the benefit of suffering humanity ; still one of the partners "for the convenience of patients at a distance, will open offices in Philadelphia and neighboring cities."

The principal publishes an endorsement of his professional character, and the partner publishes testimonials to the effect that he is a man of upright christian character.

In the first place it is proper to ask whether any remedy is known to the profession at large which will fulfill all or the greater part of what is claimed for this secret remedy.

"The Manganese cum Potassa caustic is well known to the profession ; it is a dark-green powder and may be applied very readily by means of a small pepper castor ; *the pain produced is much less than that of any other caustic, and in some instances after the first minute or two there is no pain at all* ; a thin coating will remove instantly all unpleasant odor from the ulcer, and when used for reducing the exuberant growth, must be applied in a layer as thick as the tissue to be destroyed. By dropping a few drops of water upon the powder after it is applied, it will form a paste and adhere to the part, after which some simple dressing may be applied. By means of carrot-poultices the eschar drops off in three or four days. *If necessary the Manganese may be reapplied in the same easy way until the diseased mass is all destroyed ;* when the subjacent healthy tissues may be made to granulate and cicatrize by means of a slightly stimulating lotion of Chlorate of Potash. This must be regarded as a most invaluable agent ; it is an efficacious caustic, convenient for application, less painful than all others, and free from injurious effects on the constitution. The well known anti-septic effects of manganic acid also suggest its use in all foul and phagedenic ulcers."

It is evident from the above that high-minded and generous-minded physicians need not resort to secret and quackish remedies for cancer-caustics under the supposition that there are better curative means in the hands of close-mouthed and probably mercenary men than those well known to the profession.

We next propose the inquiry : How do men of "upright christian character" get acquainted with the remedies which they use so mysteriously and quackishly, simply to get great fame and emolument as cancer-curers ?

Chloride of Zinc is a caustic which rapidly acquired a certain reputation in the profession ; it was first employed by Hancke of Breslau, and by Canquoin of Paris, and extensively in England by Mr. Ure, who some years ago published a series of researches upon it, in the 17th and 18th Volumes of the Medical Gazette, from which they were copied in almost all the medical Journals in the civilized world. Mr. Ure used it mixed in various proportions with anhydrous sulphate of lime. He says of it :

"The superiority of this phagedænic paste over every other caustic (then known) consists in its susceptibility of being applied over very extensive surfaces without any risk of injury from absorption, and in its being available wherever the surgeon's hand can reach : the depth to which it will corrode the morbid texture can always be estimated beforehand ; its action is unfailing ; the separation of the eschar is prompt : and it imparts an excellent character to the sore, and soundness to the suppuration. The favorable modification of the tissues, the rapidity with which cicatrization follows, and the mildness of the general phenomena that accompany its action are additional recommendations."

This caustic has lately gained considerable notoriety on account of its forming

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the basis of a remedy, till lately secret, employed in London by a Dr. Fell of New-York. The secret which was oozing out, has at length been divulged by Dr. Fell, in what he calls a Treatise on Cancer and its Treatment, the object of which is to bring before the medical profession a *new?* and what he asserts he *believes?* to be an *entirely original!!* mode of healing cancer in all its various forms. Dr. Fell succeeded in imposing upon the English medical community to such an extent that the Board of Governors of the Middlesex Hospital made an arrangement with him to try his method of treatment in the cancer-wards of that charity. This gave him so much notoriety that the late lamented Crawford was induced to go to London to place himself under Dr. Fell's care; simply to have a caustic applied in a secret and quackish manner, which was not only well known to every moderately well-read member of the medical profession, but the uses of which had been developed in a principal degree by an English surgeon, and made known to the medical world in English medical Journals.

It is very possible that Dr. Fell did not know the origin of the discovery and use of the Chloride of Zinc as a caustic in cancer; he very probably learned it in some second-, or even fiftieth-hand manner; and had the inconceivable simplicity or audacity to go to England and London and get an appointment as cancer-curer to the Middlesex Hospital on the following terms: That twenty-five cases should be subjected by him to treatment during a period of eight months; that he should pledge himself to publish the full particulars of his system within a period of six months, and that in case of his failing to do so, that duty should be undertaken by the surgeons of the Middlesex Hospital.

Dr. Fell made known his grand discovery to the surgical Staff of the Middlesex Hospital and the world in general in the following tasteful language.

"There is a plant whose large white blossoms and snow-white flowers enamel the wild forests and plains of the far West, and whose bruised stem exudes a red blood-like juice, recalling Virgil's account of the myrtle by the tomb of Polydorus "hinc atro liquuntur sanguine guttæ." It is called by the botanists *Sanguinaria Canadensis*, by common people *Blood-root*, and by the Indians *Puccoon*. The Doctor found this plant capable of removing tumors and effecting a cure, but requiring months of continued application.

We will stop a moment to say a few words about this great "Puccoon discovery" of Dr. Fell; and would merely mention that *blood-root* has been used from time out of mind as a escharotic to fungous ulcers, as a gargle in ulcerated sore-throat, and has always been known as a local irritant of considerable power, producing inflammation when kept in contact with the skin, exciting violent irritation when snuffed up the nostrils, and operating like a caustic on fungous surfaces.

As the Puccoon did not act quickly enough, Dr. Fell deemed it expedient to to make an equally new and original *discovery*, and quickened the action of the "*Puccoon*" by the addition of a slight dash of CHLORIDE OF ZINC, consisting of from ½ to two ounces of Chloride of Zinc to every ½ or one ounce of Blood-root!!

He then *discovered!* that destroying the skin with living Nitric-acid, in cases of non-ulcerated tumors, would hasten the action of the Puccoon and Chloride of Zinc.

Finally, finding the eschar produced by each application of the Puccoon and Zinc paste so thin as to require a long time to get rid of a large tumor, he again *discovered!* that by making incisions through the eschar about ½ inch apart he could insert some of the Puccoon paste, spread on strips of linen, upon the diseased surface.

Finally he *discovered!* that although the Chloride of Zinc destroyed the diseased mass quite rapidly, still the action did not go on so fleetly but that there was complete absorption of the Puccoon into the system, thereby enabling it to exert its peculiar constitutional effects, "in cleansing the blood and eradicating the cancerous poison from the system."

Finally, Dr. Fell was taken with another fit of compunction and communicativeness, and *discovered* to the world "that any man, who, at the present day, can believe that because a cancer is removed it is cured, is worse than simple." We

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confess that we do not exactly know what "worse than simple means," unless it be a polite evasion of the old saying "more of a knave than a fool."

Finally, Dr. Fell made other *discoveries!!* viz., that Iodide of Lead was a useful external application, and that the Iodide of Arsenic, as suggested by the late Dr. A. T. Thomson of England, was a useful internal remedy to aid the Puccoon "in cleansing the blood and eradicating the cancerous poison from the system."

It is almost needless to add that my own opinion is that nineteen-twentieths of all secret remedies are well known to, and have been purloined from the medical profession.

In the very, very few instances in which really useful remedies have been discovered, or rather learned from non-professional sources and have fallen into the hands of graduated physicians, who keep them as secret remedies, such physicians have rarely or never been found to be highly or liberally educated men; and cannot of necessity be truly humane and generous persons; such physicians are generally regarded as ineffably disgraced; as recreant to their profession; as lovers of notoriety and lucre, not as high-minded, and christian men. In a merely professional view every physician receives from the records and teachings of his profession in the shape of his knowledge of anatomy, physiology, pathology, treatment of disease, midwifery, surgery, &c., &c., more than he can possibly return to it; if every physician and surgeon from times immemorial had pursued a purely selfish and mercenary course, had concealed every discovery made in the knowledge of and treatment of disease, and every surgical operation; used them solely for his own benefit during life, and sold them to some one equally mercenary before his decease, what would have been the state of medicine at this time. The knowledge of disease and medicines has always been strewed broad cast before the profession, by the ablest and noblest men who practice it; every physician in every nook and corner of the civilized world can now, with the aid of a few books and journals per year, make himself acquainted with almost every advance which is made in the study and treatment of disease by really studious, honest, generous and scientific physicians. Every true physician imparts as freely as he receives. Few stop to think of their own petty share of fame, still fewer sell their *discoveries!!* for gold, and conceal them while they sell them. Unfortunately there are so many half, or less than half-educated physicians who have learned so little of medical science that they not only feel no gratitude for what they have so scantily and imperfectly acquired, but always make their profession a mere trade, and when an opportunity for larger profit occurs, they do not hesitate to embrace it, regardless of all the claims of their profession upon them.

Taken in another point of view, simply of that of the duty of one man to another, of one humane man to another suffering man, and above all of one "upright christian man" to all other suffering christian or heathen men and women, and what is the position of the selfish, mercenary wretch who conceals a useful medical discovery, who deliberately takes his stand that every suffering mortal who does not come to him or his agents, and does not pay him or his agent, may suffer, and rot, and die, for all he cares.

We cannot imagine such a state of feeling; we would much rather suppose that he has appropriated *Felloniously* something which every medical man is or ought to be acquainted with; that he contents himself with his petty, little mystery, knowing or supposing that he is using a more or less good thing, which hundreds and thousands of physicians and surgeons are, or have been trying; that the world at large is getting as good, and probably much better treatment than he is quackishly doling out at a much higher rate. This paltry and contemptible taking advantage of the fears and sufferings of the world is infinitely more excusable than the concealment of a useful remedy by one or a few grasping or sordid men. If it should so be that there is only one truly specific and absolutely curative remedy for cancer; if it should happen that some small-minded, mean man should be allowed by Providence to *discover!!* and should be allowed to conceal for his own selfish purposes this great boon to mankind, he had better serve a life time as a galley-slave than suffer the remorse which he must once feel when his brain and heart and conscience grow large enough to fully

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grasp the enormity of his crime against heaven, and against suffering humanity. I wish that I might find words pungent enough to touch the quick, if there be any, in such a misguided and callous heart; to express a tithe of the utter loathing and contempt which should be felt for such a despicable specimen of humanity.

Every secret remedy has something which it dares not expose to the world; the jackass in the lion's skin cannot open his mouth without disclosing his utter nothingness.

To cite one or two examples of this, Deshler's pills for fever and ague have obtained a wide reputation among persons opposed to the use of Bark and Quinine in every shape and form—the vendor positively declares that "they contain no salt of Quinine, Arsenic or Mercury; yet they are composed almost entirely of Quinoidine, which is one of the most essential constituents of Peruvian bark. Some homœopathic physicians who are too timid to use Quinine advise Deshler's pills—some even powder them up and administer them as a homœopathic remedy. Pure and good Quinoidine can be obtained from any good apothecary shop, and every physician should know exactly what he is prescribing for his patients; he has no right to trust honest and confiding persons with secret, quackish, and in all probability, cheap, and impure drugs.

I believe that the same holds good of Whitcomb's so-called great remedy for asthma; as far as I can judge it is composed of nearly equal parts of Lobelia and Ergot. The story is that some Boston asthmatic person went to Europe and was cured with this prescription in Germany; it is well known that change of climate alone will remove many cases of asthma, at least temporarily; it is equally well known that Lobelia is a truly American remedy; it is indigenous to America; its uses in asthma were discovered fifty years ago by American physicians and clergymen, and now we have it trumped up in a secret and mysterious form merely to put money in the pockets of a few persons; and we are still more sorry to add that one of the principal owners of this nostrum is a Quaker-preacher of wealth, and good standing in his society; a man who does many kind and apparently generous things with an infinitesimal portion of the immense sums which he makes out of this and many kindred quack medicines. As this remedy is also prescribed and recommended by some homœopathic physicians we think it as well to let them know what some of the recommendations of this secret remedy are worth; of two certificates from Urbana, Ohio, I have received the following information:—

Dr. Peters. Urbana, O., Nov. 27th, 1856.

Dear Sir,

The two persons, Baldwin and Bean, who certified to the efficacy of "Whitcomb's remedy for asthma" are considered respectable citizens of Urbana, and, *at the date of their certificates*, intended, I presume, to testify to nothing but what they believed to be true.

With these persons I have had but very slight acquaintance; yesterday afternoon, I took the liberty to call upon Mr. Baldwin, at his store, to make some inquiry about his case. He informed me that, although the remedy did, for a short time, appear to do him much good, its salutary effect soon disappeared and he rapidly became as bad as ever. He says that he was urged, at an early date, to give a certificate, and although he begged for more time to make sure of the efficacy of the medicine, the agent here would not be put off, and consequently, he reluctantly signed the certificate. So soon as he became assured that the remedy would not cure him, or materially benefit him, he ordered his certificate to be dropped from the papers of this town. He informed me that Mr. Bean was deceived as well as himself.

I know of three or four persons here who tried "Whitcomb's remedy for asthma," but were not at any time, in the slightest degree benefitted by it.

Mr. Baldwin told me that the remedy in the prescribed dose, had a very unpleasant effect upon his head. He described it as, at first, as singular sensation of swimming or whirling, with inability to hold up the head, a stupid, senseless

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feeling, followed in a short time by a rush of blood to the head and severe pain in the head. He experienced no nausea.

I know of one instance in which Whitcomb's remedy was given with transient benefit, and three or four in which none at all accrued.—

To conclude, my personal experience with secret cancer-remedies is as follows. Many years ago a quantity of cancer-caustic, which had come down from the times preceding our revolution, was given to me, and a patient with a foul ulcer of the nose sent to me to apply it upon. The remedy seemed to consist mainly of caustic potash, and it is needless to add that I made no further use of it.

Some years ago a patient of mine with a large medullary cancer of the breast received so many apparently incontrovertible proofs of the safety, painlessness and efficacy of a New-Jersey cancer-remedy, that she left this city to be under the immediate care of the cancer-doctor. She suffered untold pain and misery for more than six weeks; she returned much reduced in flesh and strength by the severe treatment she had undergone, but thought the disease entirely removed. I was sent for at her own request to examine her, and she implored me to advise all my patients who might be suffering in the same way to undergo like agony in order to have so dire a disease throughly eradicated. The cicatrix was evidently cancerous, and she died of cancer in less than a year, under the treatment of other physicians.

Less than a year ago I was implored to take partial charge of a most interesting but most wilful lady, who was undergoing treatment by caustics by a cancer-doctor of this city, who advertises widely to cure cancer without the knife and without pain; the disease must have been very extensive, but I was not allowed to see it. My duties were, if possible, to allay the horrible suffering caused by the applications; although she had well-marked Bright's disease of the kidneys and dropsy at the time, the cancer-doctor persisted in his applications, and she persisted in her voluntary martyrdom. She died of disease of the lungs and scrofulous disease of the spine and hip shortly after "the cancer was eradicated from her system," and there is every reason to believe that the disease of the breast, which was so cruelly operated upon, was a scrofulous and not a cancerous affection, and one which would not necessarily have involved her life, nor entailed any great amount of suffering upon her, except in mind. I believe the expense attending these applications was upwards of $1500; nothing but suffering was inflicted; no good was gained, except the removal of a scrofulous and probably non-malignant mass; her strength was exhausted and her death hastened.

Cancer-doctors are rarely or never highly and liberally educated men; and cannot of necessity be truly humane and generous persons.

PETERS.

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*Spiritualism in Medicine.** By H. VAN VOORHIS, M.D., Tarrytown, N.Y.

The history of the human race in all ages and among all nations reveals to us that mankind has ever sought to gain some insight into the realms which lie beyond the boundaries of the physical and material, to comprehend the mysterious union between his mortal and his spiritual nature.

The belief in the dual nature of man is co-existent with humanity. From the earliest history of man to the present time, this faith has never been totally lost—not only has it been preserved among the intellectual and refined, but glimmerings of it may be traced among the most degraded nations of the earth. The consciousness of immortality exists, in some

* *The Healing of the Nations*, by CHARLES LINTON. With an Introduction and Appendix by NATHANIEL P. TALLMADGE, late U. S. Senator and Governor of Wisconsin.

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degree, in the breast of every human creature. Such consciousness may be, in rare instances denied. Men may pervert their intellectual powers to the vain task of forcing reason to declare its falsity. But not all the arguments which sophistry can adduce or logical inference supply, can entirely smother the voice of instinct in its whisperings of "something *after* death."

Man, therefore, thus feeling his connection with another and a higher state of existence, naturally seeks by every means within his reach to gain some correct knowledge of the new condition on which he is destined to enter. Of the *precise nature* of that state, the opinions of men are almost as numerous as are the individuals themselves. While probably the views of no two men on this subject are *exactly* similar, some are as wide asunder as the poles. And these differences of opinion are to be ascribed to the great variety of elements which necessarily enter into their formation. Thus knowledge—education—peculiarity of mental organization, and a thousand other influences, produce these wide dissimilarities as their legitimate results. The views of men are formed from the data from which they reason, and the human mind is so constituted that individuals even arrive at different conclusions from the same facts. Now, as we contend, that the general belief in the immortality of man is not the result of reason, but an *instinct*—an *inherent part* of man's nature,—it follows that the views of each individual must be formed and modified by the circumstances in which he is placed. Thus the indolent and luxurious Turk, whose highest idea of happiness is in sensual pleasure, dreams of a paradise of fadeless flowers and bright-eyed houris, while the more manly savage finds the consummation of ideal enjoyment in the chase of spirit-deer over the thornless plains of the happy hunting-grounds.

But in our day, it is claimed that a new light is shining into the darkness which has hitherto shrouded the mysteries of the future life from our gaze. Modern spiritualism professes to draw aside the curtain of the portals of eternity and to reveal to us, nay, to bring us into direct and actual communication with the spirit-world. In accordance with its teachings, the souls of those who have left the body have but advanced another stage on the never-ending journey of existence. They still retain their human sympathies and affections, and they still linger near to guide, comfort and instruct their brethren who are yet confined in the "prison-house" of the flesh.

Into the truth or falsity of this so-called revelation it is not our purpose at present to inquire. The question in its abstract form belongs rather to the religious than to the medical world, and we therefore leave it for theologians to discuss.

But true or false, it is received and acted upon by many, among all classes, as if it actually were all that it claims to be; and as it embraces among its believers a large number of physicians, whose practice is in some degree regulated by its tenets, it becomes legitimate for us to consider how far they are justified by reason in relying upon its aid in the exercise of their vocation.

In entering upon this subject we trust we shall be acquitted of all desire to impugn the motives or the sincerity of those who avail themselves of information derived, as they believe, from higher states of existence, to aid them in their mission of humanity. Good and earnest men there are, we know—men who have labored long and faithfully in the profession, and whose opinions on all subjects connected with medical science, are deserving of the highest respect, who consider it their duty to submit themselves, in some degree, to the guidance of these higher intelligences. There are not wanting those who, in obedience to this supposed call of duty, have

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made considerable personal sacrifice in conforming with its dictates. Such men as these it has been in all ages the glory of our profession to produce, and if we cannot agree with them in their conclusions, neither can we withhold our admiration of their fearlessness and honesty.

The volume before us purports to be a direct revelation to Mr. Linton of the nature and character of man in all his relations. Chapters are severally devoted to the special instruction of "The Poet," "The Philosopher," "The Physician," "The Architect," "The Printer" and others, setting forth the true character of the mission of each, and the end to which their efforts are to be directed. We, however, purpose at this time to notice only that portion of the work which is especially addressed to the physician.

With regard to the *source* of this revelation we have no further information than that "it was dictated by spiritual influences," leaving the precise nature of those "influences" somewhat conjectural. Mr. Linton says:

"Some will naturally ask, 'what is that power?' In answer to this question I must say, I do not positively know. I leave every reader to be his own judge; believing as I do in individual responsibility, I feel at liberty only to tell what I believe, namely, that it is from *the highest spiritual source*, leaving positive truths unto God, and all men to judge their own judgment."

Mr. Tallmadge, in the introduction also says:

"It will be seen that the book has been written under an influence believed by Mr. Linton, to be from *the highest spiritual source*. The beauty and simplicity of style, and the purity and sublimity of sentiment, may claim not only a spiritual, but *the highest spiritual source*."

While therefore the question of its origin is thus left to the judgment of each individual, it is evident that the author regards it as coming from the "*highest spiritual source*," God *himself*.

The physician who walks in the new light is thus described:

"3. The INSPIRED PHYSICIAN hath powers which unto uninspired men seem most miraculous.

"4. He is one whose spirit is enlarged in sympathy by viewing the sufferings of his kind. Unselfish, virtuous, above all the things of time, sincere worshipper of God, *he hath power bestowed by God over* ALL *disease*.

"5. He enters the chamber of the suffering calm and serene; speaks little, yet upon the sufferer's spirit sheds his own trusting dependence upon God.

"6. Disease is frightened at his approach. The suffering is by his manner half removed.

"8. He never fails where cure is possible."

We read of but ONE possessing all the high characteristics contained in the above description, portions of it, however, are not inapplicable to a few uninspired physicians, and perhaps many would do well to give it their serious attention. Whether they will ever attain that exalted perfection by which "disease shall be frightened by their approach," may well be doubted.

But the mere frightening of disease is by no means the extent of the power of the physician, for having succeeded in terrifying the monster, he compels him ignominiously to retreat, thus:

"25. With those in harmony with God's great Spirit, yet within the outer body, the inheritance obstructs the spiritual power, all diseases can be by the inspired physician removed *by the simple touch*.

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"26. He with his powerful harmony removes the obstruction by simply stimulating the spiritual power of the sick."

Sometimes, however, in spite of the terror inspired and the magic of the touch this "stimulus" is not sufficiently powerful to produce the desired effect; this is owing to the "preponderance of the flesh," which must at once be overcome, for we read:

"31. Until the abundant weight of flesh be removed or rendered perfectly passive, the spirit within the body cannot act, and no cure or removal obtained."

Hence the origin of a "systematized druggery" which "drugs the animal and spiritual into a state of passiveness." The spirits do not appear partial to any of the various schools of medicine, and in fact seem to hold them all in low esteem. They declare:

"33. Through passiveness of the animal nature all cures must be made.

"34. This passiveness is obtained by each different school in as many different ways; and often by the unschooled in as many more ways, and by as numerous means."

The necessary degree of "passiveness" being thus obtained, the spirit of the sick man is brought into "harmonious sympathy" with the spirit of the physician, and is now ready to be acted upon by it and to receive its "stimulating help" to "throw off the unharmonious action of the being, either spiritual or physical."

The reduction to passiveness being decided upon, the means by which it is to be accomplished appear to be of little importance, provided the physician have "*a firm reliance in his own powers*;" we are told:

"64. An uncertain physician will let his patients die whilst he wavers between two opinions, when, had he perfect confidence in EITHER opinion, a cure would be certain."

Having attained the necessary degree of *self-confidence*, and possessing the requisite amount of "love" and "sympathy," there seems to be no obstacle to the removal of disease, except that obstinate patients will sometimes refuse to swallow our drugs; for this, however, we are glad to learn from so high a source, we are not to be held responsible, for the "revelation" declares:

"72. Surely the physician is not to blame if the patient do not take his medicine as directed."

Having revealed to us this clear and comprehensive system of therapeutics, the "highest source of spiritual influence" next proceeds to enlighten our ignorant minds as to the nature of disease, its prevention and ultimate removal from the lot of man.

Among the causes of disease, are enumerated,—error and ignorance, a wilful reliance upon self, and infringements upon spiritual freedom. Disease seems to have originated thus:

"75. As he wandered over the earth seeking for lost enjoyment, striving to take from earth what was never by God given unto it—pleasure for man's spirit—to obtain its highest pleasure, he ate its richest fruits, and drank its sweetest honey, yet he returned diseased, broken down, helpless."

A little farther on we read:

"81. Sickness of the flesh is not the commencement of disease. It is but the effect of transgression."

Small-pox, for example, we suppose.

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The subjoined passage contains a truth which is at least worthy to be revealed from heaven, and we commend it to our allopathic friends.

"83. Change of disease is no cure, and yet many great names and great fames have been builded on this change.

"84. Their monuments are builded upon a changing foundation, and must by time be changed until forgotten in the famous ocean of eternity."

We have already quoted so largely that our space will not permit us to make farther extracts to show the wonderful effects consequent upon the use of the "spiritual sight" of the physician. By it he will be enabled to understand all the causes of disease—; his "vision will be so refined as to pierce instantly all flesh;" seemingly miraculous powers will be conveyed to him, until ultimately:

"85. Faith in God will remove disease from the lot of man."

And "man will walk the earth as God."

All this and much more to the same purpose is very fine. What a good time we shall have—when it comes! In the mean time, however, we fear some doctors will fare badly if the "revelation" be generally received, for patients are directed promptly to discharge their physician if he is unable to tell them "what the life is he would save." If we may be permitted to quote an adage, however, we may say: "it's an ill wind that blows good to no one," for it is declared:

"143. A good sympathizing nurse is man's best physician."

We have thus endeavored to lay before our readers the account of disease and the physician as revealed "from the highest sources of spiritual influences" leaving, in the words of our author, "all men to judge their own judgment." To some it may appear almost puerile to have devoted so much space as we have done to this subject: but when it is remembered that the invocation of spiritual aid in the treatment of disease is not confined to the advertizing "healing medicines" or "clairvoyant physicians," but that it is countenanced by men high in standing in the profession, it becomes a question of grave importance that all physicians should know what has been revealed on this subject, and how far it may be available towards accomplishing the object which all have in view—the cure of disease. We have endeavored to set forth fairly the principles contained in the revelation; if any think them superior to the inductive laws of medical science by which they now are guided,—if they consider them more reliable than the great law of Hahnemann, and more effectual in the removal and cure of disease, let them adopt them and we heartily wish them success. All are laboring to effect the same great end, and all may well desire to merit for themselves the eulogium pronounced upon those who strive worthily to attain this end, "thus wilt thou become one of earth's true ornaments, one true, upright man, the noblest of God's good handiwork. Thus be thou an ornament to earth, a bright and shining star in the eternal heavens."

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General Record of Medical Science.

PHYSIOLOGICAL CHEMISTRY.

Uses of Phosphorus and Phosphoric Acid.

1. Phosphoric-Acid.

"When a bone is burned to whiteness in the open air, it yields a crumbling chalk-like solid, significantly called bone-earth, of which the larger part is lime, whilst the remainder is in great part phosphoric-acid. This acid can be separated from the bone-earth, by pouring oil of vitriol upon it, and its properties as the dominant acid of all the higher sentient organisms, are now to be considered."

"Phosphoric-acid has all the properties of the most powerful acids. It dissolves in water. It is intensely sour. It reddens all acidifiable vegetable blues. It perfectly saturates powerful bases. In these respects it agrees with sulphuric, nitric, hydrochloric, and acetic-acids. But from all other acids possessing such properties, it differs in several singular ways, and these differences point to the cause of its organismal pre-eminence.

"The first remarkable difference is its freedom from corrosiveness. The acids named above, even when considerably diluted with water, rapidly disintegrate organic bodies, and in their strongest aqueous dilutions, act like hot irons on the skin. A drop of oil of vitriol, or of the strongest aqua-fortis, burns the flesh like a live coal, and unless mingled with much water, excites painful and dangerous inflammation of the tissues. But the phosphoric-acid extracted from bones, even when combined with a chemical minimum of water, and concentrated into a crystallizable hydrate, may be spread for a considerable time over the thinnest skin of the living body without burning, paining, or inflaming it. It is thus of all the strong acids we know, the only one which can be set free, and that in a concentrated form, within living organisms without causing their destruction. In this peculiarity I find one cause of its universal presence in the body; for whatever services an acid can render to an active organism phosphoric-acid can render to the full without harming it.*

"A second peculiarity of phosphoric-acid is, that unlike the majority of equally strong acids, it does not coagulate albumen. And as this substance, familiar to all in white of egg, is largely present in the flesh, the natural juice of which contains partially neutralized phosphoric-acid †, and is also largely present in the brain and nerves,

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* "It seems worth the consideration of surgeons, whether common phosphoric-acid, in virtue of its assimilating action on living tissues, and its solvent action on phosphatic calculi, may not as a *litholytic* be brought in direct contact with vesical concretions of the non-acid class, and render in some cases operations unnecessary?"

† "The tribasic, acid phosphate of potash (2 H O, KO x PO 5.)"

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associated with a modification of the same acid known as oleo-phosphoric-acid; we can affirm at least that the solitary potent inorganic acid compatible with the non-coagulation of albumen, is the only one found in a free (or at least partially free) state, in association with the liquid form of that important organismal constituent. These peculiarities, however, are as nothing compared with the third, which calls for special notice. The majority of acids which are soluble in water exhibit their characteristic properties most markedly when associated with the chemical minimum of water which can combine with them, and when more water is added, they show in a less degree, according to their dilution, such qualities as sourness, power to alter vegetable colors, and to saturate bases. There is thus but *one* sulphuric- or nitric-acid. The less water united with either, the more powerful it is, and the greater the weight of base it can neutralize. In the language of quantitative chemistry, one equivalent (or chemical unit) of nitric-acid can combine with one equivalent of a base, neither more nor less. This is the general rule. One unit by weight of an acid unites with one unit of base, and here the neutralizing power of the former stops, so that as dilution by water implies the spreading of the efficacious unit over a wider area, a given weight of diluted acid must neutralize a smaller weight of an undiluted base than the same weight of stronger acid will neutralize. Hence, the less amount of water, the greater the acidity of the acid; and unit of acid to unit of water is the condition of greatest strength.

"But to this widely applicable rule phosphoric-acid forms a remarkable exception. It is most acid when united not with one, but with *three* units of water. In this condition it is extracted from bones, and found (at least after death), in the blood and flesh. One unit of the acid crystallizes along with three units of water, and retains these in special combination to whatever extent it is diluted with more water. Its neutralizing power, moreover, is correspondingly threefold, so that, for example, in the bones, one equivalent of it is combined with three equivalents of lime, whilst all the other bone-acids are united in single units, with a single unit of lime. An endless series of salts similar to bone-phosphate, but containing other bases than lime, are known to chemists, who distinguish them as a class, as the tribasic phosphates. The organismal importance, however, of this property of phosphoric-acid will not appear till we look to a fourth peculiarity which it possesses.

"Phosphoric-acid has the singular power of dropping or casting off, as it were, one of the three units of water which it is able to retain, keeping only two, and refusing, even though dissolved in volumes of water, to take back the third. In this modification (which is known as pyro-phosphoric-acid), it has not a threefold, but only a *twofold* power of neutralizing bases, so that, for example, as it occurs in burnt bones, one equivalent is united with but two equivalents of magnesia, and an extensive series of corresponding salts is known, distinguished as the bibasic phosphates.

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"But further: pyro-phosphoric-acid can part with one of the two units of water which it characteristically retains, as common phosphoric-acid can part at once with two of its three characteristic units of water, both becoming, like the ordinary mineral acids, a compound of unit of acid to unit of water, with a one-fold power of neutralizing bases. This modification has been called meta-phosphoric-acid. It also forms a large series of salts, all containing one equivalent of acid to one equivalent of base, and distinguished as monobasic phosphates.

"Meta-phosphoric-acid, unlike the other hydrates of the acid, coagulates albumen. Dissolved in cold water, it slowly takes to itself two additional units of that body; and if boiled with the liquid, it takes them with great rapidity.

"We have thus to begin with a snow-like soft solid, called anhydrous phosphoric-acid, procured by burning dry phosphorus in equally dry air. When we dissolve it in water, it so unites with that liquid as to produce, according to circumstances, three acid solutions, as distinct from each other in all their properties as if they were composed of totally different ingredients. These three solutions, distinguished as common phosphoric, pyro-phosphoric, and meta-phosphoric-acids (of which the first two are crystallizable as solids), are mutually convertible by loss or gain of two units or chemical equivalents of water; the first named, which retains three such units, being the most stable, and the last, which retains but one aqueous unit, the least so.* The chief organismal acid is thus equal in powers to three ordinary acids, and strikingly exhibits the quality of mobility or variability, which has been shown to be so essential to the active components of living organisms. Yet triply potent as phosphoric-acid is, it does not, in any of its modifications, exhibit corrosiveness or poisonousness. This has already been referred to as characterizing the tribasic acid, but is still more remarkable as characterizing the bibasic and monobasic acid, for the general rule is, that the less the amount of water in a hydrated acid, the more caustic, corrosive, and poisonous it is. But even anhydrous phosphoric-acid half-deliquesced, may be kept in contact with the skin for an hour without injury, where the similar hydrate of sulphuric-acid would, in a few minutes reduce the tissue to charcoal.

"The innocuousness, indeed, of the strongest phosphoric-acid is,

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* "The three hydrates of phosphoric acid, taken in the same order as in the text, are best distinguished as tribasic, bibasic, and monobasic phosphoric-acid, according to the nomenclature of Thomas Graham, Esq., Master of the Mint, our greatest authority on the subject. On the binary theory of acids and salts, each of Mr. Graham's hydrates is represented as a peculiar hydrabid (!)

Thus, Tribasic Acid	$PO^5 \times H^3$
Bibasic Acid	$PO^7 \times H^2$
Monobasic Acid	$PO^6 \times H$

"It is quite immaterial to the argument pursued in the text, which of the rival theories of acids is adopted. On both views the same weight of the same three ingredients, phosphorus, oxygen, and hydrogen, is recognized as present: The only matter in dispute is, the mode in which the ingredients are arranged. Mr. Graham's view is preferred as the one more easily followed by those who have not made chemistry a special study.

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in many respects, as inexplicable as it is paradoxical. Chemists refer the caustic action of strong sulphuric, nitric, hydrochloric, and acetic-acids, in great part, to their intense affinity for water, which they compel the organic bodies touched by them to give up, so that their chemical integrity is destroyed. But the water which these corrosive acids take from an organized structure, anhydrous phosphoric-acid can take from them. The most caustic acids known to us are probably sulphuric and hydrofluoric acid, but the strong hydrates of both are rendered anhydrous by phosphoric-acid, which nevertheless does not possess a trace of their causticity. It has latterly come into extensive and most important use among scientific chemists, as a means of dehydrating or rendering waterless other substances, so remarkably does it excel them in affinity for water, and yet the powers which they owe to such an affinity are not exhibited by it. *It is thus a lord paramount among acids*, compelling its barons to surrender to it the prey which they have taken from the innocents, but never found robbing the innocents itself.

"There is much indeed, as yet, unaccounted for, in the relation of phosphoric-acid to water. One should expect such a substance to dissolve in this liquid with the greatest rapidity; yet the anhydrous acid, though it hisses like hot iron when it meets water, and shows by the heat which it evolves, an intense affinity for it, seems to retain that affinity only for a moment, and to have its thirst quenched by the first draught, or rather sip of liquid, for it dissolves slowly, like snow which has barely reached the thawing temperature. Anhydrous sulphuric-acid, on the other hand, not only undergoes aqueous solution with great energy and rapidity, but, long after it has acquired its unit of water, continues eagerly to combine with more, absorbing its vapor from the atmosphere, so as to deliquesce every thing in its neighborhood; and the other strong acids have a similar power. Phosphoric-acid is thus like a feverish child, begging for a great bowl of water, but pushing it away the moment its lips are wetted. Sulphuric-acid is like the sufferer from a gunshot wound, whose insatiable craving for water, no number of goblets can appease; and yet the former acid can drink the latter dry.

"Whatever be the explanation of this anomaly, the important fact remains that *phosphoric-acid is at once more powerful than strong sulphuric-acid, and less irritant than weak vinegar*, so that it can innocently traverse every part of the body. But of what service, it may be asked, is it to the body, to be traversed by an acid whether innocuous or irritant? To this, in the meanwhile, it will be sufficient to reply, that the chief chemical compounds in the organism either are or contain salts, which are produced by the union of acids with bases. A great part, therefore, of organismal chemistry is the chemistry of acids; and we are now to look at the way in which phosphoric-acid, when it ceases to be free and unites with bases, serves the organism by the kind of salts which it forms. Common or tribasic phosphoric-acid, *i. e.*, 1 unit of anhydrous phosphoric-acid combined

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with 3 units of water, can exchange these in whole or in part for units of base.* It may exchange the water entirely for one base, as it does when it forms the bone phosphate of lime which consists of 3 units of lime to 1 of anhydrous phosphoric acid; or it may give away only two units of water, receiving in return the same number of units of base, as in the phosphate of soda of the blood, which consists of 2 units of soda and 1 unit of water, added to the constant unit of anhydrous acid; or it may give away only 1 unit of water and receive in return 1 unit of base, as in the phosphate of potash of the flesh, which consists of 2 units of water, and 1 of potash to 1 of acid. Moreover, where a unit of water is retained, each of the 2 given away may be exchanged for a separate base, as in microcosmic salt, where 1 unit of soda, 1 unit of ammonia (oxyde of ammonium), and 1 unit of water are together combined with 1 unit of acid. The same acid thus forms, by variations of base, soluble, insoluble, acid, alkaline, and neutral salts. Further: whereas with the same base, ordinary acids form but one salt, or compound, tribasic phosphoric-acid can form three. Thus whether we add caustic soda or carbonate of soda, or muriate of soda (chloride of sodium), to sulphuric-acid, we obtain the same Glauber's salt or sulphate of soda, containing 1 unit of acid to 1 unit of base. But if we evaporate together tribasic phosphoric-acid and caustic soda, we obtain a salt with 3 units of soda to one of anhydrous acid: if we pour on carbonate of soda the tribasic liquid, we obtain a salt containing 2 units of soda (and one of water) to 1 of anhydrous acid; and if we substitute muriate for carbonate of soda, we obtain a salt containing 1 unit of soda (and 2 of water) to 1 of anhydrous acid. Muriate and carbonate of soda are both largely present in the body, and phosphoric-acid must continually encounter them; but it will form a different salt with each, where sulphuric and all ordinary acids would form the same salt with both.

"Once more: when tribasic phosphoric acid by parting with 1 unit of water becomes bibasic, it may form salts with 1 unit of water and 1 of bases, or with 2 units of the same base; or with 2 units each of a different base; and when the tribasic acid parts with 2 units of water and becomes monobasic, it can act the part of an ordinary acid. Moreover, without loss or gain, but only by a new arrangement of particles, a hydrated phosphate of one class may change into a phosphate of another.

"Even this lengthened statement does not exhaust the modifications of phosphoric-acid; two additional classes of salts have been described,† and phosphates of different classes can unite *as salts* with each other. The number accordingly of possible phosphates is

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* "Strictly speaking, the water is acting as base, so that the exchange is of units of aqueous base, for units of some other base, but as it might confuse the general reader to call water a base, I have avoided this mode of expression, although it is the customary one among chemists."

† "Fleitmann and Henneberg's phosphates, intermediate between the monobasic and bibasic classes, and Maddrell's peculiar double metaphosphates, are described and commented on by Mr. Graham in his *Elements of Chemistry*, vol. i. 2d. ed. pp. 448, 449."

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beyond calculation, and the quality of variability appears at its maximum in the compounds of phosphoric-acid.

"Limiting our attention to the well-known modifications of phosphoric-acid, we may sketch, in outline, how they may render service to the body. The sketch can be only a fancy-picture, yet it may be one mirroring and shadowing, however faintly, the reality of nature.

"A child is beginning to walk, and the bones of its limbs must be strengthened and hardened. Phosphoric-acid accordingly carries with it 3 units of lime to them, and renders them solid and firm. But the bones of its skull must remain comparatively soft and yielding, for it has many a fall, and the more elastic these bones are, the less will it suffer when its head strikes a hard object, so that in them we may suppose the phosphoric-acid to retain but 2 units of lime and to form a softer, less consistent solid. And the cartilages of the ribs must be still more supple and elastic, so that in them the phosphoric-acid may be supposed to be combined with but one unit of base, as the uncrystalline gelatinous metaphosphate.* On the other hand its teeth must be harder than its hardest bones, and a new demand is made on lime-phosphates to associate themselves with other lime salts (especially fluoride of calcium) to form the cutting edges and grinding faces of the incisors and molars. All the while also the blood must be kept alkaline, that oxidation of the tissues may be promoted, and albumen retained in solution; and yet it must not be too alkaline, or tissues and albumen will both be destroyed, and the carbonic-abid developed to the systemic capillaries will not be exchanged for oxygen, when the blood is exposed to that gas at the lungs. So phosphoric-acid provides a salt containing 2 units of soda and 1 of water which is sufficiently alkaline to promote oxidation, dissolve albumen, and absorb carbonic-acid, and yet holds the latter so loosely, that it instantly exchanges it for oxygen, when it encounters that gas in the pulmonary capillaries. Again; the flesh-juice must be kept acid (perhaps as has been suggested, in electro-polar opposition to the alkalinity of the blood, as affecting the transmission of the electrical currents which are now known to traverse the tissues), and phosphoric-acid provides a salt containing 2 units of water and one of potash, which secures the requisite acidity. Further, in some

* "Von Bibra has made the beautiful observation that those bones which are the most exposed to mechanical influences contain the largest quantity of earthy constituents, (chiefly phosphate of lime). The action of this law is manifested, even in different families in the same class of animals; thus, for instance, in the rasores or scraping birds, the femur contains the largest quantity of phosphate of lime; in the grallatores or waders, the tibia, and in all other birds the humerus."—Lehmann's *Physiological Chemistry*, Cav. Soc. Trans. vol. i. 414.

"The phosphate of lime in bones was represented by Berzelius at 8 Ca O, 3 PO^5; but according to Heints and Rose it has the composition given previously in the text, 3 Ca O, PO^5. In reality, however, neither of these formulæ will always apply to bones, although the latter probably represents the condition of the greater part of their lime phosphate. From my own results, and those of others in the course of agricultural analysis of bone-earth, I cannot avoid inferring that several phosphates of lime exist in bones, although in the ash of the latter the nature of these salts as they occurred in the living organism cannot be ascertained. I have felt at liberty accordingly to assume as possible the phosphates referred to in the text as existing in the child's skull and ribs."

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of the serous and other liquids of the body, a changeable salt is required; and for this phosphoric-acid provides, by combining with soda, ammonia, and water to produce microcosmic salt, which is alkaline in its integrity, but by parting with the easily lost, volatile ammonia becomes alkaline.*

"All those compounds are needed in the adult as well as in the infant organism. With the adult we may further connect such an incident as the fracture of a bone, which is repaired by a beautiful process of splicing, during which phosphates, first very soluble, then moderately so, then slightly so, are finally succeeded by dense insoluble bone-earth, filling up the breach till it becomes the strongest part of the reunited bone. And as counterpart of this, we have the most solid bone dissolving under the pressure of a throbbing (aneurismal) blood-vessel, which unless the bone gave way would first torture, and then kill the the whole body. Particle by particle, the petrified ivory is pressed, softened, melted, dissolved, and washed away by the same potent acid which hardened it from a thin liquid into a compact solid.

"At all periods, moreover, in the life of the body, the liquid albumen and fibrin of the blood are becoming solid albumen and fibrin in the tissues. Both are also becoming, in the nursing mother, the casein of her milk, and that casein in her suckling's body is becoming the albumen and fibrin of its flesh and blood, and building up its organs in other ways.

"Each of these blood-forming, flesh-forming, milk-forming, tissue-forming bodies, albumen, fibrin and casein, and likewise their analogue gelatine, are inseparably accompanied in all their liquefactions, solidifications, and transmutations by phosphates, which in virtue of their mobility, are able to liquefy, solidify, and undergo transmutation as the body which they accompany does. We cannot pretend to follow those changes step by step, for they occur within the inaccessible penetralia of a living structure; but certain it is that the phosphates accommodate themselves to changes which no other salts we know could submit to.

"In the particular cases given above, there may be great misapprehension and even signal error. But in the general estimate of the organismal suitableness of phosphates beyond all other salts, there cannot be much mistake. Chemical unions have been compared to marriages, and chemical compounds to wedded pairs. If the comparison is accepted, then the great majority of the mineral acids are monogamists and wedded each to a single base; but phosphoric-acid, like an Eastern patriarch, has the privilege, if he pleases, of wedding three bases, although he is often satisfied with two, and can cheerfully content himself with one. Or, to vary the figure more expressively, the ordinary acids are like the Hindoos under the domination of caste, and when hired as servants stipulate to carry but one thing,

* "Lehmann's *Physiol. Chem.*, Cav. Soc. Trans. vol. i. 360.

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and the minimum weight of that. Phosphoric-acid is an English servant of all work, lifting three loads at a time, of any three things that require to be lifted, and willing at all times to make himself generally useful.

"Putting all figure aside, we may affirm that no acid is known to us, approaching to phosphoric-acid in susceptibility of various modification. Even if we were to suppose, that as a hermit crab tries shell after shell till he find one to fit him, the living organism had made trial in turn of all the mineral acids, we cannot imagine it finally selecting any one but phosphoric-acid. (11.)

I trust that no excuse will be required for the comparatively large space devoted to a portion of the ingenious and brilliant essay of Dr. GEORGE WILSON, Regius Professor of Technology, in the University of Edinburgh, entitled "*Chemical Final Causes*," as illustrated by the presence of Phosphorus, Nitrogen and Iron in the higher sentient organisms. PETERS.

MATERIA MEDICA.

INERT ALLOPATHIC DRUGS.

At the request of the section on Materia Medica, a paper was then read by Dr. ROTTON, of this city, upon fluid extracts. At the solicitation of that section, Dr. R. had been examining several specimens of those preparations which are now largely used by the profession. This was but a preliminary report from him to the section, and was not endorsed by them. A quantity of these preparations from different manufactories, had been placed before the section. Of these, trials had been made by Dr. R.. *Veratrum-viride*, of which the dose should be five drops, was given in thirty-drop doses, without producing any effect; and on evaporating it, there was found to be a large quantity of feculent matter in it, with very little of the active principle of the plant. The extract of Jalap, which should give 96 grains of jalapine, contained in one sample, none at all, while a second contained but five grains. Of the extract of Cannabis Indica, the dose of which ought to be from ten to twenty drops, he gave three ounces and a half to a patient in a few hours, without effect, and himself drank the other half ounce, feeling it no more than so much lagerbier. Ergot produced some of its specific effects. Rhubarb and Senna proved mildly cathartic in doses four times as large as those directed to be given by the makers. It required a teaspoonful of the extract of Ipecac. to produce vomiting, instead of ten drops. The extracts of bark were as unreliable as the other preparations. No imputation was, however, cast upon the honesty of the manufacturers. The trouble was with the method of manipulating, and in the fact that the same plant does not by any means contain, under varying circumstances of moisture, heat and cultivation, equal quantities of its ac-

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tive medicinal principle. The dandelion, when cultivated, contains but little of the active principle compared with the wild plant. The poppy will yield in wet seasons a large quantity of juice, but that opium will contain very little morphia. The cannabis-indica is a very different plant in this respect when grown in the valley, from what it is when grown on the tops of hills. Each plant requires to be examined by itself and tested as to its qualities. So, too, we must be cautious about using extracts till their strength is ascertained. The rule is always to commence with small doses. The only security and certainty is in using the alkaloids. The principle must be separated and used distinct from other foreign ingredients. Morphia is such an alkaloid, and allows one to give a dose with much certainty, but every one knows the uncertainty there is in the strength of laudanum.

The paper was warmly applauded and referred back to the section.

It is evident from the above proceedings of the Academy of Medicine, that a large portion of the allopathic drugs in use, have no curative virtues; they merely retain their nauseous tastes and offensive colors; the poor patients are obliged to take most nauseous trash, which cannot by any possibility benefit them.

PATHOLOGY AND THERAPEUTICS.

ADVANCES AMONG ALLOPATHISTS.

Bednar, of Vienna, the author of the most celebrated work on diseases of children now extant in Germany, speaks in the most decided language against the manner in which disease is treated by the majority of the physicians of the dominant school; who, he says, seem to know of no more rational indications than to purge, solve, or astringe; who seem to know nothing of the physiological or pathogenetic action of medicines; who neglect the epidemic constitution of disease, or at the very most only notice the gastric, inflammatory or adynamic tendencies of disease, and attempt in the most injurious manner to force about a crisis by means of irritation of the skin, blood-letting, vomiting or purging.

On the other hand, Bednar gives a decided preference to the "*direct specific method*," and insists that in order to attain to a really scientific Therapéa, we must commence in the experiments with drugs upon the healthy subject, then after the establishment of their specific relations to the tissues, organs and systems, we must try them with critical sagacity upon the sick, and thence deduce therapeutic rules with the aid of inductive logic; while doing this, we must always keep in mind the removal of the exciting cause, the discovery of the organ or system which was first diseased, the appreciation of the epidemic constitution of the atmosphere, and also of the constitutional peculiarities of the patient.

In short, Bednar adopts all the general therapeutic rules that we do,

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with the addition of others which it would be well for us to adopt as soon as possible. And also in his therapeutics of individual diseases he confines himself also exclusively to those remedies which we have found most practically useful, so that he could with great justice have added to the title of his "Treatise on the Diseases of Children," and their treatment according to the experience of Homœopathic physicians. But he does not do this, but on the contrary rather assumes the appearance as if he did and would know nothing of Homœopathy; although he admits in his preface, that in many diseases he uses remedies which do not belong to the dominant school; and in point of fact, in almost every disease he recommends the remedies most commonly in use among the homœopathists, as the most approved and useful, but without one word of credit to Hahnemann or Homœopathy. He even admits on page 92, that diseases may be cured by such remedies as produce a similar complex of symptoms, but adds, that one is hence not necessarily obliged to adopt a partial and changing similarity as a universal law, although it may be a partial guide and help in Therapeutics.

2.) In the Prague Quarterly Journal of Practical Medicine, Vol. 2, 1857, Dr. Hobeny, of Hohenelbe, advises Hellebore as a sovereign remedy against cholera, and in fact, only prescribes two drops in four ounces of water, in teaspoonful doses. The sick persons who may be treated in this way by allopathic physicians, will undoubtedly have no injustice done them, but Dr. Hobeny should have had the manliness to admit, which he doubtless well knows, that the homœopaths have for the last fifty years placed this remedy in the front rank of cholera medicines.

Still we would much rather have the sick of all schools get the benefit of homœopathic discoveries, than that they should suffer and die for want of them, and we doubtless can learn something from the bolder and less anxious use of our remedies by our confreres of the dominant school.

3.) In the Revue Therapeut. du Midi, a certain Dr. Amable Cede has published a chapter, in which he recommends Aconite and Arnica as the preventive and curative remedies against the traumatic accidents and inflammations which are apt to occur after operations upon the eyes, especially for cataract; still he does not give them in infinitesimal homœopathic doses, but puts from ten to thirty drops of the tinctures in a glass of water, gives tablespoonful doses internally, and uses them freely externally; in the worst cases, he also uses local and general blood-letting.

As might be expected, he defends himself in the most earnest manner against the assumption of suspicion that he is a homœopath, although he frankly admits that he is indebted to homœopathy for his knowledge of these remedies, and says he was even foolish enough at one time to make some experiments with infinitesimal doses. Of thirty-two cases operated upon, and afterwards treated with Arnica in

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the above manner, twenty-two remained free from traumatic inflammation and accident, and of the ten others in which inflammation occurred, four were cured by Aconite alone, and six with Aconite and a single venesection.

Dr. Escallier claimed the homœopathicity of these cures in the Journ. de la Societé Gallicane, and in reply, Dr. Cade remonstrated in the same journal; he assumes that the cures were not homœopathic, because the doses were much larger than those used by Hahnemann; and the small doses he asserts are an essential part of homœopathy, while he purposely avoided them; he also takes the ground that the law similia similibus curantur is an assumed explanation of experimental facts, while empiricism, upon which the above facts are grounded, is the common field of all medical schools.

Some homœopathists assume that this defence is more contemptible than the theft itself, but we for one care more for the interests of the sick, than for those of any sect, or school; if some patients can only get good treatment in this clandestine manner, let them have it in this way; we for one care more for the recovery of the sick, than we do for the glorification of Hahnemann or Homœopathy; and we would gladly have every physician in the universe try homœopathic remedies in his own way, and give them every encouragement in so doing. Homœopathy is on a secure historical basis; no theft can be perpetrated upon its domain without discovery following fast upon the commission; we are now so rich in material, that we can afford to bleed at every pore; this will do us no harm, prove no loss to us, but may prove of incalculable benefit to many sick persons who might not receive as efficient treatment from more honorable and more strictly homœopathic hands.

4.) Sulphur and Nux have been used by the homœopathists for fifty years in the treatment of hæmorrhoids; they are also the first remedies which a homœopathist thinks of in this disorder, in fact they are among the commonest and most common-place pile-prescriptions; yet in the Oct. 1857, No. of the Brit. and For. Med. Rev., we find them recommended by Dr. Van Holsbeck, in an extract from the Presse Medicale Belge. He recommends the following formula as of remarkable efficacy in the various forms of hæmorrhoids: Sulph. Loti, Sacch. Canari, of each two drachms, Ext. Nucis-vomicæ, grs. vj, to be mixed with a sufficient quantity of tragacanth, so as to form twenty-four lozenges; of these two are to be taken the first day, the number being increased by one every day, until six are taken daily. The patient is then to keep at that number for four days, when he is to diminish it gradually until only two are again taken daily. If a radical cure is not effected by this time, he must follow the same course again. The amendment is, however, usually so rapid that the treatment at farthest lasts a week.

We confess that it requires no little charity to chronicle these frequent thefts without becoming indignant about them; if old school

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physicians would content themselves with rejecting the infinitesimal doses which bring so much ridicule upon our system; if they would give us credit for our careful study of the Materia Medica; if they would admit that we are in possession of many useful remedies, which they prefer using in their own way, and would give our system the credit for the suggestions which they receive from it; and above all, if they would cease to speak and act towards homœopathic physicians as if they were all fools or knaves, we would gladly see them adopt our remedies and readily admit their right to use them in any way that their reason or experience might dictate. I for one often use allopathic remedies and suggestions, but I frankly admit it, both publicly and privately. Still, if Van Holsbeck's use of Sulphur and Nux in combination, and in comparatively large doses is more useful than the strictly Hahnemannian mode, I for one will feel obliged to him for the suggestion, and will perhaps use it in some obstinate cases.

PETERS.

GARNIER, LAMOUREUX & CO.'S GLOBULES, GRANULES, AND DRAGEES.

These large and small globules and granules, or so-called sugar-plums, are allopathic medicines in reasonable doses, made up into sugar- and starch-coated pills—they look exactly like homœopathic globules and granules, only larger.

We have often been accused of giving allopathic remedies in more pleasant forms, and I for one plead guilty of often having given pills coated with silver-foil; the intention has not been to deceive, but I have frequently wished to give larger doses of laxative, tonic, and other medicines, than I could well give in any pleasant, or known homœopathic form; hence I have often prescribed Aloes in silver-coated pills, or Aloes and Extract of Nux-vomica, when I wished to get a present laxative effect, followed by a more permanent anti-costive action. I have also given Quinine, with or without Extract Nux-vomica, in silver-coated pills. I have found many persons who could not swallow any ordinary pill, able to take them when prepared in this way. Although I regard Quinine and Nux-vomica homœopathic to intermittent fever, still I and many others have found from sad experience that the disease will not always yield to infinitesimal doses; in fact the doses required to cure the disease promptly and effectually would be exceedingly disagreeable to me, and I have had personal experience in the matter, and also to most other persons; hence I adopted the above-mentioned silver-coated pill-form, several years ago.

It is right to add that no homœopathic chemist ever thought of, or dared to put up allopathic doses in a homœopathic form, and when I wished, which was very frequently, to give medicines in the above way, I was obliged to resort to a good allopathic apothecary. But it seems that allopathic chemists, French ones, at least, are not above adopting the external form of homœopathic remedies, although the interior is vastly different.

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Without farther parley, I may admit that I was exceedingly glad to find reliable remedies put up in a pleasant form, and have prescribed the French globules and dragees during the last year. When laxative medicines are required, the dragees of Aloes, or of Aloes and Assafœtida, will often act pleasantly and well; when more prompt action is required the Comp. Cath. dragees of the U. S. Pharmacopœia will answer the purpose.

When rather large doses of the preparations of Iron are required, the dragees of Tartrate of Iron, or Citrate of Iron, or Iodide of Iron, or of Iron and Manganese, will be found efficient and pleasant.

They can all be obtained from F. A. Hegeman, corner of 17th-street and 4th Avenue.

It is also right to add that I requested several homœopathic pharmaceutists to keep an assortment of these dragees, but they declined as they did not regard it proper for them so to do.

It is also well for me to say that any physician who objects to any remarks from my pen, shall have full space accorded to him in the pages of the Journal to note his objections. I have no desire to force my views upon others, and I wish every one to have as fair a chance to make his views known as I have. Personalities and abuse will of course not be admitted, but all fair criticism will be respected.

PETERS.

Our Journal.

I have heard complaints from several private sources, of the so-called allopathic tone of several articles which have been lately admitted into our pages. I beg leave to state for one, that I believe there is much truth in both systems of medicine, the Homœopathic and the so-called Allopathic; I believe that the two systems do not differ so widely that there is no bond of union between them. I know that similarity includes a resemblance, and a *difference;* that similar things *differ* somewhat from each other, as well as resemble; that homœopathic remedies act *differently* from, as well as similarly to the disease to which they are homœopathic; in short, that they exert an *alterative*, or differential action upon the disease, and thus cure it, and thus only can they cure it. Neither do I differ as widely from Hahnemann as is commonly supposed, for he states in the § 45 of his Organon, that "Two diseases which *differ greatly* in their species, but which bear a strong resemblance in their symptoms, always mutually destroy each other;" and adds in the spirit of his Homœopathic Doctrine, that "without this NATURAL DIFFERENCE *between the affection arising from the disease, and that arising from the medicine, there could not possibly be any cure, but rather an exasperation of the disease.* If there were no *difference*, there would only be so much more added to the disease."

Now I assume that the similarity has nothing whatever to do with the cure of the disease; it is frequently, but not always a safe guide to the selection of a true remedy; it is often not nearly so much an

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obstacle, or an aggravating agent, as many old physicians suppose, to a cure. But the cure depends upon the differential, or alterative action which the seemingly homœopathic remedy exerts upon the disease. A truly homœopathic remedy is one which acts specifically upon the seat of the disease, and somewhat, or even very similar to, yet specifically *different* from the action of the disease. A larger number of so-called homœopathic remedies are not specific remedies in this sense, and do not cure in infinitesimal doses. Neither are homœopathic remedies the only specific remedies. Any remedy which bears a specific relation to the seat and nature of a disease, be this relation similar, different, or opposite, may cure and prove specific.

In fact, *similarity* may be defined as a lesser, or the least degree of difference; *antagonism* may be defined as the greatest degree of difference; while between these two there is a medium point in which the difference is too great to include much, or any similarity, and not great enough to amount to opposition or antagonism.

Hence we may have specific-homœopathic, specific-allopathic, and specific-antipathic remedies; or remedies which act specifically upon the *seat* of the disease, and specifically similar to, different from, or antagonistic to the *nature* of the disease. They all cure in virtue of an alterative action which they exert upon the seat and nature of the disease. The *specific homœopathic remedy* exerts the least degree of alterative action upon the seat and nature of the disease, and is often the safest where a violent revulsion or change cannot safely be produced; *the specific allopathic remedy* exerts a greater degree of alterative action upon the seat and nature of the disease, and is often the best remedy, as it often cures without the least danger of an aggravation; *the specific antipathic remedy* exerts the greatest degree of alterative action upon the seat and nature of the disease; it often would produce too sudden and violent a revolutionary or revulsive action upon the disease, or would too suddenly change the action of the disease, and would thus often prove injurious; but cases often arise in which it is imperative to hold the disease absolutely in check for a time, and then these remedies come in play. All these three kinds of remedies differ in the *degree*, not in the *kind* of their action; they all act specifically upon the seat of the disease, and simply act more or less different from the action of the disease. They all effect absolute cures.

There are two kinds of homœopathic treatment, the *Rational*, and the *Transcendental*.

Rational Homœopathy is one, but not the only mode of curing disease; it requires not a mere similarity of some or many of the symptoms of the remedy and the disease, but also requires that the remedy act specifically upon the seat of the disease, just as specifically as Mercury acts upon the gums, fibrous tissues and liver. As the remedy is to exert an alterative action upon the disease, the dose must be large enough to effect this object; not merely large enough to touch and perhaps merely aggravate and excite the disease, but enough to

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establish its peculiar influence and thus dislocate the disease, on the principle that two different actions cannot go on at the same time in the same place.

Transcendental Homœopathy claims to be the only true mode of curing disease, and assumes that all other modes are useless or injurious. Many of its adherents follow too closely the bad example of Hahnemann, who, according to Hartmann, (see Introduction to Caspari's Domestic Practice, published by Rademacher & Sheek, Philad.,) might perhaps have introduced his doctrines more easily to the physicians and students, (who attended the discourses he was allowed to hold in the University of Leipzig,) if he had more dispassionately discussed the principal points of his Organon, than was his custom in his lectures. His manner unfortunately was not calculated to gain for himself and his doctrines many friends and adherents; for, whenever it was in his power, he poured forth a flood of invective and abuse against the old system of medicine and its advocates, so that the number of his hearers hourly diminished, till at length only a few pupils attended. Still he continued these lectures in the University undisturbed by the authorities for several years.

In the beginning of Hahnemann's career, he effected very good cures with reasonable doses of the strong tinctures and crude medicines; but at a later period he ignored all his own cures effected with reasonable doses, and all the cures effected by other physicians with non-homœopathic remedies, and attempted to restrict the treatment of disease to the use of homœopathic remedies in infinitesimal doses.

I for one would be glad to see a fair compromise between the more liberal members of the two systems. I believe that Specific and Rational Homœopathic treatment can be safely instituted with doses to which experienced and cautious allopathists would not object.

PETERS.

Proceedings of Societies.

UTICA, Oct. 22d, 1857.

To E. E. MARCY, M.D.

In enclose to you the following notice of the organization of a County Medical Society, for publication in the "American Journal;" will you do us the favor to have it inserted therein? At a future time if it is thought best, I will send you a copy of the proceedings of the meeting for the organization of the Society.

Truly yours,
T. F. POMEROY,
Secretary and Treasurer.

In conformity to an act of the Legislature, passed April 13, 1857, and to the previously existing laws of the State, the Homœopathic

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Physicians of the county met at the Mayor's office, in the city of Utica, on the 20th day of October, 1857, and organized the "Homœopathic Medical Society of the County of Oneida," with the following named gentlemen as its officers for the ensuing year, viz.:

E A. Munger, M.D., President; W. B. Stebbins, M.D., Vice-President; T. F. Pomeroy, M.D., Secretary and Treasurer; W. H. Watson, M.D., Librarian; L. B. Wells, M.D., J. C. Raymond, M.D., H. E. Dykeman, M.D., and H. M. Paine, M.D., Censors.

I omitted the names of the gentlemen of the County Society who were elected delegates to the State Society at its next annual session, they are as follows, viz.: Drs. S. B. Wells, E. A. Munger, H. M. Paine, and Wm. H. Watson.

Please include these in your notice of our organization, and oblige us.

Hahnemann Academy. November Meeting, 1857. Reported by Dr. Belcher.

Dr. Peters exhibited an autopsical specimen of ulceration of the *appendix vermiformis*. The patient, a bright girl seven years of age, was attacked with colic, tenderness and distention of abdomen, especially over the region of the cœcum, constipation, excessive vomiting, (toward the last of substances resembling coffee-grounds), and fever; and, twenty-four hours before death, when the violence of the symptoms subsided, her vomiting ceased, abdomen became soft, and the skin and pulse nearly natural. No cherry-pits or other extraneous substances were found in the *appendix* or intestines. Dr. P. also related the following case:—A young lady, who habitually indulged her appetite in eating trashy things, suddenly became hypochondriacal, and had frequent forebodings of death. At the same time, she exhibited no decided symptoms of visceral disease, excepting that in the course of three months she had two or three attacks of cholera-morbus. Finally, she was attacked with colic, constipation, &c., which was followed in four days by collapse and death. Autopsical examination discovered perforation of the appendix. Dr. P. also related three other cases, exhibiting somewhat similar symptoms, but in which the cœcum alone was involved, which recovered. He treated them by applying over the cœcum Tinct. Rad. Aconit. and Majendie's Solution Sulp.-Morphiæ, and poultices, and by giving the same medicines internally in drop doses, frequently repeated, with or without the aid of Cocculus, Plumbum, &c., and, as soon as the vomiting abated, and the stomach was in a state to bear it, he gave injections, or a laxative dose of Castor-oil. Sometimes he preceded the oil with a small dose of Calomel. Dr. P. remarked that diarrhœa often occurs, with inflammation of the cœcum and appendix, which, too frequently, however, only relieves the colon.

Dr. Leach related a similar case, with constipation, which was relieved by administering a tobacco injection with O'Beirne's long tube.

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Dr. L. also related a fatal case, in which bird-shot were found in the cæcum.

Dr. Belcher reported a case of Diptherite.

Dr. McMurray read a paper on the diseases incident to Lactation.

Dr. Freligh concurred in the views expressed by Dr. McMurray. He had observed that debilitating influences aggravated the nursing sore-mouth. He usually gave Ferri-carb. præcip. He said that Dr. Wilcox had derived benefit from the use of the smart-weed, (polygonum punctatum): also, that Dr. Keep had quickly relieved a patient in the latter period of pregnancy, who had an analogous condition of the mouth, with Acon. and Bryon.

Dr. Woods mentioned that Dr. Gray and himself had used with favorable results, Labaraque's Solution; also Nitric-acid and Iodine; also Sulphur and Sulphuric-acid for the diarrhœa.

Dr. Belcher relied principally on the Iron. He usually advised his patients to take a dose of the 1st trituration of the acetate, two or three times a day, as soon as the mouth felt as it usually does after swallowing a drink too hot. He prefers the Tinct. Ferri-Mur. in drop-doses, if the patient, besides being anæmic, is troubled with frequent hot flashes. He had seen two cases of the deep ulceration, and the sufferers were large, fat women.

Dr. McMurray related the following:—A large, very fat woman, had had three children in less than three years; she flowed dangerously after parturition, and for several weeks she had more or less hæmorrhage and profuse leucorrhœa. Her mouth was sore, and she had profuse salivation; although not fetid, was probably aggravated by a dose of Calomel. She appeared pale and exhausted, and had distressing palpitation of the heart from the least exertion. He gave her Calc., China, and Sulphur, with liberal diet, fruits, Scotch ale, &c., and she recovered in a week.

Dr. Kellogg had relieved the nursing sore-mouth, with ulceration, with Ars. and Carb.-v.; also with Lyc.

Dr. Bolles had seen one case which continued four years, during periods of alternate pregnancy and nursing, relieved by Bell., one drop of the tincture in a wine-glassful of water, of which a teaspoonful was given every hour. Aggravation of the burning of the mouth, and violent headache soon followed, and caused a discontinuance of the remedy; but in a week she was well and permanently cured. His treatment had not, however, been attended with invariable success. He related one case attended with agonizing strangury and hæmaturia, which was relieved by weaning—medicinal treatment having been ineffectual. Several of the members of the Academy concurred in the opinion of Dr. B., that weaning is frequently the only remedy.

Dr. Donnovan had used China, Silicea, Merc., and Carb.-v., with good effect. He gave for an intermitting neuralgia, which was a frequent attendant, China, which palliated, and Sepia, or Carb.-v., which acted more permanently. He used generally the 12th dilutions.

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Dr. Freligh related a case—a nursing infant was taken with violent vomiting, and was relieved only by being weaned. He found that the nurse had vicarious discharge of milk through the urinary organs ?? ? he gave a vial of the discharge to a chemist, who found in it milk globules ? ?

Dr. Donnovan mentioned a case of dysentery in a child, who also had fifty to a hundred pointed pustules over the head and body, some of them the size of a hazel-nut, some smaller, not much inflamed, which became thinner, like bags of pus, and broke, discharging copiously. The child had, likewise, a red pointed tongue and aphæ. It recovered under the use of Silicea, Nitric-acid, and Kali-hydriod., 12th dilutions.

Dr. McMurray had prescribed for similar condition, Kali Bichrom. with benefit.

Dr. Belcher reported the following case of Diphtheria:—

A boy, aged two years and four months, bright for his age, with a clear blue eye, quick in his movements, small in size, but not unhealthy, has passed through the summer in fair health, having had some looseness of the bowels, and, for the last four or five months, stoppage of the nostrils. He was attacked with fever in the night of the 20th of September, 1857. The next day I saw him—the fever was vehement, irregular, flashy, without perspiration, accompanied with startings as if frightened when asleep, and with restlessness when awake, also with sudden turns of languor and paleness. His throat did not appear to be inflamed, his urine was scant, and his bowels not materially affected. Arsenicum 2d was given, a dose every hour, and was followed by decided relief and with perspiration. He, however, continued afterwards neither well nor definitely sick; his appetite was poor; tongue clean, perhaps a little too red and smooth; no fever, and the skin felt natural, or nearly so; he apparently gained flesh moderately, the face appeared somewhat fuller, and his sleep at night was usually good, it being disturbed only by the old coryza, which was worse, and apparently the principal complaint. The remedies given were according to such symptoms as were observed. October 4th, was called, 11 A.M.; found that the last two nights had been restless; that his nose was more obstructed than ever, had discharged two days previously a plug resembling whitish India-rubber, and was now lined with a white exudation, and dry; that in consequence, he had chokings and gaggings; he had taken little or no food or drink in thirty-six hours; his skin gave a sensation, moderate, however, of fullness and heat; his tongue was slightly furred, but rather too red and smooth; and there was covering the upper half of one tonsil a white exudation, besides other patches smaller in size on the uvula and adjacent parts. He had no symptoms of croup. His breath was not offensive. His urine was albuminous, so as to become decidedly opaque on dropping into it the Nitric-acid. Fearing croupal symptoms might soon be developed, I informed the family of my fears, basing my opinion upon the exudation visible, and upon the urine being coagulable. Gave Potassa-Bromidum, a teaspoonful of a solution

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—about one and a half or two grains to four ounces of water—every hour. In the evening, (11 P.M.,) the boy seemed better. I could not satisfactorily see his throat; he had, however, eaten some sponge-cake; his urine albuminous as before. 5th.—Had passed a better night; exudation more extended, but thinner, and apparently looser in texture; no cough; urine albuminous. Showed more disposition to play. Continued the Potass.-Brom. 6th.—Had passed a fair night; coughed some, slight, but quickly; and at times hoarse; exudation in the evening, looser, thinner, and broken; urine less albuminous. Continued Potass.-Brom., a dose every three hours. From this time, danger appeared past; the exudation gradually disappeared from the nostrils, the coryza becoming fluent and mild, so that the obstruction was removed in six or eight days; the urine by the 18th or 20th, showed no signs of albumen; his cough was troublesome until the 20th, and his general health improved, although with improvement he at first became thinner. The Potass.-Brom. was continued to the 17th, when Merc.-cor. was given on account of diarrhœa, which had come on twenty-four hours previously; but on the 20th, his diarrhœa not being improved, and his discharges, by his mother's account, containing lumps of thick opaque mucus, I gave Potass.-Bi-chrom., after which he rapidly and cleanly convalesced.

Hahnemann Academy—December Meeting, 1857.

New-York, Dec. 4th, 1857.

The Hahnemann Academy met according to adjournment, President Belcher in the Chair.

The minutes of the last meeting were read and adopted, as amended.

Dr. Barlow, as Committee to consider upon the expediency of dissolving this Association, reported in its favor, and moved, that this Hahnemann Academy be dissolved and deliver its archives to the Hom. Med. Soc. of the County of N.Y.; provided that the resolution be passed by a majority of at least two-thirds of those present. Motion was lost.

The Academy then proceeded to the Annual Election, which resulted in the unanimous choice of the following Officers for the ensuing year:—

President, Dr. J. F. Gray; Vice-President, Dr. J. C. Peters; Corresponding Secretary, Dr. O. Füllgraff; Recording Secretary, Dr. J. M. Wetmore; Trustees, Drs. A. S. Ball, G. E. Belcher, L. Hallock.

The Academy resumed the discussion of "Nursing Sore-Mouth."

Dr. Gray remarked that pregnancy produces normally an increase of albumen in the system, to supply pabulum for the child. This process may be disturbed so as to produce disease. On the one hand, *excess of albumen* shows itself by effects on the brain, mucous membranes, respiratory apparatus, and ganglionic system, producing anasarca, orthopnœa, convulsions, &c. On the other hand, *deficiency* of albumen will cause anemia, chronic diarrhœa, sore-mouth, &c. It is

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with this latter condition that the stomatitis materna is usually connected.

Dr. Ball has seen much of the disease. Resided in a miasmatic region near Syracuse, in which it was very prevalent and very severe, in some cases even fatal. Considers it essentially a disease of debility, scorbutic in character, which may be induced by malaria or any other cause which tends to debilitate the system. His patients were promptly relieved on removal to a more healthy region. Has also observed that in malarious districts in which this complaint abounded, it disappeared with the disappearance of the malaria. In the fatal cases of which he spoke, no post-mortem lesion was found, except pulpy softening of the mucous membrane of the stomach.

Dr. McMurray had noticed the rarity of the disease in high and healthy regions. Also that in some women who were subject to it, there was a tendency to cankered sore-mouth in the intervals, when they were not nursing.

Dr. Gray mentioned the West Indian thrush as a similar disease.

Dr. Freligh spoke of Simon's Analysis of the Blood in scorbutic patients, with reference to the above views. Thought it would bear on the treatment of the disease—recommended *Calc.* and *Ferrum-carb.*

Dr. Gray had found, for the condition induced by excess of albumen, the vegetable acids (particularly the Citric) and Nitric-acid were specifics. Was not, as yet, acquainted with the specifics for the opposite condition.

Dr. Wilsey mentioned *Sulph.-ac.* as a valuable remedy in aphthæ.

Dr. Peters considered that in cases of anasarca with albumenuria, there was rather a diminution than an excess of albumen in the blood, it being drained off through the kidneys. The albumen in the urine was, he thought, evidence of the first or congestive stage of Bright's Disease. It was retained *urea*, or *Carb.-ammon.* from decomposed urea in the blood, that gave rise to the general disturbance in these cases. Perhaps the favorable action of acids may be due to their well-known property of promoting the stomach-digestion, and hence the assimilation of albuminous matters.

On motion, adjourned. BELCHER.

VIENNA.—We learn that the Homœopaths of the Austrian empire, intend to form a Central Austrian Homœopathic Society, of which the other provincial societies are to be branches.

SAXONY.—A similar movement is contemplated in Saxony; the Lausitzer, Dresden and Leipzig Societies intend to unite into a Saxon Provincial Society, of which the others are to be branches. This tendency to centralization or union, is favorably viewed, and the intention is advanced of sending special delegates from all these National and Local Societies, with power, to the Annual Meetings of the Great Central Homœopathic Society of all Germany.

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MUNICH.—The meeting of the Central German Homœopathic Society was held in this city on the 9th and 10th of August. The President was Dr. Buchner, the Secretary, Dr. Quaglio.

The meetings were held in the splendid new Odeon, which was adorned with the busts of Hahnemann, and those of the King and Queen of Bavaria, and with many beautiful flowers.

Bonn was selected as the place of meeting for the next year, and Dr. Stens was elected President.

The prize question of Rummell, for 1857, will soon be made public.

Dr. Hartlaub has selected Hyoscíamus as the remedy to be proved during the present year.

Dr. Caspar, of Vienna, sent a special invitation for all homœopathic physicians to aid in the labors of the Vienna provings.

The Government of Bavaria sent two delegates in compliment to the society.

The President, Dr. Buchner, in accordance with an established rule of the Society, read a paper upon the advances of Homœopathy during the past year.

Dr. Kafka read a paper upon anæmia produced by loss of blood.

Dr. Kaesemann gave some therapeutical reflections.

Dr. Quaglio read a paper upon Kali-Arsenicosum, especially in Bright's Disease.

Dr. Roth touched upon various subjects.

Dr. Kammerer delivered an article upon croup.

The report of the Leipzig Homœopathic Policlinque, was read by Dr. Hirschel.

DRESDEN.—The Provings of *Veratrum* for Rummell's prize, have not been deemed worthy; but those of *Digitalis* are described as complete and excellent in an extreme degree.

VIENNA.—The Austrian Society of Homœopathic Physicians offer a prize of 200 florins for the best proving of any one of the following remedies, viz: Aconite, Bichromas Kali, Bryonia, Colocynthis, Natrum-Muriaticum, Sulphur, or Thuya.

The requirements are, that the pathogenetic effects of the selected remedy, as obtained from all sources, from physiological experiments on the healthy, from accidental and other kinds of poisoning, and from post-mortem examinations, shall be referred back to the primary or essential disorder of single organs, or of entire systems, and that thus the especial seat of the action of the remedy shall be indicated.

2d. That the course, order of occurrence, and the connection of the symptoms, shall be made manifest.

3d. That a clear and simple picture of the whole drug-disease shall be given.

VIENNA.—The birth-day of Hahnemann was celebrated with much spirit; more than fifty members were present; the place of meeting was tastefully adorned, and each guest received a lithographic prin

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of Hahnemann. Dr. Wurmb presided; Caspar and Marenzeller were masters of ceremonies. At the dinner, both earnest and pleasant speeches and toasts in prose and verse, were given. Drs. Wurmb, Muller, Caspar, Marenzeller, Watzke, Walter, Weinke, Streintz, and Szontagh, most distinguished themselves.

College, Hospital and Dispensary Reports.

SAINT LOUIS, Dec. 14th, 1857.

To Dr. JOHN C. PETERS,—

In order to show you the state of public feeling in reference to our beloved system of treatment for the relief of the pains and penalties of violated physical law, let me inform you that an application for a charter for a Homœopathic College in Saint Louis, was passed by our Legislature without any difficulty; a fact which astonished our Allopathic brethren not a little. Let me have your views in reference to opening a College under this charter next winter.

Yours, truly, JOHN T. TEMPLE.

Cases from the Records of the Bond-Street Homœopathic Dispensary. By Dr. O. FULLGRAFF.

CASE 1.—*Glossitis*, cured by Mercurius.

Michael Kiernan, aged thirty-five years, a porter by occupation, of apparent good constitution, came to the Dispensary to consult me about a violent pain in his throat, worse during the act of deglutition, with much heat about the head; throat appeared inflamed, and tongue coated. I ordered him to take Bellad. 1 ♄, ten drops in two-thirds of a tumbler full of water, two teaspoonfuls to be taken every two hours; supposing it to be a simple case of sore-throat. Two days later, however, I was requested to call and see him at his lodging. On my arrival there, I found him in the following condition: face flushed, vessels of the eyes very much injected; lips of a blueish tinge; his tongue nearly twice its natural size, coated and red at the tip, almost complete inability to move the same. By means of a large spoon, I was barely enabled to see the interior of the mouth, which appeared much inflamed; constant profuse flow of saliva and fetor from the mouth; expression of his face indicated much anguish; was unable to swallow a few drops of liquid, complaining of much pain in the head, tongue, and adjacent parts; stiffness of the jaws, and burning heat in the mouth, accompanied with much thirst. My first impression was, that patient might have been treated previously by large doses of Mercury, and laboring under the pathogenetic effects arising from the injudicious use of the same; he, however, assured me that such had not been the case. I prescribed at once Mercurius 3d, decimal scale,

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four powders to be taken every day at regular intervals. The effect of this remedy was so surprisingly gratifying, that the patient was completely cured in nine days. O. F.

Five Cases of Gonorrhœa cured by injections of Oleum Copaib., pure, or diluted with one, two or three parts of Olive Oil, By Dr. FULLGRAFF, New-York.

CASE 1.—Mr. H. C. D., aged twenty-one years, of tolerably good constitution, although having had once before, gonorrhœa and chancre. About three days ago he noticed the first symptoms of the present clap, he at once obtained one of the many nostrums so largely advertised; growing, however, worse after its use for three days, he came to consult me in reference to it. There was much pain during and after micturition, and gonorrhœal discharge profuse, of a yellow creamy color and consistency. I advised him to wear a suspensory bandage, which is always recommended in this disease to be worn, ordered him to take Canab.-sat. 1st, every two hours for twenty-four hours, which had the effect of decreasing the pain in urethra, substituting for Canabis an injection of equal parts of Copaibæ and Olive-Oil, to be used night and morning, advising him to micturate before injecting. He received no other remedy besides the injection, which effected a cure in nine days.

CASE 2.—E. B., aged twenty-seven years, had been affected with gonorrhœa three times before he became infected with the present, which is of four days' standing, with the characteristic symptoms only present. I ordered him injections night and morning of equal parts of Copaib. and Olive-oil; after its use for four days he appeared cured. However, in a week from the time he called last, he came back with an apparent new clap, complaining of much pain during and after micturition, along the whole canal of the urethra. For forty-eight hours he took Canab.-sat. 1st, every three hours, after the expiration of which, the pain had mostly subsided, but the running was tolerably profuse. We cautioned him again to urinate before using the injection as above. The gonorrhœal discharge diminished very much in quantity for three days after its use, when progress seemed arrested. He now received injections of the full strength of Copaib., which had the desired effect to establish a cure in six days after its use.

CASE 3.—George F., aged nineteen years, of apparent good constitution, sanguine temperament, caught a clap about a week ago, with the following symptoms: for two days past almost complete inability to pass water, and gonorrhœal discharge tolerably profuse. Cantharid. 1st, every two or three hours, relieved the urinary difficulty in two days, after which he began with injections of one part of Copaib. to two parts of Olive-oil three times a day, for three days, and for five days injections of equal parts of the above, and local cold water bathing as often as possible, after which the discharge almost ceased; we

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now ordered the injection to be continued for two days, mornings only. In a week's time from his last visit, patient reported that for the last five days he had not noticed any discharge at all. We have not seen him since.

Case 4.—Patrick M., thirty-four years old, laborer by trade, has had chancre twice, and gonorrhœa three times; drinks bad whiskey and no less adulterated brandy, judging from the localities he says he is in habit of frequenting; his symptoms present nothing unusual, except the gonorrhœal discharge rather profuse; he promised to leave off drinking; not able to buy a suspensory bandage, we therefore gave him instructions to make a common handkerchief answer the purpose. Pat. got no other medical treatment but injections of equal parts of Ol. Copaib. and Olive-oil for ten days, three times a day; after the expiration of this time, the discharge had naturally diminished, but not ceased. Pat says he is a hard case. He undoubtedly was right. We now ordered him to use the injections undiluted, night and morning, for a week. In two weeks from the time we saw him last, he came back to let us know, that "if he ever was caught again, he surely would patronize us."

Case 5.—Michael McL., aged twenty-four years, Irish laborer, got a clap about two weeks ago; had done nothing for it. The case presents nothing more than the usual discharge; he received Ol. Copaib. and Olive-oil equal parts, to be injected night and morning. On the fifth day he came back; said the discharge had stopped after having suddenly taken a cold; complained of pain in the groin; we stopped the injections, and gave him Merc.-protiod. 2d, four powders to be taken each day for four days; the anticipated bubo had not appeared; we now resumed the injections as the discharge had made its appearance again, prescribing, however, the full strength of Ol. Copaib. to be used night and morning. In about twelve days he came back to report himself cured.

Catarrh Nasalis, cured by Dr. Fullgraff, New-York.

Case 1.—John E. C—k, aged twenty-four years, has had a catarrh for four years, which gave his voice a peculiar nasal tone. Sometimes one nostril would be obstructed, at other times both; had a dropping of tough mucus from the posterior nares into his throat, at other times it would collect just above the velum palati; he complained of severe frontal headache at intervals; general health good, except the sense of smell impaired. Knowing from my limited experience, and from the few cases of this category reported as having been cured by internal remedies alone in the vast field of homœopathic clinic, I resolved to try a more direct course. In order to do this, I had a good sized hydrocele syringe made, attached to it a silver tube of about four or five inches in length, bent in a right angle at its extremity three-fourths of an inch, extending upwards or downwards as the case may require; the extremity from the angle has a flattened

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surface in the shape of an O, with twenty-five to thirty perforations, allowing during its use the liquid to be thrown out in small jets in all directions. For two weeks I used Marum-verum, two teaspoonfuls of the tincture in six ounces of water, every other day, using the whole quantity each time, first depressing the tongue by means of a spatula used for that purpose, then introducing the bent tube attached to the syringe charged with the above liquid, behind the velum, discharging the same and allowing the liquid to escape from both nostrils into a vessel, repeating this procedure until the above quantity was used. Patient soon found himself improving until about the second week, when the progress appeared to be arrested, complaining of periodical dryness of the throat and nasal cavity; we discontinued the above remedy and used Tinct. Iodium gts, xxiv. to aq. ʒiij., as above for twelve days, and directed him to snuff up cold water night and morning, which had the effect of curing the unpleasant dryness of the mucous membrane, discontinuing treatment for a week, at the expiration of which he reported himself as having much improved, but still the abnormal secretion and dropping had not quite ceased. In order to produce a more decided change on the mucous surface, we used Argent.-nitr. grs. vi. to aq. ʒiij., twice a week for two weeks, and local cold water bath night and morning; improvement soon followed, when we left off treatment; a month later he returned, saying that he was cured.

Case 2.—John M., aged twenty-five years, of bilious temperament. Has been affected with a catarrh of the schneiderian mucous membrane for nearly eighteen months; it consisted principally in a dropping of tough mucus down the posterior nares, accompanied with frequent hawking and spitting, also affecting the tone of his voice; the secretion would at times be offensive; his general health did not seem to suffer. The treatment consisted in showering the posterior nares in the same manner as described in Case 1, (Catarrh nasalis,) but the remedy used was Kreosote, pure, gts. x. to aq. ʒij., by injections every day for three weeks, substituting simple water injections during the fourth week, during which time patient expressed himself improving; we returned, however to the use of Kreosote as above, for a few days again, in alternation with simple water showerings, and in a week's time, patient expressed himself cured.

Case 3.—George B., aged nineteen years, of scrofulous diathesis, has been afflicted for some length of time with catarrh; discharging from his nose large plugs of a muco-purulent appearance, with frequent dropping of a similar substance from the posterior nares, of a rather offensive odor, not to the patient, however, as his sense of smell appeared rather obtuse since thus affected.

Treatment.—Tinct. Iodine gts. xxx. to aq. ʒij., showering the whole nasal canal every day for two weeks, had the effect of lessening the discharge and diminishing the offensive odor; for the subsequent week we used simple water injections and a dose of Kali-hydr. 1st, to be taken night and morning. Condition of patient better, treatment

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now suspended for a week; as no further improvement was visible, we resumed the above Iodine injection for a week, but with no success. Kreosote grs. xv. to aq. ʒij., for ten days, showering the nasal cavity every other day while using simple water the intermediate days, was followed by marked improvement in the condition of the patient. I gave him the subsequent week, Sacch.-lact., a powder night and morning; he returned the subsequent week, and reported himself as being cured.

O. FULLGRAFF.

Original Articles on hand.

1. On Epidemic Influenza, by O. Füllgraff, M.D., of New-York.
2. Collinsonia in Pulmonary Hæmorrhage, by Dr. Liebold, of Newark.
3. Biliary Calculi, by Theodore Meurer, M.D., of New-Albany.
4. Proving of Rhus-venenata, by F. B. Hoyt, M.D., of Danbury, Conn.
5. Animal Poisons as remedial agents, by J. T. Alley, M.D., of New-York.
6. Case from Practice, by Dr. Searle, of Utica.
7. Observations on the use of Atropine, by C. Caspar; translated by H. L. H. Hoffendahl, M.D., of Boston.
8. Diseases of the Veins, by H. C. Preston, M.D., of Providence, R.I., 2d part.
9. General Tuberculization, by W. H. Holcombe, M.D., of Waterproof.
10. Cases from Practice, by E. V. Jones, M.D., of Taunton, Mass.
11. On Asthma, by J. C. Peters, M.D.
12. Adjuvants to Medical Treatment, by J. T. Alley, M.D., of New-York.

Books Received.

1. *The British Journal of Homœopathy.*

This standard journal loses none of the interest which has always attended its career. Its review department is unrivalled, and its practical articles are among the best of their kind. We have always refrained from reprinting any of its matter, because we supposed that we would merely be giving our readers a second time what they were already familiar with, and what they had already once paid for; but we find that there are so many homœopathic physicians in this country who do not subscribe to any journal, and purchase so few books, that it may be good policy for us to change our plan in this respect. We sincerely desire the continued success of the British Journal, and have long harbored the idea of urging its editors to commence an Encyclopedia of Practical Medicine as an appendix to their work, in like manner as we have commenced an Encyclopedia of the Materia Medica as an appendix to ours. Such a work is much wanted; we once made a small commencement, but we have neither time nor space to devote to it. We have long intended to write directly to the editors with this suggestion, and trust that this public way of expressing our wishes will have a greater influence upon them than a more private communication would have. We are still without a treatise on the Theory and Practice of Homœopathy which is fit to put in the hands of advanced students or junior practitioners, much less one which a busy and somewhat experienced physician can rely upon in the exigencies of practice. We are sadly in want of a Theory and Practice equal or similar to Watson's, or Woods, much more one equal to Valliex or Wunderlich, to say nothing of Copland. If the editors of the British Journal will commence this most urgently demanded work, we feel confident that they would soon meet with all the necessary assistance from their colleagues. They doubtless would have to make a beginning themselves, and might have to carry it on comparatively unaided for a year or two, but then they would find volunteers if they required them; almost every homœopa-

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thic physician in England and this country would be obliged to subscribe for their periodical; our profession would be most materially benefitted; a spirit of research and emulation would be aroused in almost every member of our ranks; the studious would be encouraged, and the incompletely educated would be aided in the most certain manner. A complete treatise is too frequently placed upon the library shelves, and is consulted only occasionally; a good serial work is almost always read as the consecutive numbers appear; thus many would be induced to read regularly, who now only read occasionally. PETERS.

2. *Digestion and its Derangements.*—The Principles of Rational Medicine applied to disorders of the Alimentary Canal, by Thomas K. Chambers, London. Republished by S. S. & W. Wood, 389 Broadway. pp. 441.

This is one of that splendid array of books which have lately been issued by members of the dominant school. It is based upon pathological anatomy and upon sound physiology. Previously many morbid changes had been accurately described by morbid anatomists, the symptoms of which were not known, and hence which could not be discerned during life. Chambers has done much to remove this great deficiency. Dyspepsia, biliousness, and chronic gastritis will now hold the subordinate position which they always should have done. Their places will be supplied in many instances by a proper diagnosis of "Degeneration of the Glands of the Stomach." Changes in the epithelium of the alimentary canal; excess and deficiency of gastric juice, dilated stomach, muscular atony; changes in the mucus of the alimentary canal, perforating ulcer of the stomach, defective absorption; changes in the water circulating through the mucous membrane; morbid affections of the muscular coat of the alimentary canal; mucous flux, intestinal struma, defective excretion, &c., &c. We have already expressed our regret that such works as West on Diseases of Females, and Todd on the Diseases of the Urinary Organs, or others equally good, did not proceed from the pens of homœopathic writers; we must also regret that our school does not produce such monographs as Chambers on Digestion and its Derangements, Stanley on the Bones, Brodie on the Joints, Mackenzie on the Eyes, Coulson on the Bladder, Johnson on the Kidneys, Birckett on Diseases of the Breast, Fuller and Alderson on Rheumatism, Sieveking on Epilepsy, &c., &c.

But Homœopathic writers are doing as much in the study of the Materia Medica, as those of the old school are doing in the study of Disease. Sooner or later there must be a compromise between the best minds and best physicians of the two schools. The bigotted or exclusive men of both schools must sooner or later give way before the new and unprejudiced school which must soon arise. Each possess and are developing truths which both want and must use. May the good time soon come. PETERS.

3. Diseases of the Nervous System, by A. E. SMALL, M.D. Rademacher & Sheek, 239 Arch street, Philad. pp. 133.

4. Diseases of the Skin, by C. E. TOOTHAKER, M.D. Rademacher & Sheek, Philad. pp. 70.

5. Domestic Homœopathic Physician, by J. H. PULTE, M.D., (twenty-fourth thousand, 7th edition.) Moore, Willsbach, Keys & Co., Cincinnati. pp. 720.
We trust that Dr. Geary will continue his articles on "*Our Literature.*"

6. *Human Histiology* in its relation to Descriptive Anatomy, Physiology and Pathology, by E. R. PEASLEE, M.D., Professor of Physiology and Pathology in the New-York Medical College. Published by Blanchard & Lea, Philad. pp. 616.
We advise all our readers to procure this able work without delay.

7. *Tully's Materia Medica and Pharmacology.*
No one but our friend and colleague, Holcombe can do justice to this great, but most complex treatise.

8. On the Constitutional Treatment of Female Diseases, by EDWARD RIGBY, M.D., Examiner in Midwifery at the University of London, and Senior Physician to the General Lying-in-Hospital. English edition. pp. 324.
This treatise may do much to stay the one-sided and often senseless local treatment of all uterine diseases now so prevalent in the dominant school. PETERS.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

MAY, 1858.

Original and Translated Papers.

ARTICLE XLIII.—*Report of the Minority of the Select Committee in favor of introducing Homœopathy into Bellevue Hospital.*

The Minority of the Select Committee, to whom was referred the following Resolution:

"*Resolved*, That it be referred to a Select Committee to report upon the propriety of so amending the law organizing the Bellevue Hospital Medical Department, as to provide that one-half of such Institution shall be set apart for the practice of Homœopathy, under the care of a Medical Board, nominated by the Homœopathic Society of this city; and that each case admitted into said Hospital shall be transferred to the care of the Allopaths and Homœopaths alternately."

RESPECTFULLY REPORT:

They have given this subject the impartial and thorough investigation which its importance demands; and without entering upon any discussion of the history of Bellevue Hospital, they would proceed at once to the examination of the question embraced in the above resolution, viz: the propriety of introducing Homœopathic practice among the inmates of said Hospital.

But inasmuch as the Majority Report, already presented

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to this Board, has entirely neglected to give any account of the *present* condition of Homœopathy, and mostly confines itself to statements of experiments made in Europe, twenty years ago, your Minority Committee have thought proper to supply that oversight.

Homœopathy is no longer an experiment. More than half a century has passed away since its first promulgation, and each succeeding year more fully demonstrates that it is a true reform in medicine. "It has passed through the first stage of opposition from the profession—that of raillery and ridicule. It is now far advanced in the second stage—that of abuse; and ere long, it will enter the third and last stage—that of general adoption." The greatest discoveries in medicine have always been subjected to this ordeal. For a long time after the first announcement of the Homœopathic doctrine, it was laughed at and denied to have any virtue whatever; but of late years, a second charge, directly the reverse of the first, has been fabricated, to the effect that though its remedies cure at the time, they permanently injure the patient. Without setting themselves up as the appointed defenders of Homœopathy, your Committee feel constrained most emphatically to deny this accusation, which unfortunately recoils with terrible truth and power against its inventors. For the fundamental principle of Allopathy is *revulsion*; and to produce this revulsion, a drug must be administered until its peculiar *physiological*, that is, its *poisonous* properties are manifested. In proof of this, we would refer to any and all of the standard works on Allopathic practice. For example: no Homœopath gives Arsenic until swelled face, nausea, and diarrhœa are produced; but the Allopath is taught to administer this drug in certain forms of neuralgia, intermittent fever, and cutaneous diseases, until these poisonous results are obtained, and then he is told to stop, lest he kill his patient! The same thing holds true in regard to all the more powerful and subtle drugs of the pharmacopœia. On all sides do we see the wretched victims of over-dosing with Quinine, Mercury, Morphine, Colchicum, Nitrate of silver, &c.; but no such disastrous effects are ever observed to follow the administration of Homœopathic doses.

The well-known fact, moreover, that much less medicine is

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now given by the Allopaths than was formerly deemed absolutely essential to effect a cure, is in a great measure owing to the wonderful success of the Homœopaths—a reform the benefits of which none can deny.

There is but one way of rightly investigating this subject. The facts of Homœopathy must be received from those who have elicited them—whose testimony and judgment cannot be denied. We must take the reports of those who have fairly seen and followed the Homœopathic treatment, not of those who have refused to test it in any way, or who have made only partial and uncandid trials of its efficacy. Empty denials cannot offset positive proofs. At this very day, Homœopathic practitioners are to be found in every part of the civilized world; Homœopathic Journals are published in almost every European language; Homœopathic Hospitals and Dispensaries are in active operation, not only in foreign countries, but within our own borders—at our very doors. But what use has been made in the Majority Report of all these sources of information? None at all. Not one of this great crowd of witnesses has been examined; not one of the European Homœopathic Court Physicians, whose successes have won honors from royalty; not one of the numerous practitioners in Homœopathic Hospitals; not one of the learned Professors in Allopathic Colleges who have been converted to Homœopathy; not one of all these, who have thoroughly and publicly proved the merits of the new system, has been allowed to testify in its favor. Of the *present* condition of the new school, the Majority Report takes not the slightest notice, but casting its eyes back more than twenty years, totally ignores the fact that during those twenty years, Homœopathy has been spreading at a rate unparallelled in the history of medicine! In the United States, its practitioners are now numbered by thousands. In this city and its suburbs, there are about 150 Homœopathic Physicians, most of whom formerly practised Allopathy; and certainly the experience of those who have studied and compared the two systems, is entitled to more weight than the mere opinions of those who blindly refuse to test the claims of any practice other than that in which they happened to be educated. In many of our States, Homœopathy has been sanctioned and encouraged by special le-

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gislative enactments. Witness the Act of the Legislature of our own State, passed during the last year, incorporating Homœopathic County Societies, and conferring upon them all the powers and privileges enjoyed by the Allopathic County Societies. Moreover, the Mississippi State Hospital, at Natchez, and very recently, the Chicago City Hospital, have been placed under the charge of the new school; and n our own city several private charities, such as the Protestant Half-Orphan Asylum, show a wonderful improvement in the health of their inmates since they have come under Homœopathic treatment. And of these facts before our very eyes, the Majority Report strangely omits to take any notice, but crosses the ocean and searches among records of a past generation, for proofs that Homœopathy is now dying out.

But your Minority Committee would also call attention to the character of the advocates and supporters of Homœopathy. Go where you will—to our respectable hotels, on our steamboats and railroads, into our churches and courts of justice, into our banks and counting-houses, and almost every second person you meet is a Homœopath; while on the other hand, the steadily increasing numbers of sick poor who apply at the private Homœopathic Dispensaries for relief, show their appreciation of the new treatment. And the lengthy petitions which have from time to time been presented to this Board, testify to the confidence which great numbers of our first citizens have in this mode of cure. So large a number of practical men, who judge in no partizan spirit, but solely from results which they have witnessed and felt, in their families and in their own persons, during the course of many years, cannot be denounced as ignorant, or deceived by false representations. And simple justice demands that the wishes of so large a part of our tax-paying citizens should not be disregarded in this matter; for they, from whom these petitions emanate, are of the class who not only found our Hospitals, but support and endow them, and as such are entitled to an attentive hearing.

The Majority Report cites the case of "Perkins' Tractors," as "pertinent to this inquiry," and adds, that "at this time, fifty years after their announcement, these instruments of miraculous power cannot be found; but it neglects to add, probably

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because not "pertinent to this inquiry," that Homœopathy, "at this time, fifty years after its announcement," *is* to be found in successful operation, and in increasing demand, all over the civilized world. In view, then, of the steady growth and the established position of Homœopathy, and of the high character of its advocates, your Minority Committee would claim your most earnest consideration of its *practical results.*

But before proceeding further, your Minority Committee would ask a few moments' indulgence, in order to correct some of the chief inaccuracies which have crept into the Majority Report.

First. In regard to the trial of Homœopathy by order of the King of Naples, in 1829. It is true that a majority of the Investigating Commission, composed of twelve Allopathic Physicians, did report that Homœopathic treatment was of no effect; but the Majority Report omits to mention three other notable results of that investigation. First—That two members of that Commission, Doctors Marchessani and Alessi, were thereby converted to Homœopathy, and published a pamphlet in its defence. Second—That a state paper was issued by the government, censuring the Commissioners for reporting in accordance with their prejudices, not in accordance with the clinical results; and Third—That the government decreed, that "henceforth, physicians should be left free to choose what method of treatment they would adopt." (*See Bibl. Hom. de Geneve, vols.* vii. *and* viii.)

"In Naples, a new Journal, entitled *l'Anemanno*, has been established by Dr. H. Pellilo, assisted by eight other physicians. This is the second Homœopathic Journal published in the Italian language." (*Neue Zeits. f. H. Klinik, Aug.* 15, 1857.)

Second. In regard to the experiments made in the French Hospitals, in 1832–5. M. Andral himself frankly admits that they were of no value, having been made under very unfavorable, not to say unfair, circumstances. And a proof that the "miasm always existing in Hospitals" does not nullify Homœopathic practice, is convincingly shown in the statistics of French and other Hospitals, contained on page 443 of this Report.

Third. The statement that "the practice of Homœopathy has recently been forbidden in the Russian territories," is en-

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tirely false, and no proof is offered for this assertion. On the contrary, Homœopathy continues steadily to grow in public favor, as the following extracts from recent Journals will show:

"Among the Homœopathic Physicians in St. Petersburgh, may be mentioned Dr. Von Schering, Physician-in-chief to the Staff of the Imperial Body Guard; Dr. Wedrinsky, chief physician to the Military Hospital in Zarskoe-Selo; Dr. Steuder, chief physician to the Hospital for laboring women; Dr. Oblomiewsky, chief physician to the first cadet corps," &c., &c. "The Homœopathic Hospital founded in Moscow in 1845, still continues under Dr. Schweikerb," *Allg. Hom. Zeit. June*, 1856.

"The report of the Hospital at Nishni-Novogorod, for the year ending November, 1855, shows a mortality of less than 5 per-cent. This Hospital was in 1854, by order of the Minister, Count Peroffsky, placed under Homœopathic treatment." *Hom. Viertelj. Leipsic*, 1856.

"It is worthy of remark, that in Russia, the most conservative of all conservative states, Homœopathy has so shaken the old practice of medicine, that many physicians have been forced to study it, in order to enable them to retain their patients." *Allg. Hom. Zeit. March*, 1857.

The advertisements so frequently seen in the German Journals for Homœopathic physicians to go to Russia, (see for example, *Neue Zeits. f. H. Klinik, November* 1, 1857,) show that the demand is greater than the supply, and do not agree with the repeated but unsupported assertion in the Majority Report, that the Homœopathic practice has been expelled from the Czar's dominions!" The simple fact is, that the edict prohibited *Allopathic quack medicines!*

Fourth. The single instance in which the Majority Report ventures upon a direct comparison of the two treatments, purports to be taken from the records of the Hospital of Fultschin, where 457 cases were treated Allopathically and not one died! and 128 Homœopathically, and five died. This is unprecedented in hospital history; and would it not be well to introduce Fultschin practice into Bellevue Hospital, where the deaths average ten per-cent.? Even the Homœopathic practice at Fultschin, with a loss of four per-cent., would be a decided improvement!

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Fifth. The Majority Report says, "That the great Homœopathic Hospital at Vienna has recently ceased to exist." This charge is entirely without foundation—without the shadow of truth. From time to time, a private hospital, supported wholly by individual contributions, has closed its doors; but we are totally at a loss for the authority upon which this statement in regard to the great Vienna Hospital is made; for there are at this time no less than *three* Homœopathic Hospitals in Vienna in active operation, *viz.:* the Gumpendorf Hospital, since 1834, under the charge of Dr. Fleischman, who has recently been knighted by the King of Bavaria, in honor of his signally successful treatment;* the Leopoldstadt Hospital, since 1850, under charge of Dr. Caspar, one of the most learned physicians of the age; and the Sechshaus Hospital, which was last November placed under the charge of Drs. Muller and Jachimovich.† But enough of these corrections. For further information in regard to the progress of Homœopathy in Europe, and honors conferred upon its practitioners, we would refer to *Hom. Vierteljahrschrift*, 1856, *p.* 203; *Allg. Hom. Zeitung*, *Feb.* 1, 1857; *Neue Zeits. für Hom. Klinik*, *Aug.* 15 *and Dec.* 1, 1857; *Prager Med. Monatschrift*, *March*, 1857; *Hom. Record*, *Aug.*, 1857; *British Journ. of Homœopathy*, 1856–7, *&c.*, *&c.*, *&c.*

We now come to the consideration of the all-important point upon which the decision of this whole matter rests. What are the practical results of Homœopathic treatment? and how do its statistics of mortality and cure compare with those of Allopathy?

The reply to these questions is to be found in the following statistics and tabular reports. Your Minority Committee have confined themselves entirely to Hospital returns, which they have collated from the most authentic sources, and have so arranged as to present the comparative results of the two methods of treatment; first, in diseases in general; second, in special diseases, taking as types, cholera, pneumonia and typhus fever; third, in the diseases of children, as shown by the records of our various Orphan Asylums; fourth, as regards the duration of diseases; and fifth, as regards the cost of medication.

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* Zeitung Oesterreichs, Oct. 17, 1857.

† Neue Zeitung f. Hom. Klinik, Nov. 15, 1857.

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I.

Statistics of Diseases in General.

The authorities for the European Hospital Reports are to be found in the following works:

Knolz's Charitable Institutions of Vienna.
Griesslich's Hygea.
Cless' Statistics of the Catherinen Hospital at Stuttgart.
Journal Imp. Med. Chir. Acad. of St. Petersburgh.
British Journal of Homœopathy.
Allg. Hom. Zeitschrift.
Brit. and Foreign Medico-Chir. Review.
Neues Archiv.
Oesterreich Zeitschrift.
Hom. Vierteljahrschrift.
Stapf's Archiv. der Hom. Heilk.
Prager Med. Monatschrift.
North American Journal of Homœopathy.
Neue Zeits. fur Hom. Klinik.

European Allopathic Hospitals.

Place and Name of Hospital.	Per Cent. Mortality.
Berlin Charité, 1838–9,	10 to 11
Breslau, Zu Allerheiligen, 1838,	17 " 18
Leipzig, Jakobshospital, 1839,	11 " 12
Stuttgart, Catherinen, 1830–38,	3 " 4
Strasburg, Forgets' Clinique, 1835–38,	15 " 16
Hamburg, Allg. Krankenhaus, 5th Report,	6 " 7
Munich, General Hospital, 1832,	7 " 8
Milan, Great Hospital, 1814,	15 " 16
Palermo, " " 1823,	12 " 13
Brussels, St. Peter's Hospital, 1823,	11 " 12
St. Petersburgh, Civil " 1837,	20 " 21
" " Seidlitz's Clinique, 1840,	13 " 14
Vienna, General Hospital, 1834,	13 " 14
" Brothers of Charity, 1838,	9 " 10
" Elizabetherinnen, 1838,	8 " 9
Edinburgh, Royal Infirmary, 1818,	6 " 7

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Place and Name of Hospital.	Per Cent. Mortality.
London, St. George's, 1850–55,	18 " 19
Lyons, Hotel Dieu, 1837,	13 " 14
Paris, Hotel Dieu, 1835,	9 " 10
" St. Marguerite, 1851–2,	11 " 12
" Val de Grace, under Broussais, 1819,	7 " 8
Average,	11 " 12

EUROPEAN HOMŒOPATHIC HOSPITALS.

Place and Name of Hospital.	Cases treated.	Deaths.	Per Cent.
Sisters of Charity, at Vienna, 1834 to 1856,	17,313	1,087	6 3/10
Sisters of Charity, at Linz, 1842 to 1854,	9,129	501	5 5/10
*Hospital at Gyongyos, in Hungary, to 1855,	1,538	143	9 3/10
" " Guns, " " " 1841,	395	8	2
" " Kremseir, 1845 to 1848,	1,520	94	6 1/10
Leopoldstadt Hospital, at Vienna, 1850–54,	3,789	211	5 5/10
Hospital at Nechanitz, 1846–48,	394	10	2 5/10
" " Nishni-Novogorod, in 1855,	249	12	4 8/10
" " Leipzig, Prussia,	4,596	188	4 1/10
Infantry Hospital at St. Petersburgh,	397	16	4
Marenzeller's Experiments at theMilitary Hospital at Vienna,	38	1	2 7/10
Hospital at Moscow, in 1854,	166	8	4 8/10
Hermann's Experiments at the Military Hospital at Tulzyn,	147	6	4 1/10
London Homœopathic Hospital, 1850–56,	1,172	55	4 7/10
Horatiis' Experiments at Naples, 1829,	68	2	3
Sum Total,	40,911	2,342	5 7/10

To show that many of the cases were of the more severe and dangerous diseases, let us look at the specifications of the Gumpendorf Hospital at Vienna, in charge of the Sisters of Charity.

Of the 1,087 deaths, from 1834 to 1856, 466 were of altogether incurable diseases: among the remainder there were,

* It is worthy of mention, as giving a direct comparison between the two systems of treatment, that the Hospital at Gyongyos was under Allopathic charge from 1849 to 1853, when the Homœopathists resumed treatment. Contrasting, we see that there were during—

Five years of Allopathy,	Cases, 622	Deaths, 98	Per-Cent, 15 7-10
Eleven years of Homœopathy,	1,538	" 143	" 9 3-10

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	Cases.	Deaths.
Erysipelas,	514	4
Diarrhœa of all kinds,	323	3
Inflammation of Joints,	888	7
Ophthalmia,	130	1 uncured.
Inflammation of Lungs,	1,058	48 deaths.
Typhus Fever, (abdominal)	3,165	368 "
Intermittent Fever,	1,066	9 "
Gastric Fever,	1,181	7 "
Rheumatic Pericarditis,	15	0 "
Small Pox,	194	14 "

These results compare most favorably with any Hospital reports ever published, and their accuracy cannot be questioned, since this Hospital is under strict Governmental supervision, and is constantly visited by Allopathic physicians. It is under the charge of Dr. Fleischmann, assisted, until within a few years, by Dr. Caspar, and the accuracy of their diagnoses cannot be questioned.

Let us now take a view of the comparative results of the two systems of treatment in Hospitals of the same city, and in different wards of the same Hospital.

In the *London Homœopathic Hospital* there were, during the years 1850 to 1856,

1,062 Cases, 48 Deaths, Per-Cent., 4½.

In *St. George's* (Allopathic) *Hospital, London*, there were during the years 1854 and 1855,

5,413 Cases, 1,018 Deaths, Per-Cent., 18.

Making all due allowance for the increased mortality in a large Hospital over a small one, we still have a very marked and striking difference in these results.

Dr. Chargé* of Marseilles, France, has recently published a statistical table of the mortality occurring at the Convent of Refuge, since its foundation in 1841 up to 1854.

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* Dr. Chargé, of Marseilles, has recently received from the French government the Order of the Legion of Honor, and from Pope Pius IX., that of St. Gregory the Great, in consideration of the services he rendered during the cholera epidemic of 1849. (*Med. Hom. de Familles, No.* 6.)

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Allopathic.				Homœopathic.			
Year.	Cases.	Deaths.	Per-cent.	Year.	Cases.	Deaths.	Per-ct.
1841	142	10	7.	1850	328	5	1.4
1842	138	17	12.3	1851	318	10	3.1
1843	189	13	6.9	1852	322	12	3.7
1844	208	9	4.1	1853	334	10	2.9
1845	248	10	4.4	1854	360	12	3.3
1846	274	15	5.4				
1847	327	14	4.2		1662	49	2.9
1848	325	14	4.3				
	1851	102	5.5				

Average Homœopathic mortality, 2.9 per-cent.
" Allopathic " 5.5 "

The highest mortality under Homœopathic treatment (3.7) was less than the lowest (4.1) under Allopathic treatment.

We have a fair and direct comparison of the two systems, in the Hospital of Ste. Marguerite, in Paris. There, there were two wards under the Homœopathic treatment of Dr. Tessier,* side by side with two other wards under Allopathic treatment. Their published reports show

Under Homœopathic Treatment.

1849,	1292 cases,	126 deaths,	$9\frac{75}{100}$ per-cent.
1850,	1677 "	138 "	$8\frac{23}{100}$ "
1851,	1694 "	135 "	$7\frac{96}{100}$ "

Under Allopathic Treatment.

1849,	1087 cases,	169 deaths,	$14\frac{71}{100}$ per-cent.
1850,	1195 "	107 "	$8\frac{95}{100}$ "
1851,	1442 "	135 "	$9\frac{36}{100}$ "

Average of Three Years' Treatment.

Allopathically,	3724 cases,	411 deaths,	$11\frac{3}{100}$ per-cent.
Homœopathically,	4655 "	399 "	$8\frac{55}{100}$ "

A marked and indisputable contrast.

But some even of the opponents of Homœopathy are forced to testify in its favor. In the work entitled "Fallacies of Homœo-

* Dr. Tessier has since been removed to the Beaujon, one of the finest Hospitals in Paris.

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pathy, by C. H. F. Routh, M.D., F.R.C.S.," published in London in 1852, we find the following summary of comparative statistics:

PER-CENT. OF DEATHS:

Disease.	*Homœopathic.*	*Allopathic.*
Pneumonia,	5.7	24
Pleuritis,	3.	13
Peritonitis,	4.	13
Dysentery,	3.	22
Typhus, (abdominal)	15.	19
All diseases,	4.4	8.5

Another opponent of Homœopathy, Dr. Forbes, in the British and Foreign Medical Review, 1846, says, "The amount of deaths in the fever and eruptive diseases (under Homœopathic treatment) is certainly below the average proportion."

Much more testimony of the same kind might be adduced, but this will suffice.

Let us now consider the statistics of some of our own Hospitals, taken from their published reports.

I. ALLOPATHIC.

	Cases treated.	Deaths.	Per ct.
Massachusetts General Hospital, from 1835 to 1855,	11,610	1,122	9.6
New-York City Hospital, from 1792 to 1855,	106,111	10,893	10.2
New-York City Bellevue Hospital, from 1852 to 1856,	31,327	3,171	10.1

Average mortality, 10 per-cent.

II. HOMŒOPATHIC.

There are no Hospitals in this city under the charge of the Homœopathists, but they have the care of some of the other charitable institutions, such as "*The Home for the Friendless,*" whose medical statistics compare very favorably with like institutions under Allopathic charge.

"The Protestant Half-Orphan Asylum" has exhibited a most striking improvement in the health of its inmates, since it was transferred to the Homœopaths. But this is more fully con-

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sidered in the comparison of the mortality in the various Orphan Asylums in the latter part of this Report.

The "Chicago City Hospital" has had half of its wards given to the Homœopathists during the past year—too recently to furnish any report of the result.

The "Mississippi State Hospital," at Natchez, has been under Homœopathic treatment for the last four years. During that time, there have been treated 500 cases, of which 45 died, equal to nine per-cent. of deaths; much less than the mortality in the New-Orleans Hospitals. To compare this with our Northern Hospitals, however, we ought not to include the yellow fever cases, (several of which were brought in dying.) Excluding these, we have

	Cases.	Deaths.	Per ct.
In Mississippi State Hospital, since 1853,	476	28	5.9

As compared with the New-York Hospitals, a gain of four per-cent!

Statistical returns, then, from the various Homœopathic Hospitals, prove that the average mortality of all the patients treated therein, is about six per-cent., while similar statistics from the Allopathic Hospitals show an average mortality of ten per-cent. This single fact, that out of every *ten* patients who now die in our Hospitals, *four* might be saved under a different course of treatment, is most startling, and needs but to be clearly set before this Board, to insure its immediate action thereupon.

II.

Your Minority Committee would now call attention to the statistics of particular diseases; and for this purpose they have selected cholera, pneumonia, and typhus fever, as *types* of the most serious and fatal maladies with which our physicians have to contend.

And first, in regard to CHOLERA STATISTICS.

These are deemed the more worthy of your attention, as proving the falsity of the statement so commonly heard among the ignorant, that though Homœopathy may be successful in trivial complaints, it is of little or no avail in violent and dangerous diseases. There is nothing more certain in the history of medicine than the fact, that to the acknowledged and remarkable suc-

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cess of the Homœopaths in the treatment of cholera, more than to any other one thing, is owing their present favored position with the intelligent public. During the ravages of this fearful epidemic in Europe, the cures of the new school were so surprising, that government commissions were established in several countries for the express purpose of inquiring into the facts of the case; and although these commissions were in most instances composed of physicians opposed to Homœopathy, they were compelled to acknowledge its superior and astonishing efficacy. In confirmation of this, your Committee would cite an extract from the work of Dr. Wilde, an Allopathic surgeon, and the talented editor of the "Dublin Quarterly Journal of Medicine." In his book on "Austria, its Literary, Scientific, and Medical Institutions," he has these words—"Upon comparing the report made of the treatment of cholera in the Homœopathic Hospital at Vienna with that of the other Hospitals at the same time, it appeared that while two-thirds of those treated Homœopathically were *cured*, two-thirds of those treated at the other Hospitals *died*. This extraordinary result led Count Kolowrat, Minister of the Interior, to repeal the law relative to the practice of Homœopathy." This Homœopathic Hospital, it should be remarked, was daily visited by two Allopathic Physicians, appointed inspectors by the government, who confirmed this report. Moreover, many of the cholera statistics in this report are taken from the pamphlet of Dr. Roth, an opponent of Homœopathy, who was sent by the government of Bavaria to observe this epidemic in different localities, and report on the best treatment. In their researches, your Minority Committee have found many well authenticated reports of the treatment of cholera in private practice, making the mortality under Allopathic medication 39 per-cent., and under Homœopathic, 10 per-cent., but these they have not thought fit to include, being desirous of confining themselves to regular Hospital reports.

Dr. F. R. Horner, in his pamphlet* recently published, states

* "Reasons for adopting the Rational System of Medicine, by Fewster Robert Horner, M.D., late President, and perpetual Vice-President of the British Medical and Surgical Association, late Senior Physician to the Hull General Infirmary, &c., &c., London, 1857." It is a significant fact, that in 1851, *before* he had investigated Homœopathy, Dr. Horner presided over a meeting of 300 medical men at Brighton, which passed resolutions strongly denunciatory of that system, and now, in 1857, *after* investigating it, he announces himself a convert to the Homœopathic doctrine.

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that in the statistical report of the late cholera epidemic in England, by the Medical Board appointed for that purpose, the returns of the Homœopathic Hospital were "deliberately and designedly suppressed, because they showed that by that treatment two-thirds were cured; while according to the aggregate statistics of the other Hospitals, two-thirds died"—and this too after that report had been verified by the Allopathic Inspector.

It is most noteworthy, that during the last two cholera epidemics in this city, the Homœopathists made earnest application to be allowed to practice in some one or more of the temporary Hospitals then provided by the city authorities. Full of faith in the efficacy of their system, they were willing and desirous to put it to the proof on fair terms of trial; but the Board of Health, (Allopathic Physicians,) to whom the question was referred, denied them admittance, and on both occasions shrank from this practical test. This is a strong fact, and one which this Board cannot fail to appreciate, that the Homœopathists challenge and court thorough investigation. And your Minority Committee cannot but express the hope that the time has now come when this Board, which cannot be supposed to be actuated by professional jealousy, which certainly belongs to no medical clique, and which has to consider only the welfare of the poor committed to its charge, will act impartially in this matter, and judge, by a fair and thorough trial, of the merits of a system for which so much is claimed.

A. *Cholera Statistics.*

The General Board of Health of Edinburgh and Leith, Scotland, reported the total number of cases of cholera treated from Oct. 4, 1848, to Feb'y 1, 1849, to be as follows:

Cases, 817, Deaths, 546, Per-Cent., 66⅘

Of these cases 236 were treated by the officers of the Edinburgh Homœopathic Dispensary, and were included in the general report above. Thus dividing, we have,

Homœopathic cases, 236,	Deaths, 57,	Per-cent.,	24⅕
Allopathic " 581,	" 489,	"	84⅕

By the Liverpool Homœopathic Dispensary there were treated from July 25 to Sept. 15, 1849,

Cases, 162, Deaths, 43, Per-cent., 26½

(Brit. Journal Hom., vol. vii., p. 562.)

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This is among the poor classes, who are not often seen by the physician in the first stage of the disease, and shows the immense superiority of Homœopathic treatment.

In the cholera epidemic in New-York, in 1849, the mortality in the City Hospitals was 52 per-cent. Inasmuch as the Homœopathists were refused admission into those Hospitals, they have only reports of the result in private practice to fall back upon. The Committee appointed by the Hahnemann Academy of Medicine to collect such statistics, reported the average mortality in the practice of Homœopathic physicians not to exceed six per-cent.

But as private practice cannot with fairness be compared with hospital results, your Minority Committee have collected the following well authenticated reports, as furnishing a fair basis of comparison.

Hospital Treatment of Cholera.

Homœopathic.

Place and Name.	Cases.	Deaths.
Vienna, Sisters of Charity, 1834 to 1850,	1,202	409
Vienna, Leopoldstadt, 1850,	156	58
Berlin Hom. Hospital,	32	6
Bordeaux Hospital, by Dr. Mabit, 1832,	31	6
Marseilles, "Convent of Refuge," 1849,	260	15
London Hom. Hospital, 1854,	37	7
Total,	1,248	336

Allopathic.

Place and Name.	Cases.	Deaths.
Edinburgh, Drummond St.,	461	291
Halle, Krunckenberg's Wards,	104	53
Hamburg Hospital, 1831,	283	178
Berlin Cholera Hospital,	97	67
St. Petersburg, by Dr. Lichenstadt,	636	314
Bordeaux Hospital, 1832,	104	72
Raab " "	284	122
New-York, in 1849,	1,790	923
London, St. George's, 1854,	140	69
Total,	3,899	2,089

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Average Homœopathic mortality, 27 per-cent.
" Allopathic " 54 "
Exactly twice as great!

B.

Let us next look at the statistics of PNEUMONIA, or INFLAMMATION OF THE LUNGS.

I. HOMŒOPATHIC TREATMENT.

Authorities.

1. Dr. Tessier, "Recherches Cliniques," 1850.
2. Dr. Henderson, of Edinburgh, in the British Journal of Homœopathy, 1850.
3. Dr. Routh, an Allopathic physician, who gives a *resumé* of the statistics of the German Homœopathic Hospitals, in his work entitled "Fallacies of Homœopathy."

Results.

1 and 2. Of the 50 cases above the age of puberty, treated by Drs. Tessier and Henderson, three died, making a mortality of six per-cent.; of these none were under forty years of age. Average duration of the disease, was $11\frac{1}{5}$ days.

3. Of 783 cases of Pneumonia, treated in the German Homœopathic Hospitals, according to reports admitted by Dr. Routh, 45 died, making a mortality of only 5.7 per-cent.

II. ALLOPATHIC TREATMENT.

Authorities.

1. Routh's "Fallacies of Homœopathy."
2. Louis, Archives Generales, 1834–5.
3. Grisolle.
4. Bouillaud, Memoire de l'Acadamie Royale de Medicine, Vol. 8, by Pelletau.
5. Dietl, Die Lungenentzündung, 1850.

Results.

1. Of 1,522 cases, treated collectively, in the Glasgow Infirmary, the Vienna General Hospital, and by Drs. Walsh, Taylor and Peacock, of London, 373 died; equal to 24 per-cent.

2. Of 78 cases treated by the famous French physician, *Louis*, "all of which were in a state of perfect health when the

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first symptoms of Pneumonia began," 28 died; equal to nearly 36 per-cent. Of 29 other cases, 4 died, or 14 per-cent.

3. Of 1,430 cases of Pneumonia collected by *Grisolle*, from various Allopathic authorities, the mortality of cases between the ages of 40 and 70 was 23 per-cent.

4. Of 75 cases treated by Bouillaud, 10 died, or 14⅔ per-cent. Several of these cases are described as trivial.

5. Dietl treated 85 cases by bloodletting, and lost 17; equal to 20⅔ per-cent. He treated 106 cases by Tartar-emetic in large doses, and lost 22; equal to 20.7 per-cent.. He left 189 cases without medicine or venesection, and lost but 14; equal to 7.4 per-cent.

Recapitulation.

Homœopathic treatment,	5 to 6	per-cent.
Allopathic "	14 " 24	"
Expectant "	7 " 8	"

These experiments of Dr. Dietl are the more valuable, as proving the falsity of the oft-repeated assertion that Homœopathic doses have no power whatever, while they as certainly prove that Allopathic medication does much harm, and destroys many lives that would otherwise have been saved. Taking the results of the expectant, or do-nothing, treatment as a standard, *Homœopathy saves* nearly two per-cent., and *Allopathy destroys* at least seven per-cent. of all the cases of Pneumonia.

C.

TYPHUS FEVER.

In this disease, of which, unfortunately, there is no lack at Bellevue Hospital, the statistics collected by your Minority Committee show the decided superiority of Homœopathy. Even Dr. Routh, in his work against the new school, admits a diminished mortality, under that treatment, of four per-cent.

The following statistics are taken from a work, entitled "Comparison of Homœopathy and Allopathy, by Dr. Caspar, Physician to the Hospital of the Honorable Sisters of Charity of Vienna; Vienna and Olmutz, 1856."

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STATISTICS OF TYPHUS FEVER.

I. *Allopathic.*

In the Vienna General Hospital.

1850,	Cases, 872	Deaths, 144	Per-cent., 16.5
1852,	" 491	" 133	" 27.0
1853,	" 1,119	" 259	" 23.1
	2,482	536	21.6

II. *Expectant.*

In 2d Division of Prague Hospital.

1849,	Cases, 132	Deaths, 27	Per-cent., 20.4
1850,	" 96	" 13	" 13.5
	228	40	17.5

III. *Homœopathic.*

In Homœopathic Vienna Hospital.

1850,	Cases, 81	Deaths, 9	Per-cent., 11.1
1851,	" 80	" 10	" 12.5
1852,	" 121	" 11	" 9.0
	282	30	10.6

Here again we see that Allopathy loses 4 per-cent. more, and Homœopathy 7 per-cent. less, than the expectant, or do-nothing treatment, and that twice as many die of Typhus Fever under the old as would under the new mode of treatment.

III.

DISEASES OF CHILDREN.

And now, having seen the Homœopathic statistics in regard to adults, in general and individual diseases, let us look at the results of that treatment in the affections to which childhood is peculiarly subject. And for this purpose we would refer to the Report of the Homœopathic treatment in the Protestant Half-Orphan Asylum of New-York, by Dr. B. F. Bowers. We take the following extract and comparative statement from his work:

"The immense interest which the public has in forming a correct estimate of the relative value of the different systems of

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medical practice, and the absolute necessity for a collection of well-ascertained facts in order to come to a satisfactory conclusion, give importance to the subject. The number of children in the several Asylums is taken from a table kindly furnished by A. Gilbert, Esq., from the reports made annually, under oath, to the Board of Education."

Tables of the result of twelve years' treatment.

I. In Allopathic Asylums.

1. *New-York Orphan Asylum.*

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	1584	34	1 in 46
For 1853,	220	0	
" 1854,	209	0	
	2013	34	1 in 59

2. *The three Roman Catholic Orphan Asylums.*

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	5149	94	1 in 54
For year 1853,	954	2	1 in 482
" " 1854,	1042	9	1 in 120
	7155	105	1 in 69

3. *Leake and Watts' Orphan Asylum.*

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	1688	23	1 in 73
For year 1853,	262	12	1 in 22
" " 1854,	263	6	1 in 44
	2213	41	1 in 54

4. *Colored Orphan Asylum.*

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	2142	136	1 in 15
For year 1853,	348	13	1 in 27
" " 1854,	403	23	1 in 18
	2893	172	1 in 16

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II. In Homœopathic Asylums.

The Protestant Half-Orphan Asylum.

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	2543	21	1 in 121
For the year 1853,	575	0	
" " " 1854,	257	0	
	3075	21	1 in 146

Recapitulation of Mortality in New-York Orphan Asylums.

Allopathically.

At six City Orphan Asylums, 1 in 41, or $2\frac{2}{5}$ per-cent.

Homœopathically.

At Protestant Half-Orphan Asylum, 1 in 146, $\frac{68}{100}$ of 1 per-cent.

Showing the ratio of mortality under Allopathic treatment, as compared with Homœopathic, to be more than 3 *to* 1.

Let us compare the result of the two systems of treatment in the case of the foundlings, and miserable, sickly orphans, so many of whom are thrown entirely upon the care of this Board. Most of these unfortunates, upon whom the sins of their parents are visited so heavily, are provided for at Randall's Island Nursery; but the Home for the Friendless, in East Thirtieth-street, now under the medical care of Dr. E. Guernsey, annually receives and provides for hundreds of this class of children, who, on account of their more tender age and diseased constitution, cannot rightly be compared with the inmates of the City Orphan Asylums.

From their published reports, we have in

The Nursery at Randall's Island, under Allopathic Treatment.

Years.	Whole No.	Deaths.	Mortalty.
In 1853,	3040	79	1 in 39
" 1854,	2690	208	1 in 13
" 1855,	2378	202	1 in 11
" 1856,	2021	96	1 in 21
	10129	585	1 in 17

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The Home for the Friendless, under Homœopathic Treatment.

Years.	Whole No.	Deaths.	Mortality.
In 1853,	264	6	1 in 41
" 1854,	280	13	1 in 21
" 1855,	360	5	1 in 72
" 1856,	306	6	1 in 51
	1210	30	1 in 40

Or a mortality of 5.8 per-cent. Allopathically,
" " " 2.5 " Homœopathically.

Your Minority Committee cannot leave this part of their subject, without mentioning the brilliant results of Homœopathic treatment in the Brooklyn City Orphan Asylum during the past year. At times a species of ophthalmia rages among the children in Orphan Asylums to such an extent as to necessitate the closing of the institution and the dispersion of its inmates. This same necessity was threatening the Protestant Half-Orphan Asylum in New-York in 1842, when the medical treatment thereof was fortunately transferred to Dr. Clark Wright; and the history of the Brooklyn Asylum shows that it has twice been compelled heretofore to resort to this last means of getting rid of this scourge.

In January, 1857, the executive of this latter Asylum applied to Dr. Carroll Dunham to treat the children Homœopathically, inasmuch as the ordinary treatment had been pursued without any beneficial results, either curative as regards the sick, or preventive as regards the healthy, children. Dr. Dunham entered upon his duties on January 27, 1857, and found 25 ophthalmic patients out of 121 children. During the next three months, 13 new cases were added; but such was the efficacy of the Homœopathic treatment, that when Dr. Dunham was compelled by ill health to resign his charge on the 2d of May following, he left but three cases of ophthalmic disease in the institution.

These results, totally ignored in the Report already presented, are most earnestly urged upon the consideration of this Board. which has the health and lives not only of adults, but also of thousands of children dependent upon its fostering care and provision.

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IV.

Comparative Duration of Disease.

The duration of Pneumonia was particularly noted by Drs. Tessier, Henderson, Dietl and Louis, whose authority has already been given.

These show the mean duration of Pneumonia to be:

Under Homœopathic treatment,		11⅞ days.
" Allopathic	"	29 "
" Expectant	"	28 "

Dr. Kurtz has compiled a statistical table of the mean duration of disease in general in the chief Hospitals of Paris, Berlin, Göttingen and Stuttgart, under Allopathic treatment, as compared with the Hospitals in Vienna, Munich and Leipzig, under Homœopathic treatment. This is to be found in the *Hygea* xviii. *Part* 2. This gives the *average duration of disease.*

Under Allopathic treatment,	28 to 29 days.
" Homœopathic "	20 to 21 "

V.

Comparative Cost of Treatment.

That Homœopathic treatment costs less, follows as a matter of course, from the fact that it cures more patients and in a shorter time than Allopathic treatment. To demonstrate this no tables or figures are needed; but another reason of its greater economy is to be found in the much smaller quantity of drugs and medicines which it requires. To illustrate this, take an extract from Dr. B. F. Bowers' Report of the Protestant Half-Orphan Asylum in this city.

"In the first period of *seven years* (under Allopathy) there was paid for medicine the sum of $239.64; for extra nursing, &c., $95.25 more.

"In the last period of *ten years* (under Homœopathy) there was paid for medicine the sum of $35; for extra nursing, nothing."

This shows the Allopathic medicines to cost nearly *ten times* as much as the Homœopathic; and if the extra nursing be included, the old treatment cost that institution, here before our eyes, thirteen times as much as the new! But who can estimate

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the cost in life? For, these statistics, which are accessible to all of us, prove that of the 352 children who have died in City Orphan Asylums during the twelve years ending 1854, two-thirds, that is to say more than 230, might have been, in all human probability, saved to the world by Homœopathic treatment. This single fact demands the attention and action not only of those in charge of public institutions, but also of the entire community.

The Apothecary's report for Bellevue Hospital for 1856, shows a disbursement of nearly $5,000 for drugs and medicines, exclusive of liquors; and your Minority Committee are assured, upon reliable authority, that an annual saving would be effected, of at least $4,000 per annum. by the introduction of Homœopathy. Extend this to the other public institutions under the charge of this Board, and a large item of expense, to our already tax-ridden community, would be materially reduced.

Recapitulation.

Per-cent. of Mortality.

	Under Allopathy.	Under Homœopathy.
In all Diseases in Hospitals,	10 to 11	5 to 6
" Asiatic Cholera, "	54	27
" Pneumonia, "	14 to 24	5 to 6
" Typhus Fever, "	21 to 22	10 to 11
" New-York Orphan Asylums,	$2\frac{4}{10}$	$\frac{66}{100}$ of 1

	Allopathically.	Homœopathically.
Mean duration of disease,	28 days,	21 days.

Cost of Drugs and Medicines, as 10 to 1.

Your Minority Committee cannot close this Report without tendering their thanks to Dr. E. M. Kellogg for his kindness in preparing statistics and offering facilities to your Minority Committee in their researches for authorities in support of their position.

From the statement of facts thus presented, your Minority Committee deduce the following conclusions:—

I. That Homœopathy has ceased to be an experiment, and is an established system of medicine.

II. That as compared with Allopathy, the expense of Homœopathic treatment is much less.

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III. That the duration of disease under Homœopathic treatment is much less.

IV. That the mortality under Homœopathic treatment is much less.

And relying upon the sound judgment of this Board, confidently offer for your adoption the following Resolution:

Resolved, That one-half of the wards of the Bellevue Hospital be transferred to the charge of Homœopathic Physicians, under the supervision of a Medical Board to be appointed by the Homœopathic Medical Society of the County of New-York; and that a Select Committee be appointed to prepare such rules and regulations therefor as they may deem proper.

BENJ. F. PINCKNEY,
Committee.

ARTICLE XLIV.—*Observations on the Use of Atropine*, by Dr. C. CASPAR of Vienna.

[From the Austrian Hom. Journal.]

Translated by H. L. H. Hoffendahl, M.D. of Boston.

It is undoubtedly a matter of great importance that a remedy should retain its properties under all circumstances, and that its mode of preparation should be such as to enable us to place the fullest reliance on its strength and its mode of action. For this reason many of the alkaloids appear to be peculiarly worthy of trial on the part of homœopathic physicians. Another advantage of the alkaloids is, that they are more simple in their composition than any other preparation of the same plant, and therefore possess a purity and strength, unmodified by the effects of less important ingredients. These properties enable us to apply them according to their indications, with the greatest certainty and precision.

Being induced by these considerations to make some trials with this class of remedies, I commenced my experiments with Atropine, that being the alkaloid of a well known plant, which has deservedly enjoyed a high reputation at all times and in all schools.

Prof. Schroff's assertion that "Atropine is the only active ingredient of Belladonna," is undoubtedly false. This esti-

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mable observer was probably led into his error by the somewhat massive doses with which he conducted his experiments. It certainly seems inconceivable that the other ingredients of Belladonna, such as Pseudotoxin, Belladonnin, Atropic-acid, &c., should make no impression on the human organism.

My opinion is that the sphere of action of the mother-plant and its alkaloid are the same, but that the plant gives rise to many secondary symptoms, which are entirely wanting to the alkaloid. For this very reason the effects proper to the alkaloid are developed with all the more certainty and intensity.

To what extent this opinion is justifiable will be shown by the following observations, the results of experiments continued for about four years. These experiments consisted simply in first giving Bellad. when it appeared to be indicated, and then, if it proved inefficient, in giving Atropine; afterwards Atropine was given first, followed, if ineffectual, by Bellad. These preliminary trials gradually enabled me to apply each of these remedies with great exactitude in the cases where they were specially indicated.

I recognized the brain as the principal sphere of action for Belladonna. Therefore the greater number of observations were made in diseases of this organ and of the nerves arising from it. Some of the most instructive cases will now be presented to the reader in anatomical order:

Headaches are cured by both remedies, but the indications for their use are very different. Bellad. often removed or alleviated congestive headaches, even in the course of acute diseases, a result that was never attained with Atropine.

The form of headache which was cured with Atropine depended upon a specific disorder of the brain itself. The pain is generally very violent, extends over a great portion of the head, and is accompanied by weakness, irritability, a disordered state of the sensory and cerebral functions, &c. It generally occurs in sudden paroxysms, with intervals perfectly free from pain. It is not influenced by heat or cold, but is always increased by sensory and mental impressions. The vascular system sympathises either very little or not at all, so that flushed face, heat of head, quickened pulse, &c., are either entirely absent, or but slightly pronounced. I have cured headaches

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of this description with Atropine, even when they had continued for months and years. The following case will demonstrate the powerful and characteristic action of the remedy in affections of this nature.

Madame G—s, the wife of a military officer, and mother of three children. She is 32 years of age, and of light complexion, her body is moderately well developed, the tissues lax and the skin pale. Her only previous diseases have been chlorosis and typhoid fever. For five or six years the commencement of her menstrual period has been accompanied by violent headache. During the last two years these headaches have occurred between the periods, and at continually shorter intervals. At present the patient has scarcely five or six days of rest, and then suffers violently for from three to six days. Allopathic treatment was employed for over a year, and homœopathic treatment for half a year, but without effect. After this the patient had no medical treatment. But during the last three months her condition had become so alarming, that at a medical consultation, serious apprehensions were entertained of the occurrence of mental disorder, and even of the possibility of a fatal termination.

The day after this consultation I was called upon for advice. I found the patient lying in bed in an apathetic state, with dimmed eyes fixed upon the ceiling; she answers questions briefly and with hesitation; she often remembers with difficulty matters of recent occurrence; she is tired of life and has no regard for her husband or children. The headache, which has now lasted three days, extends over the whole of the interior part and the sides of the head, whence it sometimes radiates towards the eyes and the occiput. The kind of pain is described as indefinite, somewhat pressing, with occasional darting pains, running from one side to the other and towards the eyes. Sometimes there is a sensation as if of a rotary motion of the brain, frequently accompanied by dizziness and tinnitis aurium. A dimness of vision, which is always present, is now increasing from day to day, so that all objects appear like tremulous shadows.

Pulsatilla, Anacardium, China, Arsenic, Belladonna were given for eight weeks without effect. Atropine was now prescribed, to be commenced with at the beginning of an attack of

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pain. It was given in the third trituration, two grains every three hours.

The next day the state of the case had altered completely. The pain had already nearly disappeared the previous evening, and, at my visit, the patient felt so much relief that, contrary to her usual habit, she conversed with great gaiety and expressed her firm conviction of a speedy cure.

One dose as above was now ordered per day. In nine days slight traces of another attack appeared. Since then, now nearly three years ago, the patient has been entirely free. At the time of the menstrual period she is troubled with a slight headache of short duration, but the character of the pain is entirely different from that of the previous attacks, and does not prevent the lady from engaging actively in her household duties.

Hysterical headaches were rarely cured with Atropine, although the pain was frequently alleviated and shortened in its course.

A species of headache, remaining after typhus and other severe diseases, was also cured with Atropine.

A case of this kind seems worthy of notice, occurring in a female during her reconvalescence from severe typhoid fever. All signs of the original disorder had disappeared weeks ago; but there remained a headache of extreme violence, a feeling of general weakness, and entire want of sleep. Belladonna was given for eight days without effect. Atropine, fourth trituration, two grains given three times a day, relieved all the symptoms in twenty-four hours. On the third day there only remained a slight feeling of pressure, which gradually disappeared.

Hallucinations were twice treated with Atropine, and with remarkable success. One case was that of a man who had several times had delirium tremens. When I was called to him his old trouble was just commencing, and there were no symptoms besides the hallucination. The patient was continually begging some great man to appoint him cardinal, in consideration of his unhappy state. All this time he was very ceremonious and anxious in his deportment, and he refused to answer my questions because he considered them disrespectful. After taking Atropine for twelve hours, this vision appeared no more.

The other case was that of a hysterical lady who frequently

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had frightful visions just previous to going to sleep. Derivatives and leeches, ordered by her physician in the country, had no effect. Neither was there any change after following my advice to abstain from tea, coffee and company in the evening, and to wash the whole body with cold water daily. After three weeks Atropine was given, two grains of the fourth trituration every evening. From this time the patient had no farther trouble.

Of several cases of *epileptic conditions* that I had occasion to treat, one was cured with Nux and three with Atropine. Of these latter cases, two were of recent origin. One case was that of a robust girl of twenty-one years, with regular menstruation. Since three weeks the attacks had come on without known cause, with intermissions of from a quarter or half an hour to four or five hours. The attacks lasted from one to ten minutes, beginning with a tetanic movement of extension, soon changing to moderate convulsive movements. Towards the end there was motion of the lips, spasmodic attempts at swallowing, violent motion of the larynx, irregular respiratory movements, and finally a few eructations. The hitherto insensible patient would now wake up, but soon go to sleep again. After waking the second time she complained of great weakness and a confused and heavy feeling of the head. There were no other symptoms during the attack or in the intervals. Belladonna, given for five days, produced no change. Then Atropine was given, in the fourth trituration, one grain every three hours. During the first forty-eight hours the violence and length of the seizures were already much diminished, and in four days the patient was quite well.

The other epileptic case was that of a girl of eighteen years, the seizures originating in fright from an attempted attack on her person. Since that time the patient had, for four weeks, had from ten to fourteen convulsive attacks a day, the attack not lasting more than two or three minutes. A short convulsive movement of the extremities was followed by complete loss of motion and sensation, consciousness being also abolished either partially or entirely. After the attack the patient opened her eyes with a surprised look, and could not immediately realize where she was and what had happened. A violent noise,

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the fact of being spoken to suddenly or touched unexpectedly, and the approach of my medical visit, sufficed to bring on an attack. The only other symptoms were weakness, loss of appetite and a sore feeling in the limbs.

Ignatia was given for eight days without effect. Atropine immediately caused so much improvement that the next attack only took place after seven hours, and the second and last attack in twenty-four hours. Fourteen days later the patient came to me once more and reported that she had had a slight attack the previous day. Atropine was again administered, one grain every third morning, and since that time, about two years ago, she is perfectly well.

A very interesting case was that of a widow lady, thirty-four years of age, who had, for fifteen or sixteen years, been subject to hysterical complaints, particularly violent headaches and globus hystericus. For the past eight years she has had epileptiform convulsions, occurring at intervals of not more than three or four months. At these times, during ten to twenty days about ten or twenty attacks will occur, lasting from five minutes to an hour or more. Sometimes the attack is preceded by a sensation as if something was falling upon her, but generally there are no premonitory symptoms. The attack consists of a sudden extension of all the limbs, followed by convulsions or violent trembling, and then again movements of extension. The eyes are sometimes closed, sometimes open, fixed, rolling or turned upwards. Respiration is accelerated, irregular and sometimes arrested for a moment. The features are sometimes fixed, sometimes contorted. Sometimes the abdominal muscles are also in violent action. The head and extremities are cool, the pulse is much accelerated, but small, and often imperceptible. If the attack is very violent, the face exhibits the puffed appearance and bluish tinge peculiar to epilepsy, and even discharge of foam and saliva from the mouth is not wanting.

On the subsidence of the attack, the patient gradually becomes quiet, opens her eyes, stares about her, recognizes no one, and then gradually recovers her consciousness. After this there is a deep, stertorous sleep, lasting scarcely half an hour, and followed by very severe headache.

The following symptoms fill the intervals between the at-

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tacks: An almost paralytic state of the limbs, feeling of fullness in the head, heat and chills, great irritability against external impressions, a sad and hopeless state of mind, want of appetite, nausea and sleeplessness.

Having given previously Nux, Ignatia, Belladonna, Strammonium, for similar conditions without effect. I at once administered Atropine, third trituration, three grains every three hours. In the afternoon I found the patient very restless, complaining of violent headache, dryness and constriction of the throat, oppression over the chest, and occasional nausea. The attack had recurred but once, and very lightly.

In the night I was called again. The patient sat in a corner of a sofa, her eyes fixed on the stove, with an anxious expression of countenance, quick and short respiration. She made no reply to my questions, but pointing to the stove, she informed me in a low and terrified tone that a rough-looking man was standing there, who, in accordance with the wishes of her friends, was attempting to take her life. Supposing that this condition might be the effect of the Atropine, I at once omitted the remedy.

The next morning I found that the symptoms of the previous night had disappeared after nine hours' duration. The following symptoms were still present, and disappeared gradually during the day: Fullness of the head, dizziness, tinnitus aurium, obscured vision, great prostration, heat, quick, hard pulse, dryness of throat and oppression of the chest. The next day a slight attack occurred.

Atropine, fourth trituration, was now administered, one grain once a day, and the next and last attack occurred after five days.

Since this time, 1½ years, the patient remained perfectly free until about two months ago, when the premonitory symptoms of an attack occurred. Atropine being resumed at once, these symptoms yielded, and their place was taken by a general feeling of uneasiness, violent headache, a feeling of horripilation and sleeplessness. The headache, frequently mentioned in this case, was not benefitted, but rather aggravated by Atropine, although this remedy appeared to be fully indicated. But Cocculus relieved this trouble very readily.

In morbid irritability of the optic nerve, and in photophobia

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Belladonna cannot be sufficiently praised. In these cases Atropine appeared to be less useful, since of twelve to thirteen cases only one case was considerably relieved, occurring in a scrofulous subject. It is possible that this remedy may be more efficacious in photophobia of nervous origin, but I have had no experience on this subject.

In inflammatory affections of the throat and fauces I frequently tried Atropine, but was always obliged to fall back upon Belladonna. But when catarrhal or phlegmonous affections of these parts were followed by the continuance of such symptoms as irritability, difficulty of swallowing, dryness, constriction, tickling, &c., then again Belladonna was ineffectual, while Atropine proved more useful than any other remedy.

A case in point is that of a lady, who, after a violent laryngeal catarrh, was left in so irritable a condition that every change of temperature, a deep inspiration, speaking, &c., brought on most severe excesses of cough, which often ended with nausea and vomiting. Nux, Aconite and Belladonna were of no avail, but Atropine brought immediate relief, and left the patient well on the following day.

A case of *aphonia*, having a similar origin, which had already lasted ten weeks, was also completely cured with Atropine. An allopathic physician had previously employed poultices, friction with Croton-oil, purgatives, emetics, electricity and vapor-baths, but without effect.

Spasmodic affections of the respiratory organs seem to be more completely under the influence of Atropine than of any other remedy.

This fact was well demonstrated during a severe epidemic of hooping-cough. The use of Belladonna, Nux, Drosera, Dulcamara, Hyosc., &c., was rarely followed by much relief, and never by a cure or a considerable abbreviation of the course of the disease. But Atropine could be relied upon with considerable certainty, since its effects were satisfactory in all but six cases out of twenty-three, and even in these cases it caused some improvement. One scrofulous child with tendency to hydrocephalus died on the accession of pneumonia. The other seventeen cases had already continued for some time; one for three months, and four for over six weeks. Several cases had previously been

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treated with allopathic and domestic remedies, and all had first received Belladonna for at least eight days.

After the use of Atropine the improvement was always very rapid. Two cases were cured in three or four days, others in eight or ten, and in only one case eighteen days elapsed before the complete disappearance of the spasmodic symptoms.

In one case the attempts at coughing and vomiting were so violent that hæmorrhage occurred from mouth, nose and ears, and there was bloody extravasation under the albuginea. Yet recovery took place in seven days.

The effect of Atropine in these cases is confined entirely to the nervous system. The convulsive symptoms are alone removed; the catarrhal affection remains for a time, but soon disappears, generally without the use of any other remedy. From this it is evident that Atropine is not indicated in the first stage, since it does not correspond to the symptoms of catarrhal irritation; but it is all the more effective against the convulsive phenomena of the second stage.

These observations apply with equal force to other diseases of the respiratory organs, and I can recommend Atropine as one of the most powerful remedies for *asthma*, complicated with chronic catarrh, emphysema, tuberculosis, old exudations, or pleural adhesions. Its use is contra-indicated only when the asthmatic attack depends upon a state of violent irritation or congestion.

I have had but little experience with Atropine in diseases of organs lying below the diaphragm. In fact we cannot expect much from either Belladonna or Atropine in these cases, since the physiological provings of Bellad. show that it is much more closely in relation with the organs above the diaphragm, while the symptoms in the lower organs may generally be considered as derived from a disturbance of the cerebral functions.

The *stomach* appeared the most susceptible, and even as regards this organ I can only present one interesting case, although I made at least twenty experiments in this direction.

Miss B., nineteen years old, whose periods commenced four years ago, has been afflicted since this time with violent spasms in the stomach. Being called during one of these attacks, I found the patient groaning and bent over, the face was pale, the eyes sunken, the features distorted from pain, the breathing

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short, the epigastric region somewhat distended and sensitive to pressure, the limbs trembling, the pulse small and not easily counted. The pain is contractile, sometimes rises to the chest, and even constricts the throat. It comes and goes suddenly, leaving the patient with a feeling of weight in the stomach, weakness and dizziness. The whole attack consists of a succession of exacerbations of different lengths, recurring in from three to ten minutes.

Atropine was given in the 3d trituration, two grains every hour. After three hours there were slight symptoms of an attack, and in two hours more the patient was entirely free. The earnest thanks of the patient and her friends showed me that an unusually successful result had been attained. In fact they assured me that under her former prescriptions, also by a homœopathic physician, the attacks had never ceased under twelve and had sometimes continued for thirty-six hours, with undiminished severity.

About three months later I found the patient in the same condition, and gave Bellad., 3d dil., four drops every half hour, as I had no Atropine with me. During the next four hours the pain increased. I now procured the Atropine; after the second dose the patient was visibly better, and after the fourth dose she was well. The whole attack had continued for about nine hours. Since this time, about one and a half years ago, the patient always keeps Atropine in the house; the attacks have never lasted over four hours, and are so light that she is rarely obliged to go to bed. I was unable to remove the attacks entirely in spite of the persevering use of Atropine, Nux, Ignatia, Ipecac., and Arsenic.

Finally, I would mention that I applied Atropine in ten or twelve cases of *erysipelas*, but without success, and was therefore obliged to return to that sovereign remedy Belladonna.

Although my experience with Atropine is derived from the treatment of more than one hundred cases, still I do not feel justified in attempting to show the exact differences between this remedy and Belladonna. Neither are the following corollaries to be regarded as fixed maxims, but simply as an exposition of the facts that have come under my observation. Should this paper direct the attention of my colleagues to Atropine, then

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I shall have obtained all that I desire, even if their observations do not entirely coincide with mine.

I believe I shall not err if I ascribe to Atropine an exclusive action on the nervous system, unmodified by the effects of the other ingredients of the mother-plant, while the effects of Belladonna lie in the same direction, but in a less degree.

But undoubtedly Atropine affects the vascular system, since a powerful impression on the nervous, and particularly on the cerebral system, cannot take place without reacting on the circulation. But as it is very difficult to recognize in every case whether the effect on the vascular system is primary or secondary, therefore I have made it a rule always to give that remedy first which appears specially indicated, and if this fails, then to give the other.

As to the dose and repetition, I will not attempt to give any rules, but confine myself to a statement, the result of my observation, that I never saw any bad effects from the 4th trituration, even in very small children. The question as to how high the attenuation may be carried, I consider a paltry and unimportant matter. For my part, I believe that a dose, which has been shown by experience never to do harm, suffices for all the requisites of rational therapeutics.

In giving the 3d dec. trituration I must earnestly advise great caution, because in many sensitive individuals it will often produce formidable symptoms of intoxication, such as congestion to the head, affection of the throat, oppressed respiration, headache, hallucination, and colics.

If this contribution is found to contain many defects, it must be remembered in extenuation that Atropine is a remedy which has not yet been proved, and that therefore my proceedings were based upon analogies; that practical experiments are always connected with many difficulties, and that often, in the course of many years, all the cases are not met with in which any particular remedy is indicated. I am less inclined to regret the defects of this article because it is intended to direct the attention particularly of provers to a remedy of great promise.

Finally I feel impelled to answer in advance the objection whether a Homœopathic physician is justified in any case in employing unproved remedies. I will not attempt a special jus-

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tification in this case, but simply express my conviction that every physician, belonging to whatever school, is not only justified, but in duty bound to do everything, which, on rational grounds, he may expect to benefit his patients or enrich science.

NOTE BY THE TRANSLATOR.

In connection with the preceding paper, I shall proceed to give a short resumé of several other articles on Atropine that have recently appeared in Homœopathic journals.

Dr. W. Reil, of Halle, (Zeitschrift für Hom. Klinik, April, 1855, reports a case of epilepsy of four years' standing, occurring in a girl ten years of age. The attack occurred daily or several times a day, and lasted about ten minutes. There was blue coloration of the skin, foam at the mouth, and alternate tonic and clonic convulsions. The patient was also affected with partial paralysis of the left side, while the other bodily functions were normal. *Atropine*, 1-100 grain, was given three times daily, with partial success. As long as the Atropine was given, the attacks would cease, but when the remedy was omitted they would return, although with diminished violence. The paralysis remained unaltered. No primary effects were observed from this rather large dose, except a slight dilatation of the pupil. In a second case of epilepsy, occurring without known cause in a boy fourteen years old, who was unduly developed as to his mental faculties, *Atropine*, 1-50 grain, was given without effect. *Artemisia* in substance was steadily improving the patient's condition at the time Reil's article was written.

The same writer, (Z. f. Hom. Klinik, Sept., 1855,) in an article on the difference between the effects of the alkaloids and their mother-plants, makes the following statement:—That Atropine develops no symptoms indicating an excitation of the vascular system, or an inflammatory condition of any region or organ; that it seems to act on the cerebro-spinal system exclusively, and that it is therefore indicated in disorders of this system, whereas the effects of *Belladonna* are more pronounced in inflammatory diseases and glandular affections.

An article on *Sulphate of Atropine*, by Dr. Kafka, of Prague, which appeared in the British Journal of Hom., (April, 1857,) is probably familiar to most of the readers of this Journal. It will therefore suffice to make brief mention of the cases there reported.

CASE 1.—*Carcinoma of the Stomach*, of four years' standing. The principal symptoms were: Acid vomiting of the ingesta after every meal; frequent gastric pain; a sensitive tumor of the size of the fist in the region of the pylorus, near the umbilicus; constipated bowels; pallor and emaciation. On an exacerbation of the gastric symptoms, after *Bellad.* and *Nux* had been tried, *Sulph.-Atrop.*, 1-180 grain, night and morning, was given. This was followed by a gradual cessation of the morbid symptoms. In the course of four months the tumor also diminished so that only a slight trace

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of it could be felt, while the patient's strength and general health improved remarkably.

CASE 2.—*Cardialgia from Spinal irritation* in a young married woman of twenty-five. After eating there is nausea; pressure at the stomach; eructation; retching and vomiting of the ingesta; great sensibility of a large portion of the spine; other functions normal. Cold fomentations to the spine and Bellad., 2d dil., relieved the patient for some time. Then the improvement stopped. *Sulph. of Atropine*, given as above, was followed by a complete cessation of the patient's sufferings in four weeks.

CASE 3.—*Hysterical Affection of the Stomach*, of six years' duration, in an unmarried lady of forty-one. After every meal there is pressure and pinching in the stomach, soon followed by vomiting of the food just taken. The other organs are all healthy. After trying a few remedies with but little benefit, *Sulph. of Atropine* was given as above, with immediate relief. The patient was entirely restored to health in six months.

Dr. Kafka was induced to give the Atropine in gastric disease, by observing the constant action on the stomach manifested by the remedy, during a proving on himself.

Dr. Bähr, of Hanover, (Z. f. Hom. Klinik, Sept., 1857,) reports a case of *disease of the pancreas*, in a man twenty-five years old, of irregular habits. After a long procession of premonitory symptoms, the disease set in with the following appearances:—Want of appetite; slightly coated tongue; bad taste in the mouth; pain at a point just below the stomach, extending thence to the back and the left side. This point is very sensitive on pressure, but no tumor can be felt. Vomiting occurred regularly about five or six hours after taking solid food. It was seldom preceded by nausea, but by violent pain, which subsided when the vomiting was over. The ejected matter consisted of a reddish liquid mixed with much mucus, and only once containing a little blood. Food was seldom brought up unless something had been eaten since the meal five hours before. The patient was very weak, passed restless nights and felt much depressed in spirits. He had slight fever, and the bowels alternated between constipation and diarrhœa. There was great emaciation during the last few weeks. After trying a variety of other remedies without effect, *Sulph. of Atropine* was given, six grains of the 2d trituration, dissolved in two ounces of distilled water, a tea-spoonful every four hours. The relief was immediate. The vomiting ceased in twenty-four hours, after which the appetite gradually returned. The pain was the last symptom to yield, and lasted for sixteen days. The remedy was continued for some time in gradually diminished doses.

These are, I believe, the only examples of the use of Atropine on record in Homœopathic literature. It will be noticed that the last two observers were much more successful in the treatment of diseases of the abdominal organs with the *Sulphate* of Atropine, than was Dr. Caspar when using the pure alkaloid. Can this be explained by a difference between the action

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of Atropine and of its Sulphate? Hithertoo these two substances have been considered identical in their effects. This question, as well as the whole of the sphere of action of this valuable remedy, can only be determined by continued physiological experiment, and confirmed by therapeutic observation. H. L. H. H.

Messrs. Editors,

Circumstances have prevented me until now from responding to your recent call on the profession for communications. As cases of sufficient interest for publication are not of every day occurrence, please to accept in their place a collection of what could be found in the European Homœopathic journals on the use of *Atropine*, a remedy that seems to have gained the praise of all who have used it. Hoping that the material so far collected will prove of sufficient value to stimulate your readers to further investigations, I remain,

Yours, respectfully,
H. L. H. Hoffendahl, M.D.

Boston, Dec. 8th, 1857.

Article XLV.—*Venous Hæmorrhages.* By Henry C. Preston, M.D., (Continued from p. 332 of this Vol.)

The second form, and in my opinion the most complete development of the hæmorrhagic diathesis is *Purpura hæmorrhagica*, which, though often classed among the cutaneous disorders, is, strictly speaking, a hæmorrhage, and more decidedly than any other, a venous hæmorrhage.

It has been described under the names *land scurvy*, (which more properly belongs to cyanosis,) *hæmorrhagia petechialis*, *hemacelinose*, *morbus maculosus hæmorrhagica Werlhofii*, *peliose*, &c. Willan considers it among the diseases of the skin and distinguishes five species, viz.: *Purpura simplex*, *P. hæmorrhagica*, *P. urticans*, *P. senilis*, *P. contagiosa*; but in his descriptions of the disease he makes the first two include the third and fourth, and the fifth only a variety of the second, so that in reality he gives but the hæmorrhagic and the simple purpura, evidently confounding this very grave disease with the common and simple affection called purple-rash.

Purpura hæmorrhagica, however, is never a simple disease,

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although the livid patches that characterize it may appear in the course of many other diseases, and in fact do commonly occur towards the fatal termination of all those wasting, or malignant diseases which poison, or degenerate the blood, as consumption, erysipelas, typhus, &c., and it is not uncommon to see them mixed with the eruptions of malignant small-pox. Purpura hæmorrhagica is, also, never a contagious disease, but occurs sporadically, and in most cases, is exclusively a general or constitutional affection pervading the whole body. It is sometimes hereditary, and families predisposed to it are called in Germany *bluters*. Where it is so transmitted, it generally makes its appearance before or at the age of puberty, and more frequently in females than in males.

This disease is characterized by the appearance of small round spots, or patches of a dull red, or purple color all over the surface of the body, particularly on those parts not exposed to the light. The spots are frequently numerous and crowded together; they resemble, at first, a flea-bite, except that there is no trace of a bite in the centre; they are sometimes intermixed with livid blotches resembling bruises, and both the circular spots and the ill-defined vibices undergo, before they disappear, the same change from a red to a greenish yellow which a bruise undergoes, both being the result of ecchymosis. These spots are not of an inflammatory nature, do not itch like exanthematic eruptions, in fact have no peculiar sensations of any kind, and pressure upon them does not efface their color nor render it fainter. There is no fever; the pulse is slow, small and feeble at first, but soon becomes the jerking, active, but powerless hæmorrhagic pulse so characteristic of the disease. The surface of the body is cold and pale, appetite diminished, strength easily exhausted, and the patient complains of vertigo, headache, constant confusion of the senses, and great exhaustion.

Thus, as Dr. Watson has observed, this complaint cannot be regarded a cutaneous affection even in the loose sense in which that epithet is sometimes applied to affections really *beneath* the skin, but visible *through* it. The hæmorrhage takes the form of red or purple spots when the quantity of blood extravasated in the same place is only a single drop; and the spots are not peculiar to the skin, nor to the sub-cutanenous tissues, but are

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occasionally found upon all the internal surfaces also, and within the substance of the several viscera. He says, moreover, that he has seen these purple spots on the mucous surface of the mouth, the throat, the stomach and the intestines, on the pleura and pericardium, on the peritoneum, in the substance of the muscles, and even upon the membranes of the brain, and in the sheaths of the larger nerves; and he has known them accompanied with large extravasations of blood in most of the vital organs of the body.

Dr. Watson remarks upon the great similarity of this disease in many of its prominent symptoms, to the sea-scurvy, and confesses that with others he had regarded the two diseases as identical, but is abundantly convinced that it is not so. He, and all other modern authors of much experience, have come to the conclusion that purpura hæmorrhagica is a constitutional disease of very grave importance in its idiopathic form, and the success of its treatment must depend in some degree upon the extent to which it has taken hold of the system generally, its hereditary transmission, and the circumstances under which it has come to its external development.

Manifestations of the hæmorrhagic constitution, very nearly resembling purpura, may occur in the course of any severe, or exhausting disease, particularly those of a malignant character, and attended with rapid degeneration of the blood. I have known the purpural spots, with hæmorrhages, to occur near the fatal termination of lung disease, when the blood had become deteriorated from the want of oxygen, but if I called the disease by any one name, I should certainly give it that name which expressed the original organic disease, and not that of this last and accidental symptom or consequence. And yet, I have read reports of cases, where the physician claims some very superior knowledge or tact for diagnosing purpura hæmorrhagica, "after other doctors, both allopathic and homœopathic, had called the case one of consumption," but their own reports make them appear supremely ridiculous, for they confess that although the purpural symptoms were cured by Hammamelis, yet afterward the "patient succumbed to pulmonary disease." I have witnessed two cases of malignant small-pox in this city, which were complicated with purpura, both fatal of course, but whether the

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hæmorrhagic diathesis previously existed or not I could not ascertain. It is not uncommon in variola, or malignant typhus, to see all these livid spots, which are undoubtedly the result of blood-poisoning by those diseases, and when they thus occur as the consequence of a specific morbid action upon the blood, we do not consider them pure cases of purpura hæmorrhagica.

As in cyanosis, the danger of this disease depends much upon the extent to which it has implicated the important organs of the body, and the degree of degeneration which the blood has undergone. In general the disease is not considered incurable, if taken early, but the prognosis in all cases is exceedingly doubtful.

In the treatment of purpura, great attention must be paid to the diet and regimen. The vegetable acids, in some form, should make a part of every meal, while Iron should be used unsparingly until its chemical effects are obvious. Ferrum, Arsenic, China, and Hammamelis have been my main reliance in the few cases I have treated homœopathically, and they have thus far proved successful. Hartmann recommends Arnica, Rhus, Kreosote, and Secale, the two latter of which are eminently deserving of trial, as far as their pathogenesis would indicate.

Thus much for those forms of venous hæmorrhage, which are properly speaking, idiopathic, that is, independent of any palpable disease of any one organ in particular, but rather dependent upon general and constitutional diseases of the vascular sys tem.

By far the greater number of hæmorrhages by exhalation, however, are *symptomatic*, that is, the result of previous disease either in the organ from which the blood proceeds, or in some other connected therewith by community or dependence of function. These secondary or symptomatic hæmorrhages are preceded by congestion, but generally of the mechanical and not of the active kind; of that which has more to do with the veins of the part, than with the arteries. Thus we have hæmorrhages from the bronchial membrane, in consequence of crude tubercular matter in the lungs, filling up a portion of the pulmonary tissue, and obstructing the circulation of the blood through it.

Again, we have hæmorrhage into and from the *lungs*, as a result of such disease of the heart as mechanically impedes the

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return of the blood from the lungs to that organ; a narrowing of the mitral orifice, for instance, or as mentioned before, contractions of the pulmonary artery. Here the blood is dammed up, as it were, in the lungs, till at length the capillaries, incapable of further distention, either give way, or become so dilated as to allow of the exit of the blood through their exhalent openings, or through inorganic pores in their sides. In precisely the same way, blood is poured out through the mucous membranes of the stomach and bowels, in consequence of disease in the liver obstructing the portal circulation.

But in diseases of the heart, which cause impediment to the circulation, the lungs are not the only channel through which the mechanical congestion can be relieved. Disease of the great central organ of the circulation often leads to universal venous congestion, and the hæmorrhage which results from such congestion may burst forth from any part where the veins are so overloaded. Of all the tissues of the body, the *mucous membranes* are the most liable to such hæmorrhages, and this very fact, as Dr. Watson observes, presents some very interesting questions for pathology to answer, viz: "Has it any relation to the manner in which these membranes and the tissues subjacent to them, are supplied with a capillary circulation? or may the fact be explained by the laxity of their attachment, which facilitates and favors the accumulation of blood in the vessels of the sub-mucous tissue? Or has the density, or consistence of their natural exhalations anything to do with this disposition to hæmorrhage in the mucous membranes? May we suppose the vessels or orifices appointed to exhale mucus, afford a more easy passage to the blood than those which give egress to thinner fluids, as serum, or the cutaneous perspiration?"

Another important fact in respect to hæmorrhages by exhalation through the mucous membranes is, that certain parts of those membranes are more liable to be thus affected than others, according to differences of age. Thus in children hæmorrhage is more apt to take place from the mucous membrane of the nostrils; in youth, from the lungs and bronchi; in middle life and towards its decline, from the rectum, uterus and urinary organs.

We cannot now dwell upon the theories which account for these facts, nor upon the interesting pathological questions in-

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volved, but must proceed to close this article with some observations concerning their different varieties, and a few practical suggestions as to their proper homœopathic treatment.

Epistaxis, hæmoptysis, hæmatemesis, melæna, hæmorrhosis, hæmaturia, and *menorrhagia,* are the names descriptive of these hæmorrhages by exhalation, as they take place from different parts of one or the other of the three great tracts of mucous membrane met with in the body; and they comprise nearly all the complaints classed under the head of *symptomatic,* or passive venous hæmorrhages. We have besides, it is true, hæmorrhages from the eyes, the ears, the gums and the skin, but these are very rare, generally vicarious, or dependent on the general prevalence of the hæmorrhagic diathesis, and the same general principles already detailed, will, we think, be a sufficient guide in their treatment.

Epistaxis, or bleeding from the nose, as has been said, forms the most common hæmorrhage of childhood, and in the great proportion of cases is simple and perfectly harmless. The same observations which were made with regard to hæmorrhages in general, applies also to nose-bleed; when it is dependent upon active congestion it is usually arterial, and proves its own remedy; when it is the result of mechanical congestion, or forms one of the developments of the hæmorrhagic diathesis, it is passive and probably venous.

It is of this latter form alone that we would speak, and we need not remark that it is always dangerous. It may occur in children of vitiated constitution, but it is more frequent in middle life and old age, and frequently causes death by anæmia. Its diagnostic symptoms are so well marked that we will only give them, with our ideas of its treatment, in the relation of one out of many cases successfully treated.

August 26th, 1854. A middle-aged gentleman called at my office for advice and prescription, and gave the following history of himself:—Had never been robust, but had enjoyed tolerable health until some ten years previously, when he had an attack of hæmiplegia, which together with the vigorous allopathic measures resorted to, had laid him up in the house for more than a year. Since then he had been quite weakly and unable to attend to any fatiguing business, or make any great mental exertion; he

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had also been subject to occasional attacks of hæmorrhage from the nose, often profuse and very debilitating, and on several occasions requiring Mr. Abernethy's operation of plugging the nostrils before it could be stopped. He had now been afflicted at intervals for several days with slight oozing of very dark blood from the Schneiderian membrane, particularly three times a day, and shortly after meals, corresponding to the rythmical exacerbation of the pulse; after the noon meal, the bleeding was most profuse. He was able to walk about, but complained of feeling very weak and faint, with occasional vertigo, or confusion of ideas; his countenance was pale, and his pulse decidedly hæmorrhagic. I ordered him home, and to keep perfectly quiet, to use a strongly nourishing diet with wine at each meal, and gave him *China* and *Hammamelis*[3], in alternation every two hours. I was sent for to his house in the afternoon and evening, and the bleeding had been almost constant, but slowly oozing from his nose since he got home—by evening he was too weak and faint to sit up, but lay in bed with his head raised—gave China and Hammamelis 1st, one drop every half hour in alternation.. Aug. 27th. A.M., called very early and learned that the hæmorrhage had ceased just after midnight, during the nocturnal ebb of the pulse, but had commenced again just before breakfast, and he was now bleeding as before. Continued same treatment and called again at noon; found the hæmorrhage growing more profuse and the exhaustion becoming rather dangerous, I proposed wetting small pieces of linen with Hammamelis tincture, rolling them up in the shape of a funnel, and pushing them as far into the nostrils as possible, at the same time continuing the medicine internally as before. If this did not arrest the hæmorrhage by evening, I informed him I must resort to the operation of Mr. Abernethy, and went to his residence about ten P.M., prepared to perform it. I found the bleeding checked and the patient a little revived, and concluded to defer the operation until the next day, or until I was next summoned, continuing the same treatment as in the morning. 28th, found the hæmorrhage had been very slight since my last visit, a mere stain on the napkin, exhaustion much less, and all other symptoms improving. Continued the same medicines at longer intervals for two or three days, when he recovered sufficiently to

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go about his business, and has had no return of epistaxis or other hæmorrhage since.

The effect of Hammamelis in controlling this form of hæmorrhage has been abundantly tested by me during the last five years, and also by many of my colleagues in this section of the country, who unanimously report it as successful. Besides the two remedies mentioned, Arnica, Aconite, Millefoil, Lachesis, Crocus, Pulsatilla, Cina, Rhus, Nux, Sabadilla, and the application of cold water and Arnica have been recommended in different cases by competent authorities.

Hæmoptysis, or pulmonary hæmorrhage, is another and perhaps the most dangerous form of passive venous hæmorrhage. When it occurs as the result of mechanical congestion caused by the obstruction of the pulmonary circulation by tubercular matter, there is very little ground for hope of even relief. We have already alluded to this form of hæmorrhage as a frequent cause of the so-called quick consumption, and its proper consideration involves the whole subject of diseases of the chest, which our limits will not allow us to investigate. We pass it by, the more willingly, because its great importance has rendered it a subject of deep and thorough examination by all medical authorities, and because in all its leading characteristics it closely resembles those fatal forms of development of the hæmorrhagic constitution which can only be palliated, not to say never cured.

In its treatment, the same general principles should guide us, as in other forms of hæmorrhage. If the congestion be merely mechanical and not dependent upon the obstruction of tubercular matter, or organic cardiac disease, it is curable, but it usually depends upon these causes, and hence for all that science has yet discovered is incurable. Our remedies must of course be selected in accordance with the totality of the symptoms, and hence we dislike to enumerate fifty or a hundred remedial agents that have been prescribed and recommended in this disease, because unless a drug be a specific, it depends altogether upon its homœopathicity, whether it is a remedy or not. In general we look upon Hammamelis as a specific for passive venous hæmorrhages, and we have seen it successful in arresting this particular form of bleeding from the pulmonary mucous membranes, but we speak from only a few years' and a few observers' experi-

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ence, and therefore we must be impartial enough to mention a few of those remedies which other practitioners have recommended as useful in the cure of some forms of hæmoptysis. They are principally, Aconite, Ipecac., Ferrum acet., Arnica, Millefolium, Ledum, Hyosciamus, Kreosote, Nitric-acid, Stannum, China, Rhus, Puls., Sabina and Digitalis, with many others adapted to special concomitant symptoms.

Hæmatemesis and *melæna* are the names descriptive of hæmorrhages of the chylopoietic viscera, and the last forms of venous hæmorrhage that our limits will allow us to consider. Hæmatemesis is the term used to designate that form of bleeding which comes by the mouth from the stomach. It signifies literally the vomiting of blood, but is intended also to include hæmorrhage from the stomach which may be discharged by the mouth, or through the bowels. Schoenlein, with greater propriety we think, distinguishes hæmorrhages of the chylopoietic viscera into three varieties, viz:—*Vomitus cruentus*, (vomiting of blood from the stomach,) *melæna*, or *morbus niger* of Hippocrates, (hæmorrhage from the liver, spleen, or bowels,) *proctorrhea*, (hæmorrhage from the rectum.) The latter we have already considered when treating of hæmorrhoids in the article on diseases of the veins, and we can only refer here to those forms of hæmatemesis and melæna which are essentially passive venous hæmorrhages.

These generally occur as the result of mechanical congestion, arising from the detention of blood in the veins and capillaries of the stomach and bowels, by some mechanical obstacle to its progress, as for instance, disease of the heart, liver, or spleen, or from the universal prevalence of the hæmorrhagic diathesis, which we have already said could so affect the whole venous system as to allow of hæmorrhage by exhalation from any part of the body, except the brain. From the peculiar construction of the venous apparatus in the abdomen, it is easy to see how disease of the liver or spleen may produce mechanical congestion of the sub-mucous capillary tissue, and how that congestion may be relieved by effusions of serum, constituting ascites or diarrhœa, or by effusion of venous blood which works its way up through the stomach, or down through the intestines. The hæmorrhage in such case is simply a mechanical result of some

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disease, which hinders the return of the venous blood through the portal vein and its ramifications, and it will generally be accompanied by a shrunken, contracted state of the liver, and almost uniformly with decided, sometimes extensive enlargement of the spleen.

Hæmorrhage, it is true, may take place slowly, and in small quantities from the mucous membrane of the stomach, and yet no hæmatemesis ensue, the effused blood passing the pylorus, and giving a dark hue to the stools. In such cases it would be difficult to tell whether the blood came from the mucous membrane of the stomach, the duodenum, or the jejunum, but the preponderance of gastric over intestinal disturbance would for the most part lead us to conclude its origin.

The quantity of blood which passes from the intestines in melæna is very different in different cases, but it scarcely ever equals that which is poured forth from the stomach in hæmatemesis; in fact, it is so intimately mixed with the intestinal secretions that it is difficult to estimate its amount accurately. The intense blackness and pitchy character of stools in malæna have caused some to doubt whether these evacuations really consist of altered venous blood. Dr. Ayre contends that, as traces of lesion in the intestinal mucous membranes are so rare in melæna, the hæmorrhage does not come from them, but that the black discharges are derived from the minute ramifications of the portal vein in the glandular texture of the liver. He argues, that a condition of intense hepatic congestion exists to such an extent, that the secreting ramifications of the vena portæ no longer eliminate bile, but pour forth a dark and highly carbonized blood, unchanged into secretion; that this dark fluid passes through the minute biliary pores, and is conveyed through the common excretory ducts to the duodenum, whence it regurgitates into the stomach, or is carried downwards along the intestines. He considers, therefore, that melæna differs in its pathology from other bilious disorders only in degree. Unfortunately for this ingenious hypothesis, it is not supported by any evidence of the detection of such morbid hepatic secretions in the biliary ducts.

On the contrary, pathological anatomy has frequently revealed the presence of dark blood in the intestinal canal. In fact, the

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whole track of the canal has been found covered with grumous blood, and the mucous membrane, though entire, stained by the imbibation of the colored particles of the blood. Occasionally, too, the orifices of the mucous follicles appear like small black spots scattered thickly over the surface, as if the membrane had been sprinkled with soot, while a small quantity of blood may sometimes be expressed from the orifices of these mucous follicles.

The prognosis of these two affections, hæmatemesis and melæna, depends very much upon their cause and concomitant symptoms. If they depend upon mechanical congestion of the veins, they are beneficial to a certain extent, because the discharge partakes of the nature of an excretion, but they are always dangerous in excess, and hence always require judicious management in arresting or promoting them. If they depend upon a constitutional dyscrasia, or occur in the course of purpura hæmorrhagica, scorbutus, typhus, or other malignant disease, they are always dangerous, and generally prove fatal if excessive, or oft-repeated. Neither of these hæmorrhages are so fatal alone, as when complicated, partly on account of the quantity of blood discharged being less, and partly because they do not so often arise from structural lesions of the membranes. If they depend upon ulceration, cancerous or otherwise, of any portion of the mucous membrane, the danger is enhanced in proportion to the situation and extent of the ulcer.

With regard to treatment it is only necessary to mention that the same remedies which have been recommended for other forms of passive hæmorrhage are also applicable here, and the same general principles should be our guide. These hæmorrhages from the stomach and bowels have so many morbid conditions upon which they depend, or with which they are essentially connected, that their treatment is often to be directed to the disease of which they are the symptoms, rather than to the symptoms themselves. But then again we are sometimes obliged to direct our remedies to the prominent symptom, viz., hæmorrhage, because it requires immediate check, and also because it is not always clear at first where the morbid condition may be which has caused it. This, however, Homœopathy is always ready to do, and the proper specifics for passive hæmorrhage will be equally

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applicable, whatever be the cause. I have given Hammamelis with success in arresting hæmorrhage, when I knew the bleeding proceeded from carcinomatous ulceration, as well as where it arose from simple mechanical congestion of the portal circulation.

To show that others have had like success with the same remedy, I relate a case of melæna, probably of the latter kind, reported to me by my brother-in-law, Dr. George S. Green, of Hartford, Conn.

"July, 1855.—Mr. M——, aged twenty, light hair, dark eyes, spare figure, &c., came home from his business with a violent headache and took a dose of Calomel at night, followed by one of Castor-Oil in the morning. This he did on his own responsibility, and the consequence was a severe diarrhœa, for which Dr. Schué was called upon to prescribe. Dr. S. attended him ten days, and reports his discharges to have been very profuse and watery, as often as every half hour, accompanied with more or less fever, but no pain. After ten days the Dr. left him convalescent, but quite weak, and intending to leave for his home in Massachusetts. Two days after, quite early in the morning, he had a very large passage of dark, clotted blood, and within an hour two more discharges, the three filling a large-sized chamber-pot, very offensive, but attended by no pain. At this time, I first saw him in consultation with Dr. S., examined the discharges, found the patient very pale and much exhausted, aware of danger, but not frightened; pulse 120–30, weak, intermitting, hæmorrhagic; no tenderness on pressure in any part of the abdomen, no enlargement of liver or spleen that could be felt, no pain, nothing but great weakness and occasional faintness. A week previous to this hæmorrhage, he had two discharges from the bowels that were liquid and brick-colored, with a greasy scum; his appetite had been unusually good, but his countenance pallid, and sunken. On the seventh day after this attack when I was called, he had another discharge from the bowels of dark, grumous, offensive smelling blood, which continued to pass away from him with a gurgling noise, until three large sheets were saturated. On the next day he passed about a tea-cupful of bright, red blood, and the hæmorrhage ceased. He was sick in the house eight weeks; his hair fell off, and he was somewhat

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anasarcous in the lower extremities, but from the first had no pain, and after the hæmorrhage no fever. His recovery perfect. The only remedies used were stimulation, China, and Hammamelis Virginiana."

This case was unquestionably one of mechanical congestion of the portal circulation, and the hæmorrhage was probably caused by the action of the powerful cathartics taken in the commencement. It is unnecessary for me to say, that in my opinion, both the diarrhœa and hæmorrhage might have been avoided by judicious treatment in the beginning, because the congestion might have been removed without such violent result; but the symptom having been caused, the treatment certainly proved successful.

We might relate several other cases of melæna, as well as of hæmatemesis, dependent upon other causes besides mechanical congestion, in all of which Hammamelis was of great service in arresting and preventing hæmorrhage which otherwise would probably have proved fatal. But we have already overstepped our limits, and must conclude with only a few hints as to other remedies that have been successful in the palliation, or cure of passive hæmorrhages from these and other organs.

Arsenic, Nux-v., Hyosciamus, Veratrum, Millefolium, Cantharis, and Mezereum, have each recorded instances where they have proved the homœopathic remedy either for the hæmorrhage, or its morbific cause, and the same may be said of Aconite, Phosphoric-acid, Cicuta, Lycopodium, Calcarea, Carbo-v., Zincum, and several other anti-psoric remedies.

In *menorrhagia*, or passive uterine hæmorrhage, which we have not had opportunity to investigate here, we have had more striking success with Hammamelis than with any other remedy, in fact, have never known it fail in arresting the hæmorrhage in the great number of cases where we have used it. Still excellent authorities recommend Nux-v., Puls., Sabina, Secale, Crocus, Platina, Ratanhia, and Kreosote, the last two of which deserve special consideration.

In *hæmaturia*, China and Hammamelis are the principal remedies, unless there be ulceration of the prostate, or neck of the bladder, when these should be alternated with Asterias-rubens. In all hæmorrhages dependent upon *schirrus*, or carcinomatous

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ulceration, we have used Hammamelis to control the hæmorrhage, and Asterias-rubens to arrest the ulcerative process, and we have had more than ordinary success with these remedies, in a number of cases.

In hæmorrhages of the gums, mouth and fauces, Staphysagria is particularly recommended, but we have used with better success Natrum-mur., Nitric-acid, and Hammamelis, used as a wash at the same time that it was taken internally.

In *urethral* and *renal* hæmorrhages, China, Cantharis, Mezereum and Terebinth are recommended, but we have had cases of congestion of tubuli uriniferi, following scarlatina, and attended with discharges of black blood from the kidneys, where neither of these, nor Digitalis, Hammamelis, Zinc, and a host of others had any good effect, that were cured in two or three days by the use of Gallic-acid in three-grain doses, three times a day. Of the homœopathicity of the latter we say nothing, perhaps it operated chemically, at all events it arrested the hæmorrhage and the patients recovered.

And so we might go on, until the whole Materia Medica was brought into notice. But we forbear, only remarking that one thing should be constantly borne in mind by the homœopathic practitioner, viz.: that a remedial agent must correspond exactly to the totality of the symptoms, physically, chemically, and pathologically, or it is not *the* homœopathic remedy. All the above drugs recommended by different authors for the different varieties of hæmorrhage we have mentioned, may have been, in each particular instance, the true homœopathic specific, and some of them may never be so again, because there may never be a case exactly like that in which they proved curative.

We have endeavored to keep this principle, which is the corner-stone of Homœopathy, constantly before us, and if we have been too sanguine or premature in the recommendation of what we believe will prove a specific remedy for the diseases of the venous system, we beg pardon of our professional brethren, to whose better judgment and more mature experience we hold ourself always ready to yield. But if we shall have aided our younger brethren in their investigations of a very important class of morbid affections, or if we shall have aroused the attention of our elders enough to bring out their experience even, if only

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to point out where we have been wrong or hasty in our conclusions, we shall feel satisfied, that although we may have indulged too hastily and too long in a tedious and difficult vein, yet it has not been altogether in vain.

ARTICLE XLVI.—*Symptoms and Diagnosis of General Tubertulization in Children.* Translated from the French of BARTHEZ and RILLIET, (Maladies des Enfants, Tome III.) By WM. H. HOLCOMBE, M.D.

Tubercles, in whatever organ deposited, produce, when they attain a certain development, a train of symptoms which we will successively examine. These symptoms, which are those of *general tuberculization*, become variously modified by the localization of the disease in certain organs by preference or by the complications which may supervene. These details will be considered in subsequent chapters.

Coloration of Form. Pallor of countenance is one of the most constant phenomena of tuberculization. It persists during the whole course of the disease in spite of the febrile movements; for even if the cheeks are sometimes flushed, the lips and alæ of the nose continue always paler. Sometimes also the body of children takes on a violet tint, either when the thoracic ganglions are very voluminous, or when the lesion occupies a large extent of both lungs; but it is only in the later or last periods of the disease that this symptom has been observed.

Expression of countenance. It is rather in the aggregate expression than in the particular features that the face of tuberculous children presents any thing special. Most commonly the countenance, though pale and emaciated, remains tranquil and regular.

Fever. Fever is almost always present, sometimes violent and characterized by scorching, biting heat and acceleration of pulse, which rises to 150, 160, or even to 180 pulsations in the minute. But much more frequently the fever is mild and slow, heat is scarcely perceptible, the pulse habitually but moderately accelerated ranges from 100 to 140 pulsations, and there is most usually an evening exacerbation.

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This moderate febrile excitement continuing for several months or even a year, and accompanied by emaciation and general debility, constitutes the hectic fever common to the tuberculization of children and adults. But as hectic fever is subject to many exacerbations and changes in consequence of intercurrent complications, it deserves a more special consideration.

Fever very often marks the commencement of tuberculization, and indicates the subacute form of the deposit. Very frequently it is part of an acute disease (measles or some visceral inflammation) which has been the point of departure for the tuberculous malady. If the primary disease has the acute type and terminates in a short time, the fever remains violent with or without alternations. On the contrary, when the disease takes a chronic course, the fever severe at the beginning, gradually declines, but instead of disappearing entirely, it prolongs itself tediously and passes into the hectic form. Apart from these circumstances, the fever of tuberculization existing from the beginning is always slow.

Once established, it most commonly continues, either preserving the same character or increasing with a certain regularity or subsiding for a while to return again. These variations are manifested by progressive or irregular acceleration of pulse and augmentation of heat. During the course of hectic the pulse is always regular, very little developed, rarely large and full; the heat is moderate and often exists only in the palms of the hands and in the soles of the feet, almost always dry, and without moisture.

Increase of heat generally accompanies the acceleration of pulse, but sometimes the pulse alone by its elevation indicates fever, the skin remaining of the common temperature or even considerably below it. This state is common in cases where the tuberculization is unassociated with inflammation and depends upon the fact that the lungs, the principal focus for the production of animal heat, are restrained and limited in their function. Intercurrent inflammations by their heat-generating power supply commonly this defective action of the lungs.

Towards the close of life hectic fever is generally increased; the pulse rises and the temperature becomes still higher. This

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augmentation, unless other symptoms indicate the supervention of a febrile disease, generally announces the fatal issue. The tuberculous fever exists at all stages of childhood, but in young infants the state of the pulse appears to be determined rather by the concomitant lesions than by the tuberculization itself.—There are two points upon which we must here insist, because they are very essential to the diagnosis—the periodicity of the fever and certain peculiarities of the pulse in acute phthisis.

The periodical returns of fever and the simulation of regular intermittent by phthisis have been noted in tuberculous adults. It is the case also with children; very frequently in the beginning of the disease or in its course, the fever assumes an intermittent character. When occurring early in the disease, it is calculated to mislead, but it differs from pure intermittent; 1st, in the absence of the regular succession of three stages, the chill especially is wanting and the fever may or may not be followed by sweat; 2d, the accession takes place in the evening or night; 3d, it is more frequently quotidian than tertian; 4th, in the interval or apyrexia, the general condition is far from being satisfactory, the intermission is not perfect; 5th, the absence of paludal influences the antecedent of the patient, the season, &c., establish still further differences.

Now a word about the pulse. Very frequently we have observed in acute tuberculization accompanied by strong reaction a character of pulse which we have never detected in any other disease, more easily recognized than described, this pulse, which might be called undulating or enveloping, is characterized by the rapidity and the jostling, as it were, of the pulsations. A corresponding or analogous impression may be produced upon the sight by two fingers made to revolve rapidly about each other.

State of the Skin. The skin of phthisical children loses generally its natural softness and flexibility, becomes dry, wrinkled and rough to the touch; one would say that the epidermic secretion was more abundant than in other children. It is common indeed to see a kind of furfuraceous desquamation of a part or of the whole of the body. This desquamation which continues for no definite period, may be reproduced during the course of the disease several times at the same points. It is

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generally found to occur on the sides of the neck, on the thorax and the abdomen. It may partly depend upon the sudamina which so frequently accompany the night-sweats of phthisical patients. This is not the sole cause, however, for we have seen this desquamation in children who had never presented any sudamina in the whole course of their disease. The abundant desquamation may be the result of a genuine morbid state of the skin itself, for the dryness and rugosity prove a thickening of the epidermis and a hypersecretion of that superficial envelop. However, these phenomena are by no means uniformly present, and the skin of the tuberculous often differs in no respect from that of healthy children.

Sweats. It is surprizing to see how subject phthisical patients are to abundant or profuse sweats, even those whose skin is commonly dry and rough. Those sweats are either universal or limited to the head and the extremities; sometimes sufficient to wet the hair of the little patients and to penetrate several folds of the garments they may wear, at other times not exceeding a simple moisture. They come on at any time, but especially at night or rather during sleep. They are frequently but not always accompanied by an eruption of sudamina. These last may be sparse or numerous enough to produce quite an elevation of parts of the epidermis; they may be small or very voluminous and just such as we meet with in other affections.

Some patients have these perspirations for a day or two, others for weeks without interruption. Very frequently they are intermittent, ceasing for some days to recur at a later period. They rarely occur at the commencement of the disease, but appear generally for the first time during the second or third months, rarely towards its termination only. They are especially common to children of larger growth, but according to Hervieux, they may be entirely absent in tuberculous infants.

The form of phthisis or rather its seat has no great influence on the sweats. Apart from simple acute phthisis in which they are more rare and less copious, all kinds of chronic consumptions and tuberculous pneumonia are almost equally marked by this symptom. We can, however, affirm that children with pulmonary excavations are those of all others who appear to be subject to abundant sweats and of long duration.

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There seems no uniform relationship between the sweats and diarrhœa, or between the abundance of the one and that of the other, whether there is an intestinal lesion or not. Nor have we detected any connection between the sweats and the state of the skin; the perspirations being quite as frequent in children with a perfectly natural skin as in those whose cuticle is rough and dry and subject to repeated desquamation, still it is impossible not to see some kind of rapport between the frequent lesion of the cutaneous tissue and the increase of the normal transpiration; but which is the cause and which the effect we cannot determine. Some observations we have made upon the adult appear to demonstrate the existence of a relationship between a humid state of the atmosphere and the abundance of either the sweat or the alvine dejection. The same relationship has been pointed out by Professor Chomel.

Whatever may be the unknown cause of this phenomenon, it remains an established fact that copious perspiration constitutes a most important symptom, not only by its existence, but by the circumstances in which it supervenes, the hectic fever which accompanies, and by the debility which is produced. Moreover, their disappearance, even suddenly, far from being followed by any ill result, ought always to be regarded as very favorable.

Anasarca. Anasarca, a common symptom in the tuberculous, is rarely general, constituting usually a partial œdema and sometimes nothing beyond a mere puffing. It develops under the influence of three causes, an obstacle to the play of the heart, a disease of the kidneys and the tuberculous cachexia. This last cause is the only one which here engages our attention.

We can readily conceive that blood profoundly deteriorated by a disease which destroys its plasticity and richness, should let its serous portion exude into the cellular tissue under the influence of even slight causes. This œdema rarely shows itself but in the later or last stages of the disease. It is soft, not tense, indolent and pale. Almost always partial, it occupies the inferior extremities and more rarely the face. It is proper to chronic tuberculization, but is not due to the tuberculization alone, for it is very frequent when to this cause is joined any obstacle to the course of the venous blood.

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When the tuberculization is acute, there supervenes sometimes an anasarca which cannot be referred to any other malady and which is very different from that we have just described. It is more general and intense; it presents a deep or violet coloration of the skin, more tension and shining appearance. It is active, not passive, and follows the acute progress of the tuberculization. We have seen this phenomenon too seldom to suppose that it is any thing more than a coincidence.

The anasarca of phthisis is not generally very troublesome to the patient, nor does it produce of itself any serious consequences. It demands also very little attention in a therapeutical point of view. It is of more importance, however, to diagnosis and prognosis, for œdema is one of the most important symptoms to establish tuberculization of the glandular organs, whilst without announcing the approaching death of the consumptive, it certainly indicates that this disease has been of considerable duration.

Emaciation. One of the most uniform and striking results of tuberculization is emaciation, and it would be a symptom of special importance if many other infantile diseases did not produce it as well as tubercles.

Emaciation is sometimes the first phenomenon of the disease, whilst the other characteristic symptoms appear later; at other times the emaciation is not remarkable or rather not remarked until the disease has been considerably developed. Plumpness is very rarely preserved to the close of life. There are, however, children, especially very young ones, who die without exhibiting any emaciation, notwithstanding the presence of a very extensive general tuberculization. In these rare cases the disease runs its course very rapidly, and there are no pulmonary cavities. Hervieux has remarked that in very young infants marasmus is much more rare than in the after periods, but still it is found to occur as early as phthisis.

When a child begins to decline, it goes on emaciating more and more, even whilst eating heartily of food, which ought to be nutritive. It may attain a degree of meagreness scarcely imaginable, but by those who have seen examples of it. This emaciation is generally gradually progressive from the beginning to the end of the case, but sometimes it takes in suddenly

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a rapid increase and makes considerable advances in a few days. This almost always indicates that some acute affection has arisen to complicate the tuberculization.

This symptom is important, because by its duration and progressive advancement it indicates the existence of a chronic malady, which in childhood is most frequently tuberculous. Moreover, whenever a child above five years old is much emaciated, and when this emaciation has not resulted suddenly from an acute disease, but has been of some duration, we may always suspect tubercles. Unless excessive, the emaciation shows neither the degree nor the form of the tuberculization.

No therapeutic indication can be drawn from the preceding study. The emaciation can be made to disappear only by a medication which attacks the disease itself. Now, this wasting away is the necessary consequence of the gradual and extensive alteration of the viscera essential to nutrition. We may remark in fact that when the malady is seated in organs which have no direct influence over nutrition, there is little or no marasmus, witness scrofula properly so called. Tuberculization is a general disease which only produces marasmus, consumption or phthisis when it attacks by preference the organs which are essential to life.

Strength. Loss of strength usually accompanies the loss of flesh. When the tuberculization has reached a certain development, when the emaciation has appeared, sometimes even sooner, the child becomes more tranquil and is slower in its movements, losing also its relish for play, either because its character is changed or because the feebleness is real and it is more easily tired. Its strength gradually declines, and if permitted to go about, it does so with difficulty and frequently lies down. Some phthisical children live in this manner, extensively diseased, for a long time, and get up on the day of their death. Others, and the majority are confined to bed for days, weeks and even months before death, the loss of strength becoming so great that it is with difficulty they can execute the least movement.

Symptoms furnished by the organs of the great cavities are so uniformly determined by the localization of tubercular or inflammatory lesions that their consideration will be reserved for

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special chapters. We will only say a few words of these symptoms when, independent of organic lesion, they are referrable to the general state of the patient.

1st, *Alimentary tract.*—The buccal cavity is generally in a normal state; the tongue only is sometimes of a notable paleness, but it preserves its humidity and natural form. To this general rule there are, however, occasional exceptions. Thus the tongue becomes sometimes red at the tip and even dry or shrivelled, or altogether typhoid, where the teeth and gums also are covered with sordes. This symptom is very rare and appertains only to acute tuberculizations. In other children the tongue and gums are covered with whitish, cheesy, and pseudo-membranous patches.

Some children who have no intestinal or peritoneal lesion are nevertheless subject to a profuse diarrhœa, which occasionally persists not only for weeks but for months. It sometimes happens that prolonged diarrhœas mark the onset of the disease. In other cases the diarrhœa lasts a few days and disappears, either entirely or to re-appear and alternate with a state of constipation or one of normal character. In other children again the diarrhœa only appears at a later period. These symptoms are the same, whether there is any organic lesion of the digestive passages or not, and it is important to note that in whatever condition these organs may be, children preserve their appetite throughout almost the whole course of the disease. Sometimes it is even augmented and persists until death, or at least until one or two weeks before the fatal termination, at the same time the thirst is no more than in the healthy state. Frequently, however, the appetite and thirst do not appear in concert—the appetite may be preserved, whilst the thirst is elevated and more easily influenced by complications or by febrile movements.

2d, *Nervous System.*—In the majority of cases intelligence remains intact; children become, it is true, more melancholy, but their replies and actions prove the integrity of the nervous system. These remarks are especially applicable to chronic tuberculization. On the contrary, when it is acute or accompanied by very acute symptoms, the nervous system assumes that predominance which it so generally displays in the dis-

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eases of childhood. During the whole disease, or a good part of it—there is agitation and delirium, more or less violent, especially at night, sometimes clamorous cries and transient contractions of the arms; or on the other hand, a depression and extreme apathy, with sighing and more or less complete loss of intelligence.

These symptoms, however, rarely last throughout the disease. If they mark its beginning, they persist for one or two weeks, whereas, if they supervene later, it is generally but a few days before death. These nervous symptoms should be carefully watched, for they are easily confounded during the last days of life, with the symptoms of cephalic tuberculization, and besides, it is always useful to quiet or remove them when they arise.

Rachitism we do not regard as one of the symptoms of tuberculization. The true nature of that malady will be discussed elsewhere. We will content ourselves with stating here, that we have very frequently noticed the coincidence of tubercles and rachitism in very young children. Hervieux has so often verified this fact—(one time in three) that in his eyes, rachitism becomes an important symptom of general tuberculization previous to the age of three years.

DIAGNOSIS OF GENERAL TUBERCULIZATION.

Our assertion will not be disputed when we affirm that the diagnosis of tuberculization is one of the most difficult problems in the pathology of childhood. To illumine our path it is indispensable to show first whence the difficulties proceed. They arise in great part from the fact that there is no symptom truly pathognomic of tuberculization. Neither the aspect, nor the fever, nor the state of the skin, nor the emaciation, nor the sweats, nor the anasarca, nor the debility, nor the nervous, gastric or pulmonary symptoms, can lead singly to a certain diagnosis, and even when these symptoms are diversely grouped, and seem likely by their association to conduct to a conclusion, uncertainty may still exist—for in childhood more than at any other age, certain diseases without any organic lesion may exhibit a similar combination of phenomena. For

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example, it is by no means rare for us, to see children fall into marasmus without there being the least trace of the existence of tubercles, the disease arising from bad hygienic management or from vicious habits. Besides, every period of childhood offers different elements of diagnosis, either because the value of the symptoms changes with age, or because the morbid states, which might be taken for tuberculization, vary according to the epochs of life.

The following circumstances, no matter what the period of childhood, should engage the close attention of the practitioner who has a case of suspected tuberculosis. 1st, Hereditary predisposition. 2d, Individual constitution and temperament. 3d, The nature of the pre-existing diseases. 4th, The operation of anti-hygienic causes. 5th, The state of marasmus without evident morbid localization. 6th, Continued febrile excitement without appreciable localization and without symptoms of typhoid fever. 7th, Intermittent or remittent fever in a child, who has not been subjected to miasmatic causes, and who is not attacked with some catarrhal affection. 8th, The influence of medication. This condition, which we have put last, is, however, the most important of all, in establishing the diagnosis in very early childhood or in doubtful cases.

The diseases which may be confounded with tuberculous, are either acute or chronic, accompanied or not with organic lesion, and to characterise them by their prominent symptoms, they are febrile or consumptive. The acute febrile form may be simulated at all ages by manifestation of the inflammatory, rheumatismal and catarrhal diatheses, and the typhoid form by typhoid fever. The chronic or consumptive form may be confounded in very young children (from birth to one or two years of age) with rachitism, with syphilis, or with that malady described as *atrophia lactantium*, the atrophy of nursing children, which is itself the result of a vicious hygiene, of serious abdominal disease, or of laborious dentition. In older children, worms, chlorosis, second teething, and the deterioration of the general health from a bad hygiene, masturbation, or too rapid growths, are the principal morbid states which may be mistaken for the manifestations of the tuberculosis. We will successively consider these different points in the diagnosis.

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Rachitism. Deformity of the bones is preceded by an alteration of the general health, which presents some points of analogy with the symptoms of the tubercular diathesis. According to Beylard the chief characteristics of rachitism are, 1st, An extreme aversion to sudden movements and an uncommon sensibility of all parts of the body, making the child cry when it is forced into motion and 2d, The presence in the urine of a notable quantity of phosphate of lime. To these symptoms, we may add the blowing sound (*le bruit de souffle*) under the fontanelle. Besides this, as a negative symptom, there is not that continuous and intense fever with very dry skin which frequently appertains to tuberculization. If the opinion of Hervieux as to the frequent coincidence of rachitism and phthisis were correct, there would be no great benefit in distinguishing between these maladies, but we are not so confident as that physician, that rachitism may be regarded as a sign of tuberculization in early childhood. Our city observations completely contradict this assertion, and we insist upon the importance of separating the two affections, the prognosis of which is totally different, and strive to recognize what belongs to one and what to the other, in that complex morbid state which sometimes results from their association.

Syphilis. Every practitioner has had opportunities of seeing children die after having been reduced to the last degree of marasmus by the syphilitic cachexia. But in cases of this kind, the ancedents of the family, and especially the symptoms of syphilis, for which one should examine the skin, the labial commissures, the nostrils, the generative organs and the anus, throw to vivid light upon the diagnosis. These causes being recognized, the effect of medication will in many cases confirm the diagnosis.

Atrophia lactantium. Whether in hospital or private practice, we are called every day to examine those unfortunate children, who whilst nursing pass gradually into the last state of cachexia. At first sight, all the symptoms appear to warrant us in pronouncing the case tuberculous, emaciation, cough, diarrhœa, tension of the abdomen, frequency of pulse, evening febrile exacerbations, &c. We must not be in a hurry, however, to make up our minds, for that state so grave in appearance,

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and often in reality, may result from the localization of the catarrhal diathesis upon some of the mucous membranes, the diathesis being occasioned and maintained by a vicious hygiene. Neither the general nor local symptoms can furnish sufficient light; the effect of treatment only is the touch-stone of diagnosis.

Hervieux directs attention to the following circumstances, which he considers of most frequent occurrence in the phthisis of young children. 1. Rachitism. 2. Emaciation. 3. Decoloration of skin. 4. Constant acceleration of pulse and heat of skin. 5. Small, dry, and feeble cough. 6. Dyspnœa. 7. Acceleration of respiratory movements. 8. Alteration of the features and excavation of the eyes. 9. Dejection and expression of suffering. 10. Plaintive, suppressed cry. 11. Stupor, a typhoid state, odor of mice. 12. Mucous or fuliginous state of the tongue and lips. 13. Spasms of the eyelids and of the muscles of the face; anæsthesia of the globe of the eye. 14. Convulsive phenomena, strabismus, fixity of regard, dilatation of pupils, &c. 15. Phthisical antecedents.

We now pass on to the case of children above two years of age. When the malady is ushered in by fever and other acute symptoms, it may be confounded with most of the febrile affections of childhood. Putting aside those cases in which there exist from the beginning local symptoms indicative of some special organic lesion, the general febrile début of tuberculization is recognized by the moderate character of the fever and by its persistence, ten or fifteen days or even longer without the supervention of any local organic disturbance. Then, having no reason any longer to fear an eruptive malady or a local acute inflammation, we may conjecture a general tubercularization. It is thus that during the course itself of the disease we gather data for its diagnosis. This will be the more certain, if the symptoms have followed upon measles, or if the antecedents of the little patient have been favorable to tubercular deposit. We ought under the circumstances strongly to suspect a general acute tuberculization, for there is no other disease of childhood, acute or sub-acute, which marches on for ten or fifteen days without the supervention of local symptoms sufficiently marked to indicate more or less positively its nature.

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Nevertheless, we have met occasionally, in city practice, with febrile conditions without evident local symptoms, which have lasted longer than three weeks. The catarrhal and rheumatic diathesis sometimes produce unclassifiable and deceptive maladies, and it is to these rather than to acute tuberculization that we have referred cases presenting a similar symptomatic group, but which yielded to appropriate medication after having given us much solicitude.

When the disease assumes from the beginning a typhoid form, we have a case in which it is almost impossible to avoid making a mistake, and in which for the sake of treatment we had best believe in the existence of dothinenteritis. The painful lassitude, the headache, the epistaxis, the abdominal pains, the tympanitis, the diarrhœa, the dryness of the tongue, the fever with ardent heat of skin, the delirium, the cough, the restlessness, are the same in the two maladies. The diagnosis is the more difficult, because not only are the symptoms, taken singly, closely analogous, but when associated and combined, they form almost identical groups. The pulse, however, has in acute general tuberculization a special character which is not found in the typhoid fever. We could say as much of the borborygmus persisting for several successive days in typhoid, and of the slight projection of the spleen. A very acute and a very general sibilant râle is also almost special to dothinenteritis; we say almost, because there is a granular pulmonary eruption which produces a bronchitis with the same symptom.

The symptomatic phenomena not throwing sufficient light on the case, the physician must study the antecedents of his patient. The tuberculous predisposition rendered probable by hereditary or constitutional influences, a prodromic period characterized by some of the symptoms which mark the access of the chronic form, the existence of contagion or an epidemic, and the reigning medical constitution of the season are the most important circumstances to be recognized and studied. Our uncertainty of diagnosis may continue for several weeks, and we have seen cases in which we were only satisfied when the localization of the disease revealed a tuberculosis, or where its favorable termination proved that we had been dealing with a typhoid fever.

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When tuberculization begins with the chronic and apyretic form, the diagnosis may continue to be very obscure. It is especially so, when it begins exclusively with the general symptoms. The child becomes melancholy and loses color, is indolent and takes little interest in its usual sports, loses flesh and strength, and may or may not have a diarrhœa of variable quantity. These symptoms may be prolonged for several months, and from the very first they may not be so marked or so intense as to excite suspicion of so grave a state as tuberculosis, and we may consider it a marasmus without organic lesion.

General tuberculization may also be confounded with certain functional disturbances resulting from vicious habits, a bad hygiene, or even from difficult dentition, or the too rapid growth of the body. It is here the more difficult to sever truth from error, because these special states of the system so simulative of the effects of onanism, bad hygiene, dentition, or too rapid growth are themselves very frequently the first degree of tuberculization, or at least premonitory indications that its approach is to be expected. It is in such cases that the effect of treatment becomes eminently diagnostic, and the axiom "*curationes morborum naturam ostendunt*," finds its application. In fine, if a watchful supervision, wise remonstrances, corporeal exercises, certain antispasmodics, and a generally tonic regimen succeed in re-establishing the health of a child whom we have suspected to be under the influence of the aforesaid causes, we may be satisfied that those causes had really produced all the symptoms, unless there was something in the hereditary or constitutional history of the patient pointing very strongly to tuberculization. If, on the other hand, the symptoms persist and grow worse in the child of parents comfortably situated, who observe the laws of hygeine, and watch well to be sure that the little patient is not addicted to masturbation, if, moreover, the child has light hair and eyes, very long eye-lashes, delicate skin and slender body, if its early infancy was troubled with chronic eruptions, obstinate ophthalmia, swollen lymphatic glands or abscesses, if it easily took cold in winter and if the diseases with which it was attacked, measles, hooping-cough, pleurisy, pneumonia, &c., were not easily got rid of, if besides all this its parents or near relatives have been tuberculous, scrofulous, insane,

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or too near akin to each other for marriage, there is very great reason to apprehend a general tuberculization.

Complete *chlorosis*, such as we see it in young girls at puberty, is exceedingly rare in childhood. But there is at this period an incomplete chlorosis, dependent generally on the causes enumerated in the last paragraph, and which may also arise spontaneously or follow other diseases, and in particular *erythema nodosum*. General debility, emaciation, decoloration of the skin and mucous membrane, dyspepsia, irregularities of digestion, and especially a light blowing sound in the carotids, characterize this morbid state. The remarks we have made in the preceding paragraph are altogether applicable to chlorosis. But the physician will find one more element of diagnosis in exploration of the carotids, and in the rapid amelioration of the general health from the use of Iron and its preparations. We have seen in youth and adult age cases of chlorosis simulate in a perfect manner acute general tuberculization; we have never seen anything similar in childhood, but as the occurrence of such a thing is by no means impossible, we invite the attention of observers to this interesting point.

The verminous affection can also simulate chronic tuberculization. We have often seen children of the lymphatic temperament who were subject to irregular paroxysms of fever, and to alternations of diarrhœa and constipation, whose appetite was capricious, who slept badly, gritted their teeth, grew pale and emaciated, had black circles around the eyes, and lost their activity of mind and body. These symptoms have made us seriously suspect an incipient tuberculization, but their rapid disappearance after the administration of a purgative and some vermifuge preparation, has soon re-assured us. Still it is in cases of this kind that the history of the case and the effect of treatment constitute the touchstone of diagnosis.

In the cases we have just considered we have supposed the accession of the disease to be apyretic, but when there has been a general febrile state which has been converted little by little into a slow malady, accompanied with emaciation, we ought to suspect the tuberculous process; for at this period of life there is no other chronic disease but tuberculization, which becomes developed in consequence of a simple febrile movement. Of

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course it is understood that we do not speak of cases in which the febrile movement is part of a definite disease, such as complicated hooping-cough, measles, pneumonia, &c. In such cases the local symptoms generally persist, and we reserve the exposition of the diagnosis for the following chapters. But when marasmus is the only symptom which remains after these diseases, it is possible that it may not be a sign of tuberculization. However, we have on this point too limited a collection of facts to lay down any satisfactory rules as to the diagnosis.

We repeat, in conclusion, that the distinctions we have endeavored to draw between accidental or idiopathic marasmus and tuberculization is useful only in a prognostic point of view. It is true, that is of considerable importance, since the one disease is always fatal, and the other frequently curable. But it appears to us quite useless with respect to therapeutics—it indicates no change of treatment, for the tonic medication we recommend against tubercles cannot fail to be advantageous in idiopathic marasmus.

Article XLVII.—*Animal Poisons as Remedial Agents.*

By James T. Alley, M.D., of New-York.

It is impossible to look over the pages of the medical journals of the present day, without being thoroughly convinced of the many valuable accessions constantly received by the development, not only of the unknown powers of remedies long in use, but of new and promising drugs, calculated to fill the gaps so long and seriously felt by the practitioner in battling with the various forms of disease. For more than three centuries these careful investigations have been continued, and all the kingdoms of nature have been called upon to unbosom the secret of their remedial power for the preservation and "healing of the nations." No such era has, however, been marked in the medical world like that when drug-proving was placed upon the basis of ascertaining the well-marked and specific effects of each article on the different organs and tissues when in health. Since these experiments have been commenced both by cautious trials on the healthy economy and the careful notice of the effects of accidental poisonings, a rapid increase in the discovery of the num-

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ber and virtues of remedial agents has been made, as we should naturally expect from having an intelligent stand-point by which observations can be made.

With this rapid increase, however, as happens with the development of every truth, masses of error have encased the jewel, and greatly embarrassed and prevented either the theoretical or practical benefit which might otherwise have been derived. The ambition to bring forward a new remedy to a hungry profession and admiring world, has in too many instances outrun the desire to truly honor science or benefit mankind; and we cannot disavow the fact that a large number of the reported special and characteristic symptoms filling our Materia Medica, are but the result of a prejudiced proving, a fanciful imagination, and a speculative inference, which more than equals the worst of quackery, for it is not only lowering the profession and deceiving the world, but libelling the imposition by the name of Science. This is not said with a desire to repress the search for new remedies or new powers, for it is our privilege and duty to go through every domain, within legitimate reach, in quest not so much of something new, as something true; but let the investigation of these virtues be clear, decisive, and direct, instead of dragging in a mass of rubbish, the symptoms constituting which are neither direct, secondary, resultant, nor even sympathetic, and if not visionary entirely, are due to causes which need not be mentioned here. Many instances of this might be remarked upon, but space will not permit, and I proceed to speak of a class of agents recently brought or revived to our notice, which from the position they have taken demand examination: I mean

Animal Poisons.

The discovery by Dr. Jenner of the protection afforded by the influence of the vaccine virus in at least modifying the symptoms of small-pox, have recently led several others equally humanitarian, perhaps, but thus far less successful, to still bolder experiments in regard to other animal poisons, more powerful in their sphere and mode of action, but which we believe will be found less successful if used in the manner in which they have been proposed. For instance, the experiment has been made by an Allopathist of introducing the specific poison of

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gonorrhœa as an inoculation to an inflamed eye to remove the previous disease. The poisonous saliva of the rabid dog has been administered to meet persistent symptoms of the organs on which it is said to act. Glanderine, or the morbid product of glanders in the horse, is advocated as a promising and certain remedy in disease of the glands of the throat or air passages. Several others might also be mentioned, but this is sufficient to represent the class.

Now, if the action of vaccine virus is thought to be any precedent for the use of other such, let us see what are the facts of the comparison. Vaccine institutes a uniform, mild, controllable action, with but little disturbance to the animal economy, never under ordinary influences endangering life, expending its every exciting influence within a few days, leaving all the organs and tissues in their normal condition; and yet the universal use of even this would not be justifiable except for the prevention of a disease fearful and mortal as the small-pox. But how is it in regard to two of the class referred to; have they a single characteristic like those we have mentioned? Not one. Their first manifestation is indicated by an action so violent and a progress so rapid that neither man nor beast has ever been known to escape a horrible death; the slightest abrasion of the skin, and the smallest quantity of the virus applied, is sufficient to kindle a fire which no human power can quench. Where then, are the prospects of benefit from these? There is not a single index to remedial action. Where it touches with any effect, it always kills without seeming regard to quantity or circumstances. But this has been said with reference to their external introduction in the same manner as vaccine. What is their internal effect? and in remarking upon this, we may class our objections to the use of animal poisons under the following heads.

1st. That as a class, these poisons when applied to the skin, produce alarming symptoms and death, but when taken internally are comparatively harmless, or have no action at all. This is well exemplified both by common and professional observation. Every one is familiar with the fact that the peculiar virus of the cadaver externally received is certain death, yet the same amount may be sucked from the wound, and even swallowed, without unpleasant consequences. So in the poison received from the bite

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of a snake, a fact with which even the vulgar are familiar. The The slightest wound from the rabid dog would be treated by the immediate removal of surrounding parts with the knife by every sensible surgeon, yet the poison may be drawn by applying the mouth to the wound with perfect impunity and without fear of danger. Every one is justly averse to the influence of the morbid product of contagious or epidemic fevers, yet even the black vomit of yellow fever is proved to be harmless to the smell, taste, or swallow. What we mean to say is, that the same specific effects are not obtained from the internal and external reception of the same substances. This is also true in the vegetable kingdom. The different varieties of Rhus, when applied to the skin, produce most annoying and protracted suffering, yet when taken internally none of these symptoms are manifest as specific, but new and peculiar virtues are developed. Whether this is from the varied impressibility of the parts, change in the chemical nature, or the superior actions from favored circumstances of some other chemical element of the drug, or other plausible causes, we have not space now to examine, nor is it necessary for our present purpose.

2d. These poisons, even in their natural manner of action, are variable and uncertain, sometimes operating with a ready violence, and sometimes with an insidious protraction, such as never can be relied upon.

This is especially illustrated from the occurrence of hydrophobia, which from the time of the reception of the poison shows a period of development so uncertain that the whole future life even to its maximum length is constantly harrowed by the fear and expectation of the merciless disease and certain death. It may produce all its work of destruction in a short period of time, may never injure the health in the least degree.

In regard to syphiline, it is also true, the virus may lie apparently inactive for several years, (the time cannot be limited,) and yet produce the same variety of symptoms as at first. So with glanderine in its favorite subject and favorite manner. The period of incubation in the horse is so variable as to extend from two or three weeks to twelve months or more. Who wishes to use a remedy then, even though it is remedial, (which I do not believe,) which is so unreliable in its effects?

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3d. Many of these poisons are not diffusible or dilutable so as to lose the least of their violence, even by passing through the living body, which renders the more active ones at least uncertain to use.

The National Vaccine Establishment of England has declared "that the vaccine lymph does not lose any of its prophylactic power by a continued transit through successive subjects." A distinguished English physician also says that during thirty years, whilst he has had the matter in constant motion, he has never used any but the one or two drops from the cow with which he commenced. In some of the countries where it has been extensively used, no new supply has in any instance been obtained from the cow in forty years.

The hydrophobine, too, which has lain dormant for years in the system, in which a constant change is being made, so that we are said not to possess a single element or tissue which composed our bodies a year ago, yet this transmissible virus, after the lapse and changes of successive years, shows all the peculiar virulence it possessed when first deposited. Nay more, it is declared from best authority, that instead of losing, they actually gain power, by inhabiting even the healthy system. This is so characteristic of all malarious influences as to need no further illustration.

The use then of these poisons reduces itself to this. The introduction of a *materies morbi* uncertain, variable, and deceptive, inactive, slow, or rapid, depending upon circumstances entirely unknown, its chemical composition, nature, and effects a matter of mystery complete, yet the proposal is to substitute these for the cure of diseases, which so far as we know are more amenable to our present remedies, which are safe and worthy of dependence. How shall we consistently reconcile the practice of almost every physician, when he refuses to convey vaccine lymph from the arm of a child suffering from syphilitic taint, to one who is pure from this, when too, all fact and testimony is against such transmission, and nothing prevents him but an ungrounded fear, yet at the same time whilst he is so scrupulous of this, hesitates not to feed the child with syphiline, from the bare supposition that it is a little more efficient than some of our well-established remedies?

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There are several other objective points, at least philosophical, which I intended to present, but space will not permit. In all the experiments I have seen thus far with the articles mentioned and their class, the avowed benefits have been exceedingly few, whilst the list of indications which these "specifics" are *hoped* to meet, are almost wholly inferential or presumptive, and if we take away these it would reduce the size of their report to a meagre appearance. Thus much has been said not with a hope to see these investigations checked, for great credit is due to those who have devoted their labor to any examination of these articles, and we doubt not such enterprise will yet develop much that is valuable for our Materia Medica, but only to state some facts which must not be lost sight of here, as well as in other experiments.

Dr. Wilkinson has said that glanderine is an unpleasant idea, but if it can be made to do what he seems to believe, it is far from this. If the morbid elements of nature can be harnessed for our use, and if their power to kill can be so directed as to become the power to relieve, then it is both pleasant and poetical, but it is to be feared that like much of our pleasure and poetry, it must remain in the imagination. With these few remarks I must close the subject at present, and be prepared to see what we shall see.

ARTICLE XLVIII.—*Anesthetic Agents in Parturition.* By EGBERT GUERNSEY, M.D. of New-York.

The giving birth to a human being, the starting upon its endless career of an immortal soul, is one of the highest, holiest acts of a woman's existence. In nine months from the first embryo-state of the little being, she has warmed in her womb and nourished it with her life-blood. The passions and impulses which have prevailed in her bosom have left their imprint upon the forming soul and developing body of her child, and the blood which has ebbed and flowed through her veins has carried with it the element of life and strength to the little being, which as yet is a part of herself. When at length the time arrives for it to emerge from its crysalis state, and be born into the world, the

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act is often consummated with the most agonizing pains and convulsive throes, throes which too often alas! shatter the constitution of the mother, leaving her in her early prime a wreck on the sea of life. Often, even her fate is still more sad, for cases are by no means rare, where the husband turns from that wailing cry, which first tells him he is a father, to look upon the ghastly face of his dead wife. Life has been given for life, but ah! how much rather would he have gone down to old age and to the grave, than to look thus, upon the still face of the dead.

Looking at the intense suffering which the mother is called upon to endure, especially in the large towns and cities of our own country, in bringing her offspring into the world, and the danger to future health and life from the violent shock to her nervous system, may we not well look upon any remedy which will bridge over this gulf of agony and peril, as one of the richest blessings of Providence to the mother.

Have we such a remedy, and is it, in the hands of the judicious physician, safe, reliable, and unattended with after unpleasant consequences either to the mother or child, is the question which we now propose briefly to discuss?

The practice of Anesthesia has not been confined to our own age, but existed to a certain extent in remote times. The root of the mandrake is stated by Dioscorides and Pliny to have the power of throwing patients into such a deep sleep as to render them insensible to the pain of a surgical operation.

In the middle ages the vapors of somniferous plants were used for the like purpose. A secret agent was used to render a king of Poland insensible during a surgical operation towards the close of the seventeenth century.

The art of producing Anesthesia, from being so imperfect, had so completely fallen into disuse, that when the announcement was made of the application of ether as an anesthetic agent in surgical operations, it had all the merit of a new and brilliant discovery.

Various anesthetic agents have been employed at different times—the several kinds of ethers, nitric, acetic, sulphuric, protoxide of nitrogen, aldehyde, naphtha, carburetted hydrogen, Dutch liquid, benzoin, chloroform and amylene, a substance introduced during the past year by Dr. Snow, of London;—but most

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of these agents have one after the other been abandoned, so that sulphuric ether and chloroform are now left masters of the field.

Dr. Wells of Hartford, and Drs. Jackson and Morton of Boston, have all claimed the merits of the discovery of sulphuric ether as an anesthetic agent in surgical operations. The first public application of ether for the relief of pain in a surgical operation, was made in the Massachusetts' General Hospital in 1846, at the request of Dr. Morton of Boston. So satisfactory were the results, that its use in Boston, both in hospital and in private practice soon became general.

Chloroform was discovered at about the same time, in 1831, by Mr. Guthrie of Sacketts-Harbor, New-York, Mr. Soubeiran in France, and Prof. Liebig in Germany.

In its composition it consists of three atoms of chlorine to one atom of formyle. Its use as an anesthetic agent was first proposed by Dr. Simpson of Edinburgh in 1847. The advantages claimed for it over ether are, that much less is required to produce the desired effect, it is more speedy in its action, much more pleasant to the patient. Numerous deaths have occurred under its use, while the very small number which can be traced to the use of ether, has rendered the latter remedy more popular with many physicians. Ether or chloroform is now universally used in all cases of severe surgical operations, but the advance of these remedies, in the estimation of the profession, in parturition has been far less rapid.

Many treat them with decided indifference, while others are strongly opposed to them. It is part of a woman's lot, they say, to bear children, and let her do it without grumbling, no matter how agonizing the pain, or how severe the shock upon the system.

I remember a lady once telling her husband, who was suffering from one of the most severe attacks of dysentery I ever saw, that it was good enough for him, he could form some idea then, of what she suffered in child-bearing.

The objection to chloroform in parturition, on account of danger, is not a valid one, for I do not know of a single case where death has resulted from its use in labor. There are, it is true, one or two cases on record where chloroform was used and the patient did not recover, but do patients never die in child-bearing where no chloroform is used? Are not the cases abundant, familiar to

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every physician in active practice where mental aberration sometimes of a very serious character has followed labor, where neither chloroform or ether has been used?

So far from causing death or producing insanity, I am confident it has saved the lives of many, and prevented mental aberration in an immense number of cases. In those cases where temporary insanity has followed the use of chloroform, I am confident a much more severe form of insanity would have been developed without it.

In its action on the system in labor it does not interfere with the action of the uterus, unless given in large doses, but it deadens the pain, so that oftentimes, notwithstanding the regular and forcible contraction of the uterus, but very little, if any, sensation of pain is felt.

A lady once told me, who had taken chloroform for the first time, and who had always suffered severely in her labors, "I fear the chloroform is retarding labor, for the very moment I take it, the pains go off entirely," at the same time the contraction of the uterus was so violent that she had scarcely finished speaking, when the head entered the world.

Under the use of chloroform or ether there is a very decided relaxation in the passages and perinæum and the vagina, which might before have been hot and turgid, become moist with a mucous secretion. The nervous irritation caused by severe pain is subdued and the nervous energy restored.

We all know, that in the contraction of the uterus itself there is no pain; it is the resistance encountered that produces the suffering. By relaxing the parts, by taking away that nervous dread of pain, which every lady feels, and which, unconscious to herself, increases the resistance of the parts, we render labor more rapid and safe, and prevent that terrific shock to the nervous system which must follow long-continued pain.

I do not think we need be deterred from administering chloroform by the presence of chronic disease. I have given it in almost every form of heart affection, and also where there was serious disease of the lungs, and never with any bad effect.

Very much depends upon the purity of the article used. Chloroform, when pure, if rubbed on the hands, has a fragrant smell, not pungent like sulphuric ether; inhaled, it produces a

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sense of warmth in the mouth, and has a fruity flavor; it may also produce a slight cough, but if the article is impure, the cough is irritating.

In labor we do not aim to produce complete anesthesia, but only sufficient to deaden the pain.

Of the numerous inhalers which have been recommended, I much prefer an ordinary handkerchief, folded funnel-shape, into which twenty or thirty drops of Chloroform may be poured: (i Ether is used, much more will be required.) Let this be brought within a couple of inches of the nose and mouth, when the pain first makes its appearance, and continued there until several inspirations have been taken, when it may be withdrawn, to be resumed again as another pain makes its appearance. The handkerchief should never be pressed against the mouth, for in this way the atmospheric air is excluded, and the patient dies. In the commencement, so long as the pains are slight, it is well not to interfere, but when they become severe, it is time for us to come to the patient's aid.

The amount of Chloroform or Ether can be increased as labor advances, and when the head arrives at the perineum a still deeper state of anesthesia should be produced than has yet been done.

During the administration of the remedy, the pulse, the face, and the respiration should be closely watched. If the face is flushed, or bloated, or tinged with a slight lividity, if she rambles or becomes hysterical, let the inhaler be withdrawn, and the face fanned or bathed with cold water—wait until the pains return with renewed force, when the inhaler can be tried again. There should be a free circulation of air in the room, and in case of fainting, Ammonia can be applied to the nostrils, and cold water dashed into the face.

In surgical operations, where the pulse was entirely gone and life was apparently extinct, consciousness has been restored by resorting to the means used in suspended animation from drowning.

During the past two years I have administered Chloroform in nearly one hundred cases of labor, and in no case with the slightest unpleasant effect. On the contrary, recovery was much more rapid than those cases where Chloroform was not used. Of

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the above number, six were cases of instrumental delivery, in three of which convulsions of the most violent character sat in before the instruments were used.

In one case the husband was wakened about four o'clock in the morning, by his wife clutching his arm, and saying that she felt very strange. She passed immediately into a most violent convulsion, which was followed by an entire loss of consciousness. She had several convulsions before I saw her, and was then entirely unconscious. She had just entered her eighth month of pregnancy. The membranes were ruptured, and every effort made to induce labor. This was exceedingly difficult, for she could not swallow, was entirely insensible, and was passing rapidly from one convulsion to another. The severity of the convulsions was very much diminished by the use of Chloroform. The womb was gradually dilated with the fingers, so that about twelve o'clock, eight hours after the commencement of the convulsions, a small pair of long forceps were introduced and a fœtus brought away, which had evidently been dead for a month. After the delivery she had some three or four convulsions, making about forty in all. During the afternoon and night she was closely watched, and fed with wine-whey, beef-tea, and even brandy. The remedies given were Opium, Hyosciamus, and Cannabis-Indica, as seemed indicated. Forty-eight hours after the convulsions commenced, consciousness slowly returned, and she at length recovered. Had not the convulsions been controlled in a measure by means of Chloroform, she could not have survived.

About a week after, I was sent for to see a patient, in consultation with another physician, in Yorkville. She had been in labor some six or eight hours, and was then insensible, having had three convulsions. The forceps were applied and a living child brought away. A convulsion shortly after was cut short by means of the Chloroform. She made a good recovery.

Not alone in parturition and in surgical operations is Chloroform available, but it is one of our most powerful remedies in almost every form of spasmodic disease. I have controlled with it the most violent attacks of spasms of the heart, epilepsy, and asthma; have seen it check at once the worst forms of nausea, and have administered it with perfect safety to the young, the middle-aged, and the old.

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Formerly the lancet and Calomel were the great sheet-anchors of medical practice, but now Calomel hides its head, and the lancet furls its blood-red flag, under whose crimson folds so many have gone down to death, before the more kingly power of *Chloroform* and *Brandy*.

ARTICLE XLIX.—*Cases from Practice.* By E. V. JONES, M.D., of Taunton, Mass.

CASE 1st.—*Chorea.*

This case was treated entirely by letter, as I did not see the patient at all while diseased. I had known her, however, when she was in perfect health, and have seen her since her recovery. It is interesting from the minuteness and reliability of the symptoms, as detailed in her sister's letters, (and here collocated,) and from the prompt effect of a single remedy in completely removing them.

Miss M— C—, aged sixteen. Has always enjoyed excellent health up to the present attack. The symptoms, as noted for nearly a fortnight before treatment commenced, are as follows. The arrangement does not dissever groups as they were presented to me.

Head.—No headache. Throws her head back suddenly, retains it there a moment, and then throws it forward with equal suddenness. When lying down she will raise her head quickly, and then let it fall with violence. Inclined to throw her head back, and keep it working, as if she wished to press it into the bed. Often braces the lower part of her back and head upon the bed, raises her stomach from it until her back is bent like a bow, then throws herself violently upon her face. Complains at times of a pain through her forehead, with heat in her head.

Eyes.—Dimness before the eyes at first. Often draws her eye-brows down, then rolls her eyes open with a kind of stare. The scleroticæ presents a strained appearance. Both eyes and lids have been sore for two days past, probably caused by straining them. Pupils slightly dilated.

Mouth and *Tongue.*—Tongue feels swollen, and upon the right side near the roots, seems as if covered with canker-sores. Has great difficulty in talking, and considerable in swallowing.

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Often runs her tongue out suddenly, and draws it in again quickly. Her mouth seems full of saliva, which she seems to throw out with her tongue, and she often smacks her lips, and makes a kind of sucking noise. Sometimes grits her teeth when swallowing. Tongue has a whitish coat on both sides, but broken, and not so white in the middle. When she takes food into her mouth, throws her tongue partly out of her mouth at first. Has been quite thirsty for two or three days past, and when she attempts to drink, wants to pour it down in haste. Keeps her tongue and mouth in constant motion, as if she were swallowing, and makes a noise as if she were sucking something down her throat. Drawing and jerking aside of one corner of her mouth.

Stomach and Bowels.—August 10th. Soreness when breathing, from the pit of the stomach downward about six inches. Sensation of fullness in stomach, as if filled with wind. Has to throw her shoulders and body back to get a long breath. Distention and hardness of abdomen.

Chest.—Has complained for some time past of a soreness on the right edge of lower third of sternum. Thinks the chest is not so full on that side, "but," writes her sister, "*I* do not think there is *much* difference."

Back.—First dorsal, and last lumbar vertebræ, (as near as I can judge,) are very tender.

Menses.—Regular, lasting from three to five days.

Extremities.—Pain in left arm, shooting from wrist up. Constant motion of head, feet, arms, and shoulders. The extremities will be drawn awry with such quick motion, that they often strike against the chairs, wall, or anything near. The motion is not always straight from the body, but she sometimes lifts her hands and feet. They often move about in a kind of circle, and then fall again. The back side of left arm is sore, and slightly swollen. Last three fingers of either hand contract more than the others. At times her arms will fly about violently, and her lower limbs, particularly the left one, will draw up to her body, and then fly back suddenly. She complains of numbness of her thumb, little and ring-finger of her left hand, the two smaller toes, and heel of left foot. Says that directly under her left knee there is a weak place, a yielding sensation,

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as if it would give way. Complained of same feeling in right knee, before the left one was affected. Has the numbness and coldness only during the violent attacks. August 10th.—Sensation of creeping in right leg, left foot, and both hands, with biting or gnawing at different times, lasting only a short time.

Sleep.—Is perfectly quiet when asleep, but occasionally awakes and has a "nervous spell," of from one-half to three-fourths of an hour. Has slept but little for three or four nights. Lies more quietly when resting on affected side. When first taken was worse when in bed, but not so now.

Skin.—Feels cold to the touch of others, but not to her. Has had a slight eruption upon her face, leg, and both elbows, within a few days, looking like mosquito-bites, festering a little at top, and confluent after it has been out a little time. July 26th. Has shown itself on the back, and is still out upon the elbows, and slightly upon the arm. Last summer and fall she complained of a violent itching under both arms, and there was a kind of coarse scurf when she sweats, but has had nothing of the kind since she was sick last March.

Mind and Disposition.—Cheerful part of the time, but the greater part is low-spirited. When she is very "nervous," does not care to see any one, unless her most intimate acquaintance. So impatient, cannot bear the least thing that is not exactly right. Will fret at the smallest trifles, and cry; sometimes laughs and cries at the same moment. Has not been willing to have her parents or sister to stay with her *all the time,* nor will she allow them to see her eat. Is very sensitive with regard to having any one look at her.

Conditions.—Has seemed better every other day, and worse at night. The left side is more affected than the right.

Has had Homœopathic treatment, but without benefit.

July 20, 1855.—℞. *Belladonna*^{30}, which with *Bell.*^{200}, has been the only medicine which she has had until October, when she got *Sulph.*^{30} for the few remaining symptoms, most of which had shown themselves in the course of treatment. She gained steadily from the first dose, and, *August* 14, her sister writes, "I think she is gaining from day to day. Her symptoms vary somewhat, but she has been very quiet, from that general restlessness which troubled her so much. I told her to-day

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that she had so little of it, that I thought that if any one came in that did not know what was the matter with her, they would not know it from her motions. She is very quiet to what she has been, has but little of the eruption on her, and *not any* of those nervous symptoms of which I have written, except a quickness of motion, and some of this restlessness." A day or two afterwards there was a slight relapse, and under date of *August* 17, her sister states: "The soreness in M—s stomach and bowels is better. She does not have that distended feeling of the bowels. The tender places on her back are nearly well; the lower one has but very little tenderness about it. She can control her limbs very well now. The three fingers of her left hand are swollen more than they were, are quite lame, and often close and open with a quick, convulsive movement. Still continues to talk well, and could walk pretty well were she stronger. * * * I think she has gained more than I believed she could within the past three weeks, and seems to be gaining still." *August* 29.—"She has been able to feed and dress herself for more than a week past." *September* 23.—"She has worked about the house, and has knit and sewed some during the past week." *November* 2.—"M—— continues smart, and has improved in health."

Case 2d.—*Febris Typhoides.*

These cases are interesting, as presenting an unusual sequela, and as evincing the power of, and as partly determining the sphere of the Hammamelis-Virginiaca.

August 23, 1857.—Was called to see John Madden, an Irish boy, about fourteen years old, with the statement that he was bleeding profusely at the nose, and nothing could stop it.

Found him laboring under a high fever; pulse 116, full and bounding; face red; body burningly hot; severe headache; lips dry and parched; tongue with a heavy brownish coat, and nose and lips covered with dried blood, and occasional delirium. He had been sick about a week, having the day of the attack bathed in the river twenty times. While swimming during his last bath, he was suddenly attacked with cramp, and sank helplessly, but, as soon as he rose, was caught and saved by his mates. Profuse epistaxis and severe cephalalgia ensued as soon as he

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was carried home, and continued at intervals ever since. Considering his imprudence in bathing, and subsequent exposure as sufficient to account for his symptoms, prescribed *Acon.*[3], *Bell.*[3], alternately, every two hours.

August 25.—The violence of the fever considerably abated; less pain in head; but little epistaxis yesterday; but in the last night and thus far to-day, it has been continued, and at times violent.

℞. Hammamelis ½, Aqua p. ℥ij.

The mother called my attention especially to another child, about four years old. There were six abscesses on vertex, occiput, and left side of her head, all discharging freely. The pus was almost inodorous, and as near laudable as might be. The hair was matted, and full of vermin. Complexion pale, transparent; appetite good, indeed almost ravenous; bowels and urine regular. It had wasted away sadly, and was a pitiable object. "And Johnny will be just so," said the mother, "for she was taken just as he was, barring the great fever, and the being out of his mind." But I could not see it so, for the boy had had sufficient reason for his sickness, without referring it to any cause capable of producing such a state of things as existed in this child. The abscesses had been appearing for a fortnight or more, and new ones came out faster than the old ones healed. Taking all things into account, gave *Sulphur*[6], ter die.

August 29.—Fever having its usual typhoid course, without especially notable symptoms. The *Ham.* has been continued, and no epistaxis taken place until to-day, when in consequence of working upon his nose, it again commenced. There was also some diarrhœa and slight trouble in urinating. ℞. *Merc.*[6].

The younger child, Mary, has had no new abscesses.

August 31.—John has again bled considerably, and his body is covered with large, pearly sudamina, which his mother had in vain been trying to wipe off as perspiration. His delirium is not violent, and he can easily be brought to himself. Great weakness, with tendency to sink downwards in bed. His head seems to pain him more than usual.

℞. *Merc.*[6], *Rhus-tox.*[3].

September 4.—Another child, Margaret, about ten years old,

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is taken down with the same symptoms as John. Fever, epistaxis, and slight delirium. ℞. *Bell.*[3], *Ham.* ℥ and *Aqua* ℥ss.

John seems about the same, with the exception of less delirium, and a considerable lowering and softening of pulse. *Cont.*

September 9.—The medicines seemed to check Margaret's epistaxis promptly, and to cause the fever to assume quite a mild form. They have been continued until to-day, when, owing to a diarrhœa which is rapidly exhausting her, *Arsenicum*[6] was substituted.

John has been improving until to-day, when a swelling was observed on the vertex, just where little Mary's first abscess came. His temper, at all times thoroughly Hibernian, is a little more so now. ℞. *Sulph.*[6].

Mary, under the action of *Sulph.*, seemed stationary for a while, but now two new and large abscesses have suddenly made their appearance upon the right side of scalp. ℞. *Ham.* as before.

September 14.—Slight swelling with tenderness, appears on Margaret's head, and she is quite stupid. John's abscess has discharged profusely, and the left side of his head is sore, as if another were coming. He is savage for food. Mary is rather failing.

℞. for all, *Lycopodium*[1 8], *Natrum-muriaticum*[6].

September 25.—Margaret and John have steadily gained to the present time, excepting John's head. The swelling on Margaret's head went away without forming an abscess, and she needs no medicine. Gave John the *Hammamelis* again.

September 29.—John's head has improved wonderfully. Cont. med. and dismissed.

Mary lingered for two or three weeks, and then died. She would not allow her head to be touched, and force was followed by strong symptoms of convulsions, and the mother gave up medication and cleanliness in despair, some time before she died.

The Hammamelis did everything in these cases that could be asked of medicine, and were other like cases upon my hands, I should never intermit the use of it. I have used it in many other typhoid cases, mainly as an intercurrent, and with excellent effect. In all those cases characterized by laxity of the tissues; nervelessness and atony of the whole system; passive

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epistaxis, and evacuations of dark blood; skin dry, but "flabby;" mild delirium; pulse soft, small, though quick, it is an excellent remedy. In November, 1855, was my first use of it in such a case. The patient, a young lady of eighteen years, seemed sinking under frequent, not profuse, painless discharges of dark blood. The usual remedies had no effect in checking the discharges, or in altering their character. Hammamelis ℥ss was then given, and the cure was prompt and steady. Even after the discharges were checked, and the patient began rapidly to rally, I found the Ham. could not be replaced by other remedies. The young lady often entreated me to continue it, when symptoms presented themselves which had always yielded to well-known remedies, and I was intending to change for them. It was continued until her restoration.

ARTICLE L.—*On Biliary Calculi.* By THEOD. MEURER, M.D., of New-Albany.

Our therapeutic books and periodicals contain very little information in regard to the treatment of biliary calculi. This disease is more frequent in our Western States, as a good many physicians are aware of. We often meet with patients, at least I do, where the digestive apparatus is apparently more out of order than the liver and the biliary duct, and still the first only became deranged in consequence of the morbid state of the latter. In order to make a reasonably good diagnosis, I found the following points of importance. Painfulness of the region of the gall-bladder, especially by pressing upon it, while the liver is a great deal less painful than in other liver diseases. Secondly, the periodicity of the different liver symptoms. In liver diseases not complicated with biliary calculi, the liver is the seat of pains of a lancinating, piercing character; while in biliary calculi in a not too much advanced state, the feeling consists only in a dull heaviness. Of course, when the disease advances, and the duct gets quite obstructed, the pains will assume the character of acute hepatitis. Such cases always end fatally. The formation of liver-tubercles sometimes keeps pace with the formation of the calculi, and the softening of such tubercles happens, I believe, in every case. In the incipient

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state, this complaint escapes our observation, and when an advanced case of this kind comes under our care, we are unable to prevent such an accident. This point darkens our prognosis a great deal, because we cannot foretell with a certainty whether the abscess will discharge its contents through the biliary duct or not. Whenever, during treatment, the patient complains once in a while of heat in the palms of the hands, and flushes of heat in the face, we may rest assured that before long he or she will get diarrhœic stools like corn-meal gruel, (the contents of the softened tubercle.) In the case No. 1, which terminated fatally, when the duct became quite obstructed, I saw this suppurative fever set in like a severe attack of *febris quotid. dupl. biliosa*, marked by shaking chills, or subsequent heat and sweat. Not occurring like other hectic fevers in the afternoon, but in the forenoon; the remission lasted till the afternoon, when the second attack came on. I treated this case for upwards of two years, and knew her constitution and ailments too well to be led astray by these attacks.

Some writers attribute the formation of biliary calculi to excesses in eating, anger, &c.; these errors may accelerate the disease, but the origin lies, according to my judgment, in a psoric disposition. I have found no patient as yet suffering with this dire and dangerous complaint, who had not marked psoric symptoms; either herpes, itch, &c. The formation of these calculi begins, in my opinion, in the gall-bladder, and only in the last stage do the finer ramifications of the biliary ducts get filled up with them. (See case No. 1.) In this case the calculi in the liver were soft and unmistakably of a more recent origin than in the gall-bladder, where they were hard. This disease, which will prove in the hands of the old school quite unmanageable, cannot always be cured homœopathically with comparative ease, provided the calculi have not obliterated the whole duct and gall-bladder. *Sulphur* is, in my opinion, almost a specific, (excuse this expression.) No other remedy could accomplish in my hands what Sulphur did. None presented such striking symptoms: heaviness, as from a lump; beating, and frequent, short, tremulous movements in the region of the liver, &c. *China* is also a good intercurrent remedy, but is better after the expulsion of the calculi than before. Our other remedies

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may be called in to palliate for a while some urgent symptoms, but if my advice is of any account, the homœopathist should change as little as possible with the remedies, and not be frightened by a little tumult caused by the salutary action of Sulphur. In nine cases out of ten he will find Sach.-lactis the best help. The mind of the patient gets tranquilized by taking something, and the curative action is not disturbed.

Case No. 1.—In May, 1853, Mr. St. called me to see his wife. Her health had been failing for some years, although she was most of the time under homœopathic treatment. Lately her sufferings had increased, so that a consultation of four physicians (two allopathic and two homœopathic) was held in order to make a clear diagnosis. All four agreed upon a hysteria-uterina, (Schoenlein's classification?) Indeed, she complained so much, and her temper and habits were such, that may be a hundred other physicians would have said the same. Every day she had another ailment, and still she would not observe the least dietetic restriction. Was coffee forbidden, then she would drink it no less than three times a day a whole pot full. To be her physician was a punishment. Her former physicians got tired of her and left, so I was called. She complained to me more as Jahr's Symptomen-Codex contains symptoms, and it was only by good luck and nothing else, that I found out what was really the matter with her. She did not complain of having much pain in the liver, but stated that her stools look at times half brown, half clay-colored. I doubted it first a little, because I could detect no trace of icterus, but afterwards saw such stools myself. She said this would happen only when she got the cramp-colic, or an attack of gastralgia. Nothing but an obstruction in the liver or biliary duct could cause such a phenomenon. The liver was only sometimes painful; most of the time the region of the gall-bladder was the only sensitive place to touch. I diagnosticated biliary calculi. All her other symptoms, gastralgia, headache, leucorrhœa, and uterine complaints, were secondary in importance. She had had the itch when a child, and also tinea capitis. Her constitution was originally powerful; she had a large frame and great muscular strength. She was the mother of six children, and had always had easy confinements. I treated her for two years, but in consequence of her irregular

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diet and other great errors in hygiene, only palliatively. In vain did I try to restrain her a week. Still she felt more benefit from my treatment than from her former attendants, and she had up to her last hour an unshaken confidence in me. Her disease progressed steadily; attacks of jaundice came oftener; clay-colored stools, also an excruciating gastralgia, &c. One symptom progressed especially fearful, viz., the tenderness of the gall-bladder. Time wore on; my patient got pregnant with her seventh child, and during the latter part of her gestation her disease progressed with awful strides. Two weeks before her death she was confined with a boy, and I still entertained some hope of prolonging her life, but her time was come; her stools always looked white, only sometimes mixed with a few dark specks of clotted blood. A violent hepatitis set in, after which she apparently got better, but the improvement was soon followed by a suppurative fever. She had chills in the forenoon, subsequent heat, remission till afternoon, when a new attack set in. Inability to lie other than on the back, a little leaned over to the left side. Awful dyspnœa, short cough, dirty, yellow, brownish color of the skin. A few days before her death, spells befell her, which deprived her of the power of speech, the pulse began to sink, and life seemed to be near extinct. I battled to the last, and gave up the field only inch by inch. Digitalis[e] relieved her several times. The treatment I pursued it will be of no benefit to detail, as I could only palliate. After death, Dr. A——, Dr. E——, and myself made a post-mortem examination, which revealed the following facts: The body was very much emaciated; what little of adipose tissue was left, looked dirty yellow. The liver weighed seven pounds, and was studded with tubercles, some in the incipient state, some softened, and six so much so, as to present large cavities filled with thin purulent matter, like corn-meal gruel. The diaphragm was pressed up by the volume of the liver, (which caused the dyspnœa;) the gall-bladder contained two calcareous lumps, each as large as a walnut. The biliary duct and its ramifications were so filled with calculi that not a drop of bile could pass. We gathered about forty-eight larger ones. The gravel in the finer ramifications seemed to be of a later origin, it was quite soft and easy to

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be pressed asunder.. The stomach, spleen, pancreas, uterus, &c., presented nothing remarkable.

Case No. 2.—June 2, 1856, Mrs. Wagner called at my office and consulted me about her health. She had been failing for several years, suffered in Germany after she ceased child-bearing, with blind piles, and up to this day with herpes-squamosus behind the left ear. Two years ago she had an attack of hepatitis, which was treated by an old-school physician, and ever since has been worse than before this attack. Her present complaint is an almost total aversion for food; her mind is depressed, despairs of life; taste in the mouth flat, insipid, but not bitter nor sour; sleep unrefreshing. Has several times a day an undescribable feeling of goneness, as if dying away. This feeling extends from the right hypochondrium to the left; if she bends over she feels relief. The region of the liver is not very painful, only a feeling of dullness under the right false ribs. The region of the gall-bladder was very sensitive to the touch; she is able to point to a single spot in the right side, where she feels the most pains. Can lie on the right side, but whenever she lies on the left side, she feels as if something heavy moves towards the left from the right. Stools are soft, yellow, sometimes clay-colored, never brown, and occur two or three times a day. In her stools are sometimes little brown specks like sand. I prescribed on account of her former medication, lower than I generally do, viz., Sulph. trit. 4, decimal, every evening one dose, for eight days. After this I gave her for eight days, China^{3}. Nothing remarkable was observed except her attacks of goneness were slightly less. Now I thought I had counteracted enough the allopathic medication, so I put her on Sulph.^{30}, every two days one dose. Three weeks after she took Sulph.^{30}, she complained of getting often during the day heat in the palms of the hands, and flushes of heat in the face. She also complained of having a dull picking, throbbing in the upper part of her liver. Shortly afterwards she was seized with diarrhœa, which looked like corn-meal gruel. After the diarrhœa ceased, she grew better. Six weeks after I commenced treatment, she expelled with the fæces several biliary calculi, (the largest one is enclosed in my letter,) she passed more than one hundred in all, the small millet-sized ones counted too. I resumed to give

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China[4], which soon removed every speck of her former ailments. Good bile was secreted, as was shown by the good natural stools, her appetite returned, everything was well except her herpes-squamosus, for which I gave her Graphites[30]. Stubborn as herpes generally is, when the psoric taint is removed, this disease loses its foothold, and so it was here. In three weeks more I discharged my patient cured.

POSTSCRIPTUM.

The calculi in the gall-bladder of case No. 1, weighed two drachms and four grains; the others which we gathered, weighed three drachms and two grains, besides the smaller ones which we had no time to save.

Article LI.—*Scraps from Practice.* By A. C. Jones, M.D. of Philadelphia.

Dr. J. C. Peters.

APIS-MEL AND HONEY.

If honey is incorporated with Apis-mel, in the "new Materia Medica," then the following empirical cases may be of use; these were not in my practice, but I am personally cognizant of the relief obtained by the use of honey.

Dr. Marcy in his Theory and Practice, "inclines to the opinion that the *active principle* of Apis-mel consists solely of the virus," as the whole body of the bee is used, may not the honey remaining in the glands have something to do with its curative "action?

Mr. K., aged 50, (inn-keeper), a resident of "Tacony," suffered from a permanent stricture of the urethra over nine years, the most of which time he was under allopathic treatment; last spring he removed to a more central part of the city, (Philadelphia), to be near Dr. G., one of our leading allopathic surgeons. The usual course of dilating the strictured portion of the canal by bougies, along with medical agents, was persevered in for over two months, at the end of which time his case was more desperate than before; the emission of urine was very difficult and painful: to use his words, "it was like drops of molten-lead passing along."

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He was discharged, and directed to be taken home and then to *make his will, for there was no hope for him.* A friend saw in some old book that honey was beneficial, and requested him to try it by using equal parts of honey and sugar to sweeten his tea and coffee, he did so and at once obtained relief, and its continued use has removed all pain or inconvenience when urinating. Eight months after he was given up to die he states: "I pass water now with as much pleasure, as before with pain."

Nothing (except his usual food,) but the honey has been taken, and to test it, he has at times stopped its use for a few days, always with a return of the strangury; this proves that in his case it is only *palliative*, yet what a relief it has been to him, for he is now active, cheerful, and enjoys life.

A neighbor of his has been very much benefitted by honey taken in the same manner.

1826. J., aged 45, (sea-captain), suffered excruciating pain from strangury for several years; he used honey in his tea and coffee for some months, and was relieved of all inconvenience; on the stoppage of its use there was return of the complaint.

ASCLEPIAS-INCARNATA.

As Dr. Fowler extols the "Asclepias-incarnata" as an emmenogogue, I was induced to make a trial of it; I procured some, from a homœopathic pharmacy, which I believe was a genuine article.

Mrs. H——, 19 years of age, separated from her husband, had passed one menstrual-period, and as she assured me that it was not likely that she was pregnant, the Asclepias was given on the 15th of October, (about the time of her regular flow,) commencing with two drop doses of the tincture in one ounce of water; twelve hours after, repeated. No effect.

Five drops on sugar, twice per day, ditto.

Five drops in water, four times per day, produced a slight headache, (frontal,) (supposed).

Ten drops, three times per day; this was followed next morning (23d), by twelve drops; no more was taken.

On the 24th, slight pain in the lumbar region, "felt a drop of blood on her finger," when applied to the os uteri. A digital

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examination proved the os to have a tricusped form, hard to the feel, the cervix as usual; some reddish mucus adhered to the finger. Later in the day, there being no objection, introduced with slight difficulty a uterine sound, (Simpson's,) the cavity of the uterus was somewhat enlarged, but not gravid. Continued the tincture in water, ten drop doses, four times per day.

26th, not the slightest effect, continued fifteen drops at a dose, and finally twenty drop doses four hours apart.

27th, A half fluid ounce had been taken, no effect, except that the breath for two days had a stale fishy odor.

29th, Some headache, flushed cheeks, made an examination with a four-bladed speculum. Cervix uteri quite soft and almost obliterated; its os highly congested, presenting a well-defined circular face, about the size of the "new cent"-piece; sanguineous mucus adhering to it; the walls of the vagina much relaxed, presented the usual healthy color, with some leucorrheal exudation adhering to its parietes.

Passed the sound with ease, the cavity of the womb larger than before, probed over its entire surface without producing any pain, found that it was unimpregnated.

30th, Some lassitude and headache, remained in bed part of the day.

31st, Feels well, is about her usual household duties, at night went to a party and danced.

Nov. 2d, Scanty menstrual flow, with no unpleasant sensations, the slight discharge continued until the 7th, when it ceased.

9th, During the excitement of passion, it returned and continued at short intervals, up to the 18th, continues well up to the 24th, the time of writing.

She has dark hair, is well formed, about four feet eight inches high, of very sprightly manners. Has had two labors, the 1st, embryotomy; the last (thirteen months since), forceps were used; child still-born.

During the time she was taking the Asclepias, a strictly homœopathic regimen was adhered to.

This case proves but little in favor of the Asclepias, except that as much as twenty drops may be taken in some cases without injury.

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I have used the *Asclepias-incarnata* in several cases of suppressed menstruation without benefit.—The preparation used by Dr. Fowler is doubtless different from that in ordinary use. He would confer a great favor upon the profession by giving a more detailed account of the tincture he uses—and also of the the cases in which it has proved so beneficial.

We also trust that Dr. Fowler will not forget his promise to give our readers a clinical history of his experience with the Apocynum-Cannabinum in dropsy.

P.S.—I shall ere long send you papers which may possess interest, some dating back to 1840.

Having been pretty much of a wanderer, it has been my fortune to act as a pioneer for homœopathy, sowing its seeds in many places, which has produced good fruit.

If it were within the scope of your Journal, I could give you some surgical instruments, and appurtenances, original or improved modifications of old plans, which would be of use to the professions. Cuts would be required.

Respectfully Yours,

A. C. JONES, M.D.

No. 1442, South Second-st.

I trust that Dr. Jones will not neglect to send us the papers, &c., above alluded to. It will save much time and trouble to forward them directly to me—No. 19, East 15th-st.; his letter of Nov. 25th, 1857, was kindly forwarded to me by Mr. Radde, on the 22d of January, 1858. A large majority of the letters and communications for the Journal sent to Mr. Radde, are subjected to similar slight delays. But I must beg that no subscriptions, or notices of subscription be sent to me. It is most distinctly stated upon the cover of each No. of the Journal, that the editors take no part in the mercantile, or pecuniary affairs of the Journal. All literary articles, medical communications, books for review and Journals should be sent to the editors, Dr. J. C. Peters, 19, East 15th-st., or Dr. E. E. Marcy, 26, East 22d-st. We very frequently receive letters to the following effect.

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Dear Sir,

I have intended to become a subscriber to your Journal for more than a year, but have neglected to do so from time to time, until I have lost the recollection of the time when a new volume should begin. I would prefer to commence with the volume, unless I should get the back numbers.

Can I be informed how many volumes (of the new series) have been published, and if the back volume or volumes can be obtained? I shall be glad to know, as in that case I shall probably send for them through the book-sellers here, with whom I do my business, and through whom I subscribe for and obtain other Medical Journals. Please also furnish me the price of the back volume or volumes.

All that we can do with such letters, is simply to forward them to our publisher, Mr. Radde, 300 Broadway; and it is but right to add, that they run the risk of being delayed in our hands, quite as long as Mr. Radde or his agents detain communications for the Journal in theirs.

We also occasionally receive requests to forward books and medicines to various parts of the country; with every inclination to oblige our friends, it is simply next to impossible for us to do more than forward their requests to Messrs. Radde, Smith, or Hurlburt; and this we very often forget, or neglect to do.

PETERS.

ARTICLE LII.—*Scraps from Practice.* By D. S. KIMBALL, M.D., of Sackett's Harbor, N.Y.

Dr. PETERS,—

In your noble efforts to give us a more extended and complete Materia Medica, allow me to direct your attention to a few provings of the "AQUA PETRA," as published in the 9th and 10th Nos., 2d Vol., for Dec. and Jan., 1853–4, of the Philadelphia Journal of Homœopathy, page 615 to 619 by me, if you think proper to make use of them. It was first published in Spiritual Telegraph. I would remark that in 1831–2, I was troubled with hæmoptysis, and a slight recurrence of it in 1836, leaving more or less chronic irritation of the throat and lungs, and two or

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three years previously, as well as subsequently, for a long time with dyspepsia.

HEPATICA TRILOBA.

Three years ago, when suffering in this way, I commenced using the Hepatica Triloba, by chewing a mouth-full twice a day and swallowing the juice, much as chewers of Tobacco use it, and observed the following symptoms to arise from it, viz.: Eyes somewhat sensitive to the light; itching and smarting, slightly agglutinated in the morning; bloody mucus frequently blown from the left nostril for three or four days in succession, after using it three days and continuing it; soreness of the end of the nose at the entrance of the nostrils; uncommonly free and easy expectoration; the rough, scraping, irritative and tickling sensation in the throat and fauces disappears, as also the sensation about the epiglottis and larynx, as of particles of food remaining; the accustomed accumulation of phlegm sometimes thick, viscid, and tenacious, inducing frequent hawking and disposition to hawk disappears. The customary paroxysms of coughing and somewhat abundant expectoration, mostly daily about mid-day, a portion of the expectoration being opaque, yellowish, of the consistency of cream, the rest, mucous and frothy, disappears. Apparently a much better state of the lungs and throat are induced from its use, much stronger generally as well as locally, and the irritation of the throat and lungs mostly gone. Digestion apparently more perfect, and a cessation of most of of the remaining dyspeptic symptoms.

VERONICA BECCABUNGA.

My attention was called some years since to the use of the VERONICA BECCABUNGA, or *Brook-Lime*, or *Water-Pimpernel*, in nursing sore-mouth, aphthæ, and stomacace, by an experienced lady, and I have used it since with decided advantage in the form of mother tincture, locally and internally. Have no other provings of it. It is worthy of general use.

VENICE TURPENTINE.

There is another remedy I would like to call the attention of our friends to, which strangely seems to have been overlooked of late, viz., Venice Turpentine in rheumatism and neuralgias. Twelve years ago I had a violent attack of lumbago and sciatica,

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and after using the various homœopathic remedies indicated, with only temporary and partial relief, my attention was drawn to the Venice Turpentine, first dilution, by an article in the "Archives Homœopathique" for 1836; I used it, and it acted like a charm. I translated the article for the Hom. Pioneer, just as its publication was discontinued, and consequently made no further use of it, still I am satisfied if the attention of the profession is called to it, they will derive great benefit from its prompt and efficient action in lumbago and sciatica. In the fore-part of October last, from exposure to the cold, I had another severe attack, and after the use of Ac., Bry., Rhus, Nux, &c., &c., with but partial relief, for three or four days, I obtained complete and prompt relief from the Venice Turpentine. I had slept very little for the three previous nights, as the pain and sufferings were so great in the afternoons, evenings, and nights. On the fourth evening, from one dose of the Turpentine of two or three drops early in the evening, I slept soundly all night, with no re-appearance of the rheumatism in the morning. Another dose in the morning, afternoon, and evening of next day, when a few symptoms came up, effected a complete cure.

Now, sir, if you can find anything beneficial to our friends in the foregoing, I shall be highly gratified. It may put others on the track of further experimentation. The "Aqua Petra," I suppose, will come next in order after the Apis-Mel. You will find all I know about it in the Phila. Jour. of Hom. In the 2d volume of the Spiritual Telegraph, I think near the commencement of the volume, Dr. Graves, of Milwaukie, has an article giving an account of diseases cured by it, &c. I have not the volume before me to refer to, but Mr. Partridge, 346 Broadway, can furnish you with it. Respectfully, yours,

D. S. KIMBALL, M.D.

We trust that Dr. Graves, of Milwaukie, or Dr. Kimball, will soon furnish us with a practical article on the Aqua Petra, for the pages of the Journal; many strange rumors have reached us of the singular efficiency of this remedy in various diseases. We know so little about the article, that we would only mislead our readers if we attempted to give an outline of its uses or virtues. PETERS.

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ARTICLE LIII.—*Cases treated at the Bond-Street Dispensary.* By JAMES S. WOODS, M.D., of New-York.

CASE 1.—Mrs. S——, aged thirty-three years, of full habit and lymphatic temperament, came to the Dispensary on the 18th of November, 1857, with the following symptoms:—Suppression of menstruation for the past two years, having at times a feeling of faintness, with nausea; has had hæmorrhage from the stomach occurring with the regularity of normal menstruation, preceded by violent cephalalgia. Her appetite is good, and the other functions of the body appeared to be performed naturally. Nux-vom.[1], and Macrotine $\frac{1}{10}$, were prescribed.

On the 28th, Mrs. S—— called again, feeling much improved, when I noticed redness of the face resembling erysipelas, and small red patches on her arms; a slight hacking cough. The same remedies were continued.

On the 28th of December I saw my patient again. There had been a return of the menses, very copious, and lasting three days. She had some feeling of faintness and nausea, slight hacking cough, and headache, with erysipelatous redness of the face. Prescription this time was Rhus-tox.[1], and Ipecac.[1].

On the 6th of January, 1858, Mrs. S. called again, reporting a return of the menses, erysipelas remaining the same, with considerable fever. I prescribed Aconite[1], and Rhus-tox.[1].

On the 13th I saw her once more; she was much improved in every way, feeling, as she said, perfectly well. Observing some scaliness of the nose, I gave her four doses of Hepar-sulph., and discharged her cured.

CASE 2.—Sarah K——, unmarried, aged twenty-three years, nervous temperament, sedentary habit, came to the Dispensary on the 23d of September, 1857, complaining of the following symptoms:—Cough; pain in the left side; bearing-down in the lower part of the back; ringing in the ears, and dizziness; swelling of the limbs and puffiness under the eyes every morning; bowels regular, and sleep good; *condition* anæmic. The prescription was Ferr.-metal.[1], Pulsat. $\frac{1}{10}$.

On the 30th she complained that the bearing-down in the back was increased, that she was very restless at night, had a feeling of great lassitude, also that the pain in the left side had increased. This time I gave her Macrotine $\frac{1}{10}$, and Bryonia[1].

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October 5th.—She feels better to-day; pain in left side and back relieved. On the 31st had a severe headache, beginning at noon and lasting till midnight. She has had no appearance of the menses for three months. The same remedies were continued.

October 10th.—She has an undefinable pain over the chest, slight cough, no appearance of menses, still feels the lassitude, but sleeps better. Every day at 11, A.M., a stretchy, yawning feeling comes over her, lasting for two or three hours. In cloudy weather she feels as if she could not breathe. Prescription, Chin.-sulph.$^{\frac{1}{10}}$, Bryonia^{1}.

November 24th.—Her symptoms are all better, her menses have returned. I have heard from this patient several times, and find that she enjoys very good health. She is using salt-water baths daily.

Case 3.—Mrs. P——, aged twenty-seven years, nervous temperament, sedentary habits, complained of following symptoms: Cephalalgia, humming in the ears; obscurated vision, with suffused eyes; a choked-up feeling (nervous) in the throat; a tingling pain, shifting from shoulder to shoulder; feels sore in the bladder when urinating, passing little water at a time, having a constant desire to urinate; bowels are constipated; has had her menses on for the last two months, intermitting only for a day at a time; the blood comes away in clots, and the quantity of the flow is increased by motion; has feeling of chilliness; is very much depressed in spirits, and nervous. Prescription, of January 2, 1858, Platina$^{\frac{1}{100}}$, Secale^{1}.

January 6th.—Mrs. P. complains of soreness in lower part of back and abdomen; her bowels are open; the urine is voided easily and without pain; shoulder-pains about the same; cephalalgia better; nervous despondent state improved; other symptoms better; menstrual flow considerably less, and not increased by motion. Continued the remedies.

January 9th.—Soreness in lower part of back and abdomen better; has pain in the shoulders still; has to-day evidences of a fresh cold; her bowels continue regular; is a little more nervous, and feels very weak; menses ceased. Prescription, Ignatia^{1}, Chinoidine^{1}.

January 13th.—Headache has returned, nervousness better; is troubled with hæmorrhoids. Collinsonia$^{\frac{1}{4}}$, Nux-vom.^{1}.

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January 20th.—Mrs. P. reports herself well again; she is very cheerful, and free from hæmorrhoids.

Case 4.—Alexander T——, aged twenty-seven years, nervous temperament, and worker in brass, came to me complaining of the following symptoms:—Violent discharge of blood from the rectum, mixed with fæcal matter, occurring three or four times a day; the patient appeared blanched, his head felt dizzy and very weak, his eyes had a peculiar glistening appearance, he had also humming in the ears, weakness and pain in the back, his mental state was really painful to behold, low, desponding, suicidal. I found the hæmorrhoidal tumors very painful, and that there was considerable constriction in the sphincter-ani. I prescribed Nux-vom.[1], and Collinsonia, to be taken for one week.

The next time I saw him his countenance was brighter, his spirits more elastic, the discharge of blood very much lessened in quantity; he had a feeling of weariness in his limbs, a bruised feeling in the spine, with some feeling of chilliness. This time I stopped the Nux-vom., and alternated Sabadilla with the Collinsonia for one week.

He called on me again much improved in every way, both in strength, looks, and spirits, so much so as to surprise his friends. I recommended him to take Nux and Collinsonia, one dose of each per diem, until well. I have since heard that his health remains good.

The first three cases had been under treatment in the dominant school, and had derived no benefit therefrom. There were evident symptoms of congestion in two of the cases, and of chlorosis in the other. Macrotine has been found useful in many cases of dysmenorrhœa, being in my opinion, an anologue to Pulsatilla.

Collinsonia-canadensis has a decided action in menorrhagia, menstrual colic, flatulence in dyspepsia, with costiveness. It seems to act as a tonic to the digestive system.

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Reviews and Bibliographical Notices.

1. Bayard Taylor, *on the Movement Cure.*

We extract the following remarks from Bayard Taylor's late book on Northern Travel.

"We devoted ourselves principally to gymnastics and the study of the Swedish language—both of which can be prosecuted to more advantage in Stockholm than anywhere else. For, among the distinguished men of Sweden may be reckoned Ling, the inventor of what may be termed anatomical gymnastics. His system not only aims at reducing to a science the muscular development of the body, but by means of both active and passive movements, at reaching the seat of disease and stimulating the various organs to healthy action. In the former of these objects, Ling has certainly succeeded; there is no other system of muscular training that will bear comparison with his; and if he has to some extent failed in the latter, it is because, with the enthusiasm of a man possessed by a new discovery, he claimed too much. His successor, Prof. Branting, possesses equal enthusiasm, and his faith in gymnastics, as a panacea for all human infirmities, is most unbounded. The institution under his charge is supported by government, and, in addition to the officers of the army and navy, who are obliged to make a complete gymnastic course, is largely attended by invalids of all ages and classes.

Neither of us required the system as a medical application. I wished to increase the girth of my chest, somewhat diminished by a sedentary life, and Braisted needed a safety-valve for his surplus strength. However, the professor, by dint of much questioning, ascertained that one of us was sometimes afflicted with cold feet, and the other with headache, and thereupon clapped us both upon the sick list. On entering the hall, on the first morning of our attendance, a piece of paper containing the movements prescribed for our individual cases, was stuck in our bosoms. On inspecting the lists, we found we had ten movements apiece, and no two of them alike. What they were we could only dimly guess from such cabalistic terms as "*Stödgangst*," "*Krhalfligg*," "*Simhäng*," or *Högstrgvsitt*." The hall, about eighty feet in length by thirty in height, was furnished with the usual appliances for gymnastic exercises. Some fifty or sixty patients were present, part of whom were walking up and down the middle passage with an air of great solemnity, while the others, gathered in various little groups on either side, appeared to be undergoing uncouth forms of torture. There was no voluntary exercise, if I except an old gentleman in a black velvet coat, who repeatedly suspended himself by the hands, head downwards, and who died of apoplexy not long afterwards; every one was being exercised upon. Here, a lathy young man, bent sideways over a spar, was struggling, with a very red face, to right himself, while a stout teacher held him down; there a corpulent gentleman, in the hands of five robust assistants, was having his body violently revolved upon the base of his hip joints, as if they were trying to unscrew him from his legs; and yonder again, an individual, suspended by his arms from a cross-bar, has his feet held up and his legs stretched apart by another, while a third pounded vigorously with closed fists upon his seat of honor. Now and then a prolonged yell, accompanied with all sorts of burlesque variations, issued from the throats of the assembly. The object of this was at first not clear to me, but I afterwards discovered that the full use of the lungs was considered by Ling a

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very important part of the exercises. Altogether, it was a peculiar scene, and not without a marked grotesque character.

On exhibiting my *matsedel*, or "bill of fare," to the first teacher who happened to be disengaged, I received my first movement, which consisted in being held with my back against a post, while I turned my body from side to side against strong resistance, employing the muscles of the chest only. I was then told to walk for five minutes before taking the second movement. It is unnecessary to recapitulate the various contortions I was made to perform; suffice it to say, that I felt very sore after them, which Professor Branting considered a promising sign, and that, at the end of a month, I was taken off the sick list and put among the *friskas*, or healthy patients, to whom more and severer movements, in part active, are allotted. This department was under the special charge of Baron Vegesach, an admirable teacher, and withal a master of fencing with the bayonet, a branch of defensive art which the Swedes have the honor of originating. The drill of the young officers in bayonet exercise was one of the finest things of the kind I ever saw. I prospered so well under the Baron's tuition, that at the end of the second month I was able to climb a smooth mast, to run up ropes with my hands, and to perform various other previous impossibilities, while my chest had increased an inch and a half in circumference, the addition being solid muscle.

During the time of my attendance I could not help but notice the effect of the discipline upon the other patients, especially the children. The weak and listless gradually straightened themselves; the pale and sallow took color and lively expression; the crippled and paralytic recovered the use of their limbs; in short, all, with the exception of two or three hypochondriacs, exhibited a very marked improvement. The cheerfulness and geniality which pervaded the company, and of which Professor Branting himself was the best example, no doubt assisted the cure. All, both teachers and pupils, met on a platform of the most absolute equality, and willingly took turns in lending a hand wherever it was needed. I have had my feet held up by a foreign ambassador, while a pair of Swedish counts applied the proper degree of resistance to the muscles of my arms and shoulders. The result of my observation and experience was, that Ling's system of physical education is undoubtedly the best in the world, and that, as a remedial agent in all cases of congenital weakness or deformity, as well as in those diseases which arise from a deranged circulation, its value can scarcely be over-estimated. It may even afford indirect assistance in more serious organic diseases, but I do not believe that it is of much service in those cases where chemical agencies are generally employed. Professor Branting, however, asserts that it is a specific for all diseases whatsoever, including consumption, malignant fevers, and venereal affections. One thing at least is certain—that in an age when physical training is most needed and most neglected, this system deserves to be introduced into every civilized country, as an indispensable branch in the education of youth.

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2. Frank's *Magazine of Physiological and Clinical Materia Medica and Toxicology*, 4 vols. 1846 to 1855; 800 to 1000 pages each. (German edition.)

This is one of the most important medical enterprises of modern times, although it appears, in a very modest and almost homely form. It brings forward no new theory or system of medicine, although it may soon form the basis of a most imposing one. It discards all theories and hypo-

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theses, all reasoning or explanations about assumed or imaginary modes of action of medicines, but boldly declares that "medicine is merely a scientific empiricism; that pure experience is the only soil in which it can take root and flourish; and that honest and simple experiment and observation form the only sources from which it can derive nourishment and growth."

Hence Frank's Magazine attempts to furnish nothing but what is actually true and in accordance with honest experience. It confines itself solely to the record of experiments with drugs upon healthy men and animals; the details of accidental or suicidal cases of poisoning; and experiments at the bed-side, made with one medicine at a time, and only of such as bear the stamp of truth upon their face.

It pretends to be merely a collation from the whole medical literature of all ages and languages of the pure pharmacodynamic and toxicological effects of drugs; it attempts to republish only the pure and true experience concerning the physiological (or more properly pathogenetic) and therapeutic powers of unmixed medicines as derived directly from the original sources.

Natural cures of disease, or recoveries by the unassisted powers of nature are also carefully given, by way of contrast with the artificial or medical cures.

Three numbers of about 350 pages each, published at somewhat irregular periods, form a volume; and the articles in each number are arranged simply in an alphabetical order. In like manner as all theory and hypothesis is discarded, so also is all attempt at a prematurely scientific or rather hypothetical arrangement or classification avoided.

Simplicity of purpose and honesty of record characterize every line and page of it; and Frank is fully justified in asserting as he does in the introduction to the 4th vol., that "whoever has followed the new direction of medicine, and especially those who have watched with careful and unprejudiced eyes the methods of Hahnemann and Rademacher, will find in this Magazine a useful and in fact almost indispensable collection of materials for a future rational empirical system of medicine.

In the composition of the Materia Medica which forms so important a part of this Journal, frequent reference and copious extracts and translations have been made from Frank's Magazine.

PETERS.

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3. *A Manual of Practical Therapeutics*, by EDWARD JOHN WARING. (English edition.)

This is also an unpretending, but most useful book. The author says, "in offering the following pages to the notice of the profession, the compiler, for he aims at no higher distinction, feels that a few words are required to explain his reasons for adding another work to the many which have of late years issued from the press on that important department, of Medical Science, Materia Medica and Therapeutics. In most works of this class, the botanical, chemical and pharmaceutical departments have been so fully and minutely entered into, that their authors have doubtless found it impossible to devote that space to the consideration of the medicinal application of the various articles of the Materia Medica to the treatment of diseased and morbid conditions of the human body, which, from its great practical importance it demands.' In fact, (in the dominant school) the department of Therapeutics has not generally received the

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same attention or occupied an equal space with that allotted to the consideration of the chemical and botanical characteristics of the various substances constituting the Materia Medica.

Hence Waring has attempted to remedy this deficiency in old school works on the Materia Medica, by collecting and bringing within a small compass the opinions and experience of the most eminent writers of modern times, as to the real value of the articles of the Materia Medica in the treatment of disease. The botanical and chemical characteristics of the various medicines have been very briefly enumerated, in order to allow a larger space for the consideration of their therapeutic uses.

It is not merely a compilation from other works on the Materia Medica, but is a most pains-taking and faithful collation of the experience of the most celebrated physicians and surgeons, especially of modern times. I know of no work which will so quickly and pleasantly introduce the student and general practitioner to all that is known in the dominant school about the pathogenetic and therapeutics properties of almost every article of the Materia Medica. PETERS.

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4. HEADLAND *on the Action of Medicines.* Reprint, by Lindsay and Blakiston, Philadelphia.

This is a much more ambitious book, both in title and pretensions. Its full title is: "The action of Medicines in the system, or, on the mode in which Therapeutic agents introduced into the stomach produce their peculiar effects on the Animal Economy, being the Prize Essay to which the Medical Society of London awarded the Fothergillian gold medal for 1852, by Frederick William Headland, B. A. M. R. C. J., &c."

It practically sneers at simple and pure experience, and lauds theory, hypothesis, &c. Headland commences by saying: "There have been, more or less in all ages, two systems or schools of medical treatment, of which the one prevails among ignorant men, and in rude states of society, but the other requires a higher degree of enlightenment. These are the empirical and the rational systems. The first is founded on simple induction. By accident or experience it is found that a certain medicine is of use in the treatment of a certain disorder; and on a number of such separate data an empirical system is constructed. It naturally requires for its elaboration a comparatively small degree of knowledge."

We are willing to join issue here at once with Headland, and to assert that he either has a very narrow idea of true experimental- or rational-empirical medicine, or else purposely maligns it. FRANK has a much more just idea of it when he says: "Medicine is an inductive science, and the Materia Medica in particular can only be based upon observation and experience; but experiments may deceive and experience may be misinterpreted, hence in order to obtain a sure basis we must collect as much absolutely true experience as possible." Even, the very first empiric sect, viz., that founded by Philenus of Cos, and Serapion of Alexandria, acted upon premises that would do great credit even to modern times. They asserted boldly that the doctrines of elementary qualities, cardinal humors, essences of diseases, &c., then in vogue, were all false and hypothetical. They even rejected that fundamental doctrine which their opponents had derived from the Greek medical philosophers, *contraria contrariis curantur.* They confined themselves entirely to the results of experiment and observation; and were determined opponents of all spiritualism, all *à priori* general ideas, and all hypotheses. Medical science and skill, were to be acquired, the ancient and original empirics said, by three modes: The first

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was personal observation, or autopsy; the second, the study of observations recorded by others, or history; the third, was epilogism and analogism, and consisted in deductions drawn from autopsy and history, which enabled them to make new discoveries, or led to further observation. The autopsy of the empiric was made with the greatest care, that errors in observation might be avoided. It was necessary that a disease should have been carefully watched under every variety of complication and circumstance; and a method of treatment carefully followed in the same manner, before the autopsy of that disease was considered complete. In short, they seem to have used a numerical, or inductive method. The practitioner who had thus carefully observed a disease, and preserved a perfect knowledge of its symptoms, course, termination, and treatment, had arrived at a theorem; and he who had accumulated a sufficient number of theorems, was an *experienced* or *empirical* physician. The Epilogism, or analogism of the empirics, was the application of the experience of known diseases to unknown, by means of resemblances or analogies; i.e. a new disease was treated according to the method established for one to which it had the closest resemblance; and the same plan was adopted in substituting one remedy for another. The definitions of the empirics never included latent causes, or essential, elementary, or primary properties. They were content to observe what remedies cured certain diseases, and to employ those remedies in similar cases; a principle at the foundation of all medication. Theirs, however, was not the crude experience of the lay amateur or quack. The difference between the scientific and crude empiric was that by accurate study and experience the former were able to discriminate resemblances and differences. But this power of discrimination in those early ages was necessarily of slow growth. Pure or scientific empiricism was active for a century and a half; it then fell and its fall was complete. It was altogether banished for ages and its name became a synonyme for ignorance and pretension. But when it arose again in the systems of Bacon, Locke, and Condillac, it aimed at a universal dominion in science. The cause of its first decline must be attributed to a failure in progressive observation. The cultivation of general, or descriptive, and pathological anatomy became impossible as monkish Christianity spread, and physics were so imperfect, that no new aids to observation seem to have been invented. There was thus an arrest of development in science, or rather a marasmus. No new matter was added to its system, and therefore it remained like a blighted creature. On the other hand, the scientific mind being turned from the observation and accumulation of new facts, was perforce driven to expend its active energies on successive theories and systems each being doubted and discarded almost as soon as set up. (Brit. and For. Rev., Jan., 1847.)

To return to Headland's book; it would be worthless if it contained nothing but the author's observations and lucubrations; but it really contains many very valuable empirical facts, gleaned from the first authorities, to which he has tacked explanations and suggestions more or less wise or absurd. For instance, he records Billing's notion that Mercury acts solely by contracting the capillary vessels. How much are the capillary vessels contracted in mercurial salivation or diarrhœa? He goes on to inform us that Billing considers Mercury to be neither stimulant, nor sedative, but tonic!!! No one of these terms appear to Headland to be strictly applicable, but he thinks perhaps the last is the best of the three!! p. 328.

With such profound insight into the action of Mercury it is to be supposed that he entertains equally shallow notions about Homœopathy and

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Allopathy. But singularly enough, he too occasionally is able to do a mite of justice to each system. He says on page 53: "But a much more plausible notion is, that each particular disease or symptom is to be cured by administering a remedy which is capable of producing a contrary state. By this contrary condition the disorder is to be neutralized. This was the maxim of Hippocrates: *Contraries are the remedies of contraries.* But this rule becomes inapplicable when the cause of the disease is so complicated that we cannot tell where to find a substance that shall directly oppose its agency. Besides, it cannot in theory be universally applied, for it takes no notice of treatment by evacuation, or revulsion." I will admit without farther argument that *contraria contrariis curantur* is not, and never can be a universally applicable law of cure.

Homœopathy of course fares still more badly in Headland's hands, although he often makes accidental admissions in its favor which we feel impelled to quote. On page 208, we are told that Arsenic acts in and on the blood and produces in it a number of effects of a particular kind. One part of this operation is that it is capable of antagonizing the poison of intermittent disorders." And how? Why "the action of Arsenic is said to be liable to exacerbations and remissions, and sometimes even intermissions. Thus we may suppose that there is a certain degree of analogy between its operation and that of the malarious poison, *by virtue of which* it may perhaps exert a corrective power over the working of the latter in the blood! Well done, Headland, no homœopathist has yet ventured to give quite so clear an explanation of the action of Arsenic in the cure of fever and ague.

Again, on page 189, we are told that: Beneficial as Mercury often proves in syphilis when administered cautiously, yet if given in excess, or to persons that are over-susceptible of its action, it is capable of proving a poison every whit as noxious as the syphilis it was intended to neutralize. The mercurial cachexy is quite as deplorable, and quite as incurable as the syphilitic cachexy."

On page 179, we are informed that "catalytic medicines counteract morbid agencies by an operation in the blood. Now this mode of counteraction cannot be defined, because it is only in a few cases that we can even guess at it. We know that syphilis is a poison in the blood; and Mercury is also a poison in the blood. But why does Mercury antagonize and annihilate syphilis? The same is the case with Scrofula and Iodine; with Sulphur and Arsenic." It is laughable in the extreme to the merest tyro in homœopathy to see Headland making these sweeping admissions in favor of homœopathy, asking these child-like questions, and finally concluding by innocently stating that: "It is very humiliating to be baffled when we have got thus far; when, led by the hand of science, we have been conducted almost to the end of this interesting inquiry, to find that we [Headland, not us] are perfectly unable to take the last step, and thus conclude our adventure."

But nolens, volens, Headland persists in plunging still deeper into homœopathy. We are told: When there is no disease, a catalytic medicine may work out its own action in the blood, and produce a disease. But when there is some previous disorder in the blood, the working of the catalytic may operate so as to counteract this already existing action, being so far *similar* to it, that it acts in the same department, and may thus occasionally produce like results, but being, nevertheless essentially contrary to it, because it neutralizes it."

"Such relations are met with even among natural diseases. Vaccination and small-pox afford us an instance of the mutual counter-action of

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morbid processes: these two poisons are *alike* in their operation. Dr. Fouquet of Freiberg, has tried the effects of re-vaccination in syphilis with great apparent benefit: these two poisons, are *somewhat unlike and somewhat similar* in their results. The same holds good of ague and phthisis; both are attended with chills, fever and sweat, and persons who have had ague are said to be less liable to phthisis than others. In these morbid phenomena we find something of a parallel to the curious operation of catalytic medicines in controlling blood-diseases; for I [Headland], have shown that these remedies themselves produce artificial blood-diseases." "It is possible that these medicines may produce a kind of fermentation which should meet and neutralize a morbid fermentation." But Headland has sense enough finally to exclaim; "such ideas lead us on into the uncertain regions of speculation." However, he cannot resist admitting on page 182, that it is not very unlikely that some of these medicines may act in a mode which is more or less analogous to an action of fermentation. They might then cause changes in the blood themselves, and by this means alter and destroy a morbid process *somewhat similar* to that which they themselves excite. For we have seen that when introduced into the healthy blood, they invariably tend to produce a change in it which is productive of disease, or harm; but when there is already an abnormal process going on there, their influence will effect the subversion or annihilation of this process.

Poor Headland, he cannot see that similarity is a hybrid, or compound; that it consists of a certain amount of *difference* as well as of *resemblance;* that a similar thing differs as well as resembles; that a similar action exerts, not an identical, but a somewhat alterative influence; that similar or homœopathic remedies exert a changing or altering action which differs only in degree, not in kind, from simple alterative or true allopathic remedies, or even antagonistic or true antipathic remedies; for antagonism is merely an extreme degree of difference, while similarity is a lesser degree of difference.

Headland has already admitted theoretically that *contraria contrariis curantur* is and cannot be a universally applicable law of law, while practically, however unpalatable, we have seen that he has been forced to admit that there is some truth in *similia similibus curantur.* The two laws are the complements of each other; they are not diametrically opposed to each other; there is a bond of union and similarity between them. Identity and antagonism are the opposites of each other; similarity is not the opposite of antagonism, but is merely a lesser degree of difference, while antagonism is the greatest. PETERS.

General Record of Medical Science.

PHYSIOLOGICAL CHEMISTRY.

Uses of Phosphorus and Iron.

1. PHOSPHORUS.

Its importance to the human organism is shown, 1st, by its invariable presence in it; 2d, by the abundance of its presence; 3d, by the universality of its presence; 4th, by the diversified manifestations of

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its presence; 5th, by the active part which it takes in the most energetic vital processes, such as absorption, secretion, nutrition, reproduction, sensation, emotion, and all the other forms of nervous or cerebral action; 6th, by the invariable loss of health which attends its withdrawal from the body; 7th, by its efficacy as a restorative. A substance which is alike present in the hardest bone and the most pulpy nerve, which occurs in one form or rather series of forms in the blood, in another series in the flesh-juices, in a third in the milk, in a fourth in the brain, and probably in other modifications elsewhere in the organism, and which is associated with all its critical changes, must be pre-eminently serviceable to the body.

Phosphorus occurs in all organisms chiefly as phosphoric-acid, in union with water, with mineral and organic bases, with fatty bodies, and in other forms of organic combination as yet little understood. The following exposition of the properties of the element and its chief organismal compounds may illustrate why it is so serviceable to the body.

I. Phosphorus is remarkable for the protean shapes which it can assume. Some elementary bodies, such as gold, are familiar to us in one form, and that so beautiful that we are not curious to inquire whether the metal can assume other and less noble shapes. In truth we have but recently fully realized that a multitude of the chemical elements can masquerade in disguises, through which we with difficulty realize their individuality. Among those masqueraders a first place must be given to the element under notice.

Since about 1660 we have been familiar with phosphorus as a soft, semi-transparent, nearly colorless wax-like substance, possessed of a glassy structure, exhaling in the air an odor of garlic, shining even at the freezing point of water, melting a hundred degrees below the boiling point (111°5 F.) of that liquid, bursting into flame in the air at a temperature a little higher, and yielding a thick white smoke condensing into a snow of phosphoric-acid. This form of the element we have learned to distinguish as vitreous phosphorus. It is so inflammable, that it can be preserved with safety only under water, and there is scarcely a chemist who has not been in some degree a martyr to its flames. It is so poisonous that not a year passes without some poor child falling a victim to the minute portion which it thoughtlessly eats from a lucifer-match, and without some uncautioned lucifer-match maker suffering the prolonged tortures of slow poisoning, which its daily administration in infinitesimal doses infallibly occasions. It reacts so powerfully upon the air in which it is permitted to fume, that it changes its oxygen into the energetic, oxidizing, deodorizing and bleaching agent which is known as ozone. In a word, it exhibits in an intense degree an affinity, or tendency to combine, alike with metals and non-metals, and strikingly alters each by its union with it.

In so far, then, as mobility, or susceptibility of various change is concerned, no one will question the fitness of phosphorus to become an organismal element. But till recently we had not discovered that

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it can change this mobile, restless, agonistic condition, for one of passive indifference and great stability.

Recent researches have shown that vitreous phosphorus is susceptible of no fewer than five modifications.

1st, It may be altered from the glassy to the crystalline condition.

2d, By exposure under water to air and light, it becomes a *white*, opaque, sparingly fusible body.

3d, By fusion and sudden cooling at a comparatively low temperature, it becomes *black* and opaque.

4th, By elevation to near its boiling point, and sudden cooling, it becomes viscid like sulphur in the same circumstances, and retains for a considerable period a consistence like that of caoutchouc.

5th, By exposure to the ray of the sun in a vacuum, or in a gas free from oxygen, or in water free from air, and excluded from air, it changes into an amorphous *red* solid.

Thus we know phosphorus as:

1. A symmetrical crystal.
2. A true vitreous body, or glass.
3. A soft elastic substance like caoutchouc.
4. A white amorphous solid.
5. A black amorphous solid.
6. A red amorphous solid.*

The crystalline phosphorus and the vitreous closely correspond in chemical characters, and we know little of the elastic, the white, and the black varieties; but the possibility of producing them illustrates how susceptible phosphorus is of many modifications; and in the red amorphous modification we have an indifferent form of the element, so unlike that in which we are accustomed to see phosphorus, that though it has been in the chemist's hands for more than a century, he has only very recently recognized that it is phosphorus.

It is now, however, manufactured on the large scale,† so that its properties may be stated and illustrated in full. It is neither crystalline nor glassy, but amorphous, and heavier than the familiar forms of phosphorus. It does not shine at the heat of freezing water, nor melt even at that of boiling water. It exhales at ordinary temperatures no vapor and no odor, nor does it become oxidized in the air, or change it into ozone. It is not poisonous even when directly administered in doses a hundred times greater than those which are fatal with vitreous phosphorus, and it may be handled with impunity. Towards other ele-

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* See Gmelin's Handbook of Chemistry, Cavendish Soc. Trans., article *Phosphorus*. Prof. W. A. Miller's Chemistry, vol. ii., p. 593. Graham's Chemistry, vol. i., p. 431.

† Messrs. Albright, near Birmingham, have for the last five or six years prepared red phosphorus according to Schrötter's process, which they have patented. I am indebted to these gentlemen for the opportunity of examining large specimens of this important substance, which promises, by its comparative harmlessness, to render the manufacture, use, and carriage of lucifer matches much less dangerous than they are at present.

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ments it shows in general a singular indifference, nor is it till we raise it to the temperature of 500° F., some 470° above the heat necessary to make vitreous phosphorus begin to burn, that it starts into activity, bursting into flame, and yielding phosphoric-acid. It appears to owe its peculiarities to the presence in it of much latent heat, so that it differs from vitreous phosphorus, as steam does from water, and water from ice, for it is most easily produced by long maintenance of the phosphorus at a temperature below 490°, and when heated above this point it suddenly bursts into vapor, changing with evolution of heat into the familiar modification of the element. But it can be produced by a brief exposure of the vitreous phosphorus to light, in a vacuum or non-oxygenous atmosphere, and when common phosphorus is kindled in air, it always changes in part into the red amorphous modification, which remains when the non-amorphous portion has burned away; and some interesting researches of Professor Brodie appear to prove that the change may attend the combination of phosphorus with other bodies.

Here then is an element which can imperceptibly and quickly pass from a condition of great chemical activity to one of great chemical inertness. I suggest this *susceptibility of change* as one reason why phosphorus is a predominant organismal element. Without insisting on its six-fold mutability, let its two-fold mobility, of which we are quite certain, be kept in view. Phosphorus, in virtue of this, may follow the blood in its changes, may oxidize in the one great set of capillaries, and be indifferent to oxygen in the other; may occur in the brain in the vitreous form, changing as quickly as the intellect or imagination demands, and literally flaming, that thoughts may breathe and words may burn; and may be present in the bones in its amorphous form, content, like an impassive caryatid, to sustain upon its unwearied shoulders the mere dead weight of stones of flesh. And what is said here of the brain, as contrasted with the bones, will apply with equal or similar force to many other organs of the body. All throughout the living system we may believe that phosphorus is found, at the centres of vital action in the active condition, and at its outlying points in the passive condition. In the one case, it is like the soldier with his loaded musket pressed to his shoulder, and his finger on the trigger, almost anticipating the command to fire; in the other it is like the same soldier with his unloaded weapon at his side, standing at ease.

Phosphorus will react also on other bodies, according to its own condition; and as it appears that vitreous phosphorus not only oxidizes with great rapidity when it encounters air, but at the same time changes that air in part into ozone, *i.e.*, greatly exalts its oxidizing power, it will be seen that the quick oxidation of phosphorus within the organism may often imply the simultaneous quick oxidation (through the ozone it generates) of all the surrounding oxidable substances.

It is premature to speculate on such matters, but it is desirable to notice emphatically, that physiology has not yet recognized the impor-

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tance of that susceptibility of molecular change which chemists specify by the name of "Allotropy." It increases alike the difficulties and the resources of biology. Hitherto, we have begun with each element as if it had one narrowly-defined set of sensible characters, which we have briefly enumerated; and thereafter we have proceeded to consider its chemical compounds, with the exposition of which our zoo-chemical demonstrations have commenced. But now it appears that what we regarded as the basement floor, level with the ground, was at least one story above it, and when we dig away the sand, we find vault covering vault, and know not as yet how many stories lie below. Among organismal elements, not only phosphorus, but oxygen, carbon, sulphur, and chlorine are known to admit of molecular modifications. The tendency, indeed, of discovery, is to show that every chemical element is in this predicament, for every day adds to the number of allotropic substances. Moreover, we can confidently affirm, that when they enter into combination, the compounds which they form often reflect the image of the modification which characterized the element at the moment of its combination, and that we may have oxides, for example, of the same composition, (so far, at least, as ponderable constituents are concerned,) yet very different in property.

As pre-eminent among the possessors of this variability, phosphorus is more suitable than any element we yet know, to minister to the unchanging change of the living body.

It is not, however, as elemental phosphorus, intricately combined with organized molecules in ways which the chemist cannot interpret in his study or imitate in his laboratory, that this organismal constant chiefly occurs. As already stated, it is present in living bodies chiefly at its highest oxide, phosphoric-acid.

2. Iron.

And among the organismal metals, Iron is *par excellence* the metal, as certainly as it is, by the testimony of ages, industriously the most excellent of them all. All countries have honored the smith, and he would wonder more than he does at his own skill, if he realized that the iron which he hammers, is hammered not merely by iron in his hand, but also by iron in his blood. Yet the function of this iron is so little known, that, though statistical men have calculated how many railroads might be made out of the blood-iron of a generation of mankind, the most acute and accomplished chemists tell us, to take the words of one, that "we are unfortunately perfectly ignorant regarding the special uses of iron in the animal economy."* And I have to turn to a poet to find a reason why it is so useful. Alfred Tennyson, in his Princess, makes the father of his heroine exclaim, when his stately daughter shows no signs of relenting towards the wounded prince,—

> "I've heard that there is iron in the blood,
> And I believe it."

* Lehmann's *Physiological Chemistry*. Cav. Soc. Trans., vol. i., p. 443.

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Old King Gama's final cause for iron in the blood was to secure "a steel temper" for those in whose veins it ran largely. He would have promised the chemist a large per-centage of ferric oxide from the blood of the Great Captain, whom his countrymen loved to call the Iron Duke. This is the only final cause I remember to have seen assigned for blood being chalybeate. Perhaps the fine satire of the poet may quicken us to discover others.

Iron is intermediate in properties between the very oxidable metals, such as potassium, and the very unoxidable metals, such as gold. The former yields compounds too fixed, the latter compounds too variable, for the necessities of the living organism with its nicely-balanced affinities, and its stable-unstable equilibrium. Far from either extreme, iron belongs to a group including aluminum, chromium, manganese, nickel, and cobalt; but it differs from them all, and conjoins fixity and variability to an extent which none of them do.

Iron as a metal is readily crytallizable; oxidable at ordinary temperatures even in mass; peculiarly susceptible of magnetization; fusible only at a very high temperature; agglutinating so as to admit of welding occurring at a somewhat lower heat; and possessed at the same, and at higher temperatures, of a peculiar affinity for carbon. It is further remarkable as admitting of a singularly passive as well as an active electrical condition. Iron forms three important compounds with oxygen, besides a fourth (ferric-acid) not requiring notice. The first, or protoxide, which consists of 1 unit of metal to 1 of oxygen is a powerful base. The third, or peroxide, which consists of 1 unit of metal to 1½ of oxygen, is a weak base, and cannot unite with carbonic-acid. The second, which as compared with the first and third is intermediate in composition and also in properties, especially so far as basic power is concerned, is strikingly characterized by being magnetic, and is called in consequence the magnetic oxide. Through these three stages of oxidation, iron can rapidly pass backwards and forwards, altering its basic and magnetic powers as it changes. As a peroxide it has a remarkable attraction for organic matter, familiarly exemplified by the difficulty experienced in removing iron-stains from linen, and turned to excellent account by the dyer and calico-printer. This property does not belong to the protoxide; but all the oxides of iron resist precipitation from their salts by alkalies when organic substances like sugar are present, in consequence, apparently, of combining with them.

With the great majority of the non-metallic elements iron forms compounds similar to those which it forms with oxygen. Among these are the remarkable combinations with carbon, which confer upon cast-iron and steel their valuable properties, and the curiously complex radicals with carbon and nitrogen (ferrocyanogen and ferridcyanogen,) which occur, for example, in prussian blue, where iron in part acts as a metal, in part acts as a non-metal, as if it replaced both the sodium and the chlorine of common salt.

In virtue of those properties iron can accommodate itself as few

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metals can, to the metamorphoses of the organism. In the arterial blood full of oxygen it can become a peroxide, cleaving like a dyer's mordant to the organic matter of the corpuscles or blood-cells. In the venous blood, containing little oxygen, it can become protoxide, perhaps combining, as has been suggested, with carbonic-acid. At both sets of the capillaries, it may at the crisis of change of the blood from venous to arterial, and from arterial to venous, transiently become the intermediate magnetic oxide In one or other of those forms, or in similarly variable states of combination with other elements than oxygen, it can enter into the composition of the various solids and fluids of the body in which it is found occurring, and perform, as it does even in the inorganic ferrocyanides, exactly opposite functions in neighboring portions of the same tissue. At the same time, its combinations are far removed from the category of fragile chemical compounds; even those with organic substances, such as the dye-mordants, resisting the decomposing action of powerful acids and alkalies.

Now, let the characters of iron which have been noted be regarded simply as exponents of a conjoined mobility and stability, without attaching any value to the particular modes in which those characters are supposed above to be organismally serviceable, and let us see how far the metals most resembling iron agree with it in such properties as the dominant metal of the body must possess. Chromium has a basic peroxide and a strongly acid, extremely unstable, higher oxide (chromic acid,) but no protoxide or intermediate oxide. Practically it could occur in the body only as the basic oxide, a substance having few affinities, for chromic acid is rapidly destroyed by organic substances and reacts destructively on them, so that it is not surprising that its salts are poisonous.

Aluminum forms only a peroxide, alumina, so that it is an unpliant, unaccommodating metal. Alumina, moreover, (the dyer's most useful mordant,) has so excessive an attraction for organic matter, with which it forms insoluble compounds, that it cannot take an active part in organismal changes. In truth, when taken internally, it is prevented by this precipitation in an insoluble form along with the first organic substance which it encounters, from entering the blood except in minute quantity, and it is not retained there.* If, indeed, there is any justice in the statement that bakers are in the habitual practice of adding alum to bread, we must be continually swallowing alumina, yet none is found in our blood.

Manganese as a metal is the very reverse of aluminum, and too variable for the wants of the living economy. It resembles iron, but has a wider range of affinities, and it is very feebly magnetic. It oxidizes so rapidly in air, that it can only be preserved in sealed tubes, or under liquids containing no oxygen. In accordance with this oxidability, it forms four non-acid oxides, three corresponding to those of iron, but the fourth, or black oxide, having no analogue among the iron com-

* Lehmann's *Physiol. Chem.* Cav. Soc. Trans., vol. i., p. 449.

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pounds; and two acid oxides, one manganic acid, corresponding to ferric acid, and like it very unstable, the other permanganic acid, also, though in a less degree, an unstable compound. This susceptibility of oxidation in various degrees, which, moreover, implies a power of uniting variously with other bodies than oxygen, appears to unfit manganese for taking a prominent part as an organismal metal. It does occur in minute quantity in the animal body along with iron, as if to supplement it, but it is more abundant in the spent tissues than in any of the fluids that take part in the vital functions.* It appears indeed to be hurried out of the system in virtue of the great mobility of its compounds.

The two metals which most resemble iron are cobalt and nickel. They produce oxides similar to those of iron, and are strongly magnetic. Their affinity for oxygen, however, is less than that of iron, for they remain untarnished where iron rusts. They also dissolve more slowly than it in dilute acids. Their higher oxides are not basic. Their peroxides have not the stability of the peroxide of iron, nor, so far as appears, do they possess the attraction for organic matter which belongs to that body; neither do they form a sharply defined intermediate oxide, like the magnetic oxide of iron. They would not then, if substituted for iron in the living organism, equal it in power, nor do their properties appear to suit the wants of the body better, or indeed so well as those of iron do. Yet they resemble iron so much that we can well suppose conditions of the system, in which they might be serviceable, and my colleague in the University, Professor Simpson, has long been in the practice of administering salts of nickel in those diseases which are accompanied by a deficiency of red globules in the blood. In such cases iron is generally administered, and often with marked utility, but sometimes it is of no service, and then nickel is often beneficial. Dr. Simpson called my attention to this fact more than two years ago, simply as an experiential result, and not as reached through any such theory as that followed above. The fact is on this account the more interesting to me, and my colleague's anticipation that the blood, if rigidly analyzed, will be found always to contain nickel, may be confirmed; although, on the other hand, it is quite possible that there may be abnormal conditions of the system, where a metal of the iron-group may be more useful than iron itself, not to the extent of its similarity, but of its dissimilarity to that metal; as manganese for example, where the metamorphosis of tissues is too slow; aluminum where it is too swift. It may be thus that nickel, as well as cobalt, proves serviceable as a tonic; and in that case we should not expect to find them among the normal ingredients of the blood.

Iron then is a unique metal. We could replace it by no other without a sacrifice of properties which are serviceable to the higher organisms. More than this it might be unreasonable to affirm. But there is one feature of its uniqueness which is worth a moment's further

* *Op. Cit.*, p. 448.

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consideration. Except nickel and cobalt, it is the only decidedly magnetic metal, and it is more magnetic than they. It must influence the body in virtue of its magnetism in a way no non-magnetic metal could, and its magnetic condition must be continually altering. The patients of Reichenbach may sometimes have deceived themselves, or him, or both, when they declared that their sensations were different, according as they lay along or across the magnetic meridian; but it is certain that the iron in our bodies must be in a different magnetic condition in the opposite positions, and it is reasonable to suppose that some persons may be sensitive enough to appreciate the difference. At all events, the observations of Faraday on the magnetic condition of flesh and of living animals, demonstrate that the organismal iron is magnetically active. We know also that magnetism cannot be developed without a simultaneous development of electricity, so that magnetic changes in the ferruginous blood and flesh must be accompanied by electrical changes. Electricity also invariably develops magnetism, and we know that electrical currents are constantly traversing the muscles and other organs. Such currents will react on the magnetic masses in their neighborhood and be reacted on by them, with a corresponding exaltation of the intensity alike of the electricity and the magnetism.

Further, the peculiar force or polarity which acts along the nerves resembles in many respects electrical and magnetic force. It is probable that all three forces or polarities powerfully influence each other, and that the magnetizable iron of the body is continually taking part in such reciprocal actions. If, moreover, the iron in the blood-vessels, as has been suggested previously, becomes magnetic oxide at each half-revolution of the blood, it will be much more magnetic at each of the great crises of the circulation than at any other period. I feel at least assured that the magnetic qualities of iron are among its organismal virtues, and that Copper, for example, however suitable otherwise, could never perfectly replace iron, inasmuch as it is devoid of all but traces of magnetic power.

MATERIA MEDICA.

We subjoin a list of articles in the order in which they are to appear in our Materia Medica—as compiled by Dr. Wm. H. Watson of Utica. We solicit all the information about them which our readers and correspondents are able to give—such as cases cured; suggestions for their use; a critical examination of cases of poisoning, with clinical remarks, &c., &c.

Aristolochia-serpentaria,
Arnica-montana,
Arum-tryphillum,
Arsenicum-album,
Arseniate of Ammonia,
Asafœtida,
Asarum-Europæum,
Asarum-Canadense,
Asclepias-curassavica,
Asclepias-incarnata,

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Asclepias-Syriaca,
Asclepias-tuberosa,
Asclepin,
Aster-puniceus,
Asparagus-officinalis,
Astragalus-verus,
Atropia,
Atropiæ-sulphas,
Aurum,
Auri-iodidum,
Auri-teroxidum,
Auri-terchloridum,
Aurantii-cortex,
Asedarach.

ON THE INDIGENOUS REMEDIES USED IN THE ECLECTIC SCHOOL.

Ampelopsis-quinquefolia. (Common names, American Ivy, Woodbine, Five Leaf, &c.

Properties and uses. Alterative, tonic, astringent and expectorant. Used in the treatment of venereal diseases, scrofula, dermoid affections, bronchitis, and other derangements of the respiratory system, and in all cases in which an alterative is required. KEITH.

Alnus-serrulata. (Common names, Tag Alder, Swamp Alder, &c.)

Properties. Alterative and tonic.

Used in strumous and cutaneous affections, syphilis, and in all cases attended with debility and vitiation of the blood and fluids. From twenty years' experience in the use of this article, both in crude and concentrated forms, we have learned to value it highly. Dose, one to two grains. KEITH.

Apocynum-androsæmifolium. (Common names, Dog's Bane, Bitter Root, &c.

Properties. Alterative, tonic, aperient, diuretic, detergent,. deobstruent, emetic, diaphoretic and anthelmintic.

Used in *dropsy*, dyspepsia, scrofula, *rheumatism*, consumption, atonic conditions of the stomach, kidneys and lacteal vessels, and in the convalescing stage of typhoid and other fevers, dysentery, and other forms of acute disease. Also, for destroying the ascaris vermicularis. KEITH.

Asclepias-tuberosa. (Common names, White Root, Pleurisy Root.)

Properties. Diaphoretic, diuretic, anti-spasmodic, carminative, expectorant, resolvent, sub-tonic and laxative.

Used in *pleurisy*, pneumonia, fevers of different types, rheumatism, peritonitis, catarrh, consumption, indigestion, flatulence, hysteria, hooping-cough, asthma, hepatic derangements, chronic rheumatism, diarrhœa, dysentery, and to promote the eruption in exanthematous fevers. *Exercises an especial influence over the serous tissues*, hence is of great value in the treatment of diseases involving those membranes. Gives prompt relief in flatulent colic. Its powers are enhanced by being administered in warm water. In dysentery, *during* the febrile stage, it is of great value. KEITH.

Baptisia-tinctoria. (Common names, Wild Indigo, Horsefly Weed.)

Properties and uses. Astringent, emetic, emmenagogue, purgative,

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stimulant and antiseptic. Also esteemed by some as a febrifuge, and diaphoretic. Internally, this remedy is principally used in those cases of scarlet, typhoid, typhus, and other fevers wherein symptoms of a tendency to putrescency present. *In such cases, this remedy, as an antiseptic, stands unrivalled.*

It has also been used with very satisfactory results in some forms of rheumatism, and pneumonia. It is unsafe to use during the period of utero-gestation as *it is capable of producing abortion.* It excites the glandular system powerfully, which entitles it to the appellation of resolvent.

Externally, it is a valuable remedy for all kinds of ulcers, even the foulest, either gangrenous, eating, or syphilitic. Also for ulcerated sore throat, mercurial sore mouth, sore nipples, chronic sore eyes, and in short, every ulcerous affection. It may be sprinkled upon the surface of the sore, made into an ointment, or into a poultice with elm-bark. KEITH.

Caulophyllum-thalictroides. (Blue Cohosh, Blueberry, &c.)

Properties. Anti-spasmodic, diuretic, diaphoretic, alterative, emmenagogue, anthelmintic, *parturient* and tonic.

Used in rheumatism, dropsy, epilepsy, hysteria, cramps, amenorrhœa, dysmenorrhœa, chorea, leucorrhœa, hysteritis, hiccough, *to expedite delivery and to relieve after-pains.* For this last purpose particularly when combined with Cypripedin and Scutellarin, it is very efficient. As a preparatory parturient, given in moderate doses, every night at bed-time for several weeks previous to confinement, it allays cramps, false pains and other unpleasant symptoms. In atonic conditions of the uterus, passive hæmorrhage, congestive dysmenorrhœa, and prolapsus uteri, it has proved of much efficacy. To expedite delivery in cases of debility, fatigue, or want of uterine energy, *it is superior to ergot.* The dose in these cases is to be repeated every thirty or sixty minutes. KEITH.

Cerasus-Virginiana. (Common name, *Choke Cherry.*)

Properties and uses. Cerasein is astringent, tonic, nervine, antispasmodic, diuretic, anti-periodic, and febrifuge. *In the treatment of ague and fever,* according to the experience of many practitioners, *it is unequalled.* It is alike applicable in the treatment of fevers of every type, and the convalescing stages of all acute diseases.

Also chorea, hysteria, spermatorrhœa, and in all cases where an anti-periodic, tonic, and febrifuge is indicated. KEITH.

Chelone-glabra. (Common names, Snakehead, Balmony, &c.)

Properties. Tonic and vermifuge.

Used in indigestion, debility, hepatic derangements, loss of appetite and for the removal of worms. Dose, one to two grains.—KEITH.

Cornus-Florida. (Common name Dog-wood.)

Properties. Tonic, astringent and slightly stimulant.

Used chiefly as a substitute for Quinine where a peculiar idiosyncrasy forbids the use of the latter article. *It is considered the best*

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native substitute for the bark that we have. But it possesses other properties not less valuable than its anti-periodic power. In that distressing symptom of indigestion termed *heartburn, it gives prompt relief.* It has also gained considerable reputation in the cure of leucorrhœa.—Dose, two to four grains. KEITH.

Corydalis-formosa. (Common names, Turkey Corn, Turkey Pea, Stagger-weed, &c.)

Properties and uses. Alterative, tonic, and diuretic. This remedy is esteemed one of the most valuable of its class, particularly in the treatment of syphilis, scrofula and dermoid diseases. As an alterative, its operation is prompt and positive ; as a tonic, it fulfills the indications for which the pure bitters are employed.

Its operation is silent, safe, and salutary. KEITH.

Cypripedium pubescens. (Common names, Ladies' Slipper, Nerve-root, &c.)

Properties and uses. Anti-spasmodic, nervine, tonic, and slightly narcotic. There probably never will be an article discovered which will meet so many indications in the treatment of disease, where an anti-neuropathic is needed, as the different preparations of Opium, Its praises have been long and well sung, and we would not detract one iota from its just merits. There are many cases of idiosyncrasy, &c., where Opium does not act kindly. In these cases, and as a general nervine, the Cypripedin is very beneficially used. In those cases of hysteria, chorea, nervous headache, neuralgia, hypochondriasis, &c., which are aggravated, or not relieved, by Opium, this article is used with very happy results. It is also beneficially used in all cases of nervous irritability, nervous headache, and is far preferable to administer to children than any of the preparations of Opium. There is no danger of its producing constipation, and its tonic property renders it very serviceable in diseases of debility. *It may be used in all cases where it is desirable to quiet the nervous system.* KEITH.

Euphorbia-corollata. (Common names, Blooming Spurge, Bowman's Root, &c.)

Properties and uses. Emetic, cathartic, diaphoretic, expectorant, and vermifuge. Used in the forming stages of fevers, in dropsical affections, diarrhœa, dysentery, and to expel worms. In small doses it is diaphoretic, nauseant, and relaxant. In emeto-cathartic doses, it will sometimes produce a considerable degree of prostration, cold sweats, coldness of the extremities, and a sinking of the pulse. From this condition, however, the system soon reacts, and the patient incurs no permanent debility. KEITH.

Eupatorium-purpureum. (Common names, Queen of the meadow, Gravel-root.)

Properties Diuretic, stimulant, astringent and tonic.

Used in strangury, gravel, and all chronic urinary disorders, gout, rheumatism, hematuria, hematamesis, hemoptysis, dysentery, &c. It has been found of great value in the treatment of the latter disease,

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and in pertussis, asthma, and all affections accompanied with dyspnœa, it has been found a valuable auxiliary. KEITH.

Eupatorium-perfoliatum. (Boneset, Thoroughwort, &c.)

Properties. Tonic, aperient, diaphoretic and emetic.

Used in intermittent fever, dyspepsia and all cases of general or local debility, coughs, colds, catarrh, &c. It is sometimes given to promote the action of other emetics, and aided by warm diluent drinks, will be found a valuable diaphoretic in fevers. KEITH.

Euonymus-Americanus. (Common names, Burning Bush, Waahoo, &c.)

Properties and uses. Tonic, laxative, alterative and expectorant. This medicine is successfully used in the treatment of dyspepsia, torpid liver, constipation and dropsy. It imparts tone to the stomach, and activity to the digestive organs. KEITH.

Gelseminum-sempervirens. (Common names, Yellow Jessamine, Woodbine, &c.

Properties and uses. Febrifuge, anti-spasmodic and narcotic. As a febrifuge the Gelsemin is a medicine of great power. Its use is indicated in all fevers, acute and chronic rheumatism, pleurisy, pneumonia, &c. It has been pretty thoroughly tested by physicians, both in the city and country, and all who have given it a fair trial acknowledge it to possess great merit. The following quotation will show in what estimation it is held by those most sanguine of its remedial properties. "*It is, perhaps, the only medicine yet discovered capable of subduing, in from six to twenty-four hours, without the least possible injury to the patient, the most formidable, as well as the most simple fevers incident to our country and climate.*—quieting nervous irritability and excitement, equalizing the circulation, promoting perspiration, and rectifying the various secretions, without causing nausea, vomiting or purging, and is also adapted to any stage of the disease. It may follow any preceding treatment with safety." If the medicine possesses one-half of these virtues, it is worthy the careful attention of the profession. But the Gelsemin is not to be recklessly administered, as it has doubtless been in some cases, and with bad results. Its effects must be carefully watched. It is probably contra-indicated in all cases where there is structural disease of the heart, and in cases of great debility. In full doses it produces narcotism, indicated by loss and prostration of muscular power, clouded vision, double-sightedness, and inability to open the eyes. But if the medicine is here discontinued, these effects pass off in a few hours, leaving the patient stronger, rather than debilitated. In some cases it is desirable to produce a state of semi-narcotism, and keep the patient in that condition some little length of time. Combined with Hydrastin or Quinine it is very efficacious in the treatment of severe cases of intermittent fever, and by such a combination it is less apt to narcotize. In acute diseases it is better to give it in small doses, every one, two or three hours. In chronic diseases a medium dose may be given three or four times during the day.

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From our experience in the use of the above article, we are inclined to give it a high rank as a vermifuge. In our hands it has proved highly successful in the removal of intestinal entozoa.

In the treatment of neuralgia, some practitioners deem it almost a specific. KEITH.

Geranium-maculatum. (Common names, Crane's Bill, Crow Foot.)

Properties and uses. One of the most powerful indigenous astringents, and its use is indicated in all cases where such medicines are used. On account of its being quite free from any unpleasant taste or odor, and the small doses, it is very convenient for administering to children, and persons of a delicate stomach. It has been found very serviceable in the treatment of hæmoptysis, passive hæmorrhages, ulcers, apthous sore mouth, gleet, leucorrhœa, diabetes, and all excessive mucous discharges.

The Geranin is an excellent remedy in the treatment of dysentery and diarrhœa, after the use of proper evacuants, also, in the latter stages of cholera infantum.

It has checked the vomiting in cholera when other means failed. KEITH.

Helonias-dioica. (Common names, False Unicorn Root, Drooping Starwort, &c.)

Properties. Tonic, diuretic, vermifuge, &c.

Used in dyspepsia, loss of appetite, &c. *Perhaps no medicine better deserves the name of a uterine tonic.* Hence it is invaluable in the treatment of leucorrhœa, amenorrhœa, dysmenorrhœa and all affections of the uterus attended with atony, and to relieve a tendency to repeated and successive miscarriages. In chronic gastritis, and in the convalescing stage of acute diseases, where there is much gastric irritability, it will be tolerated by the stomach when other tonics are rejected. KEITH.

Hydrastis-Canadensis. (Common names, Golden Seal, Yellow Puccoon, &c.)

Properties. Tonic, aperient, hepatic, deobstruent, anti-septic, resolvent.

It has an especial influence upon mucous surfaces, hence it is valuable in *gleet, chronic gonorrhœa*, spermatorrhœa, leucorrhœa, and ulceration of the bladder, and other mucous surfaces. *As an anti-periodic, some physicians prefer it to Quinine.* In intermittent and other forms of fever, dyspepsia, hepatic derangements, piles, and whenever a powerful tonic is required, it will be found an invaluable remedy. KEITH.

Iris-versicolor. (Common names, Flag lily, Blue Flag.)

Properties. Alterative, laxative, diuretic, and anthelmintic. Its use is highly spoken of as an alterative in scrofulous and syphilitic affections, and is usually combined with the Podophyllin. It is a good auxiliary in the treatment of rheumatism, dropsy, gonorrhœa, glandular diseases and chronic diseases of the liver and spleen. KEITH.

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Juglans-cinerea. (Common names, Butternut, White Walnut.)

Properties and uses. In large doses, emetic and cathartic. In small doses, laxative, chologogue, deobstruent, detergent, diuretic, and alterative. Of exceeding value in the treatment of those fevers attended with gastric and enteric irritability, dysentery, habitual constipation, jaundice, dyspepsia, the various affections of the urinary apparatus, piles and all visceral derangements. It operates without irritation, and leaves the bowels in a soluble condition. KEITH.

Leptandra-Virginica. (Common names, Black Root, Culver's Physic.)

Properties and uses. Alterative, laxative, tonic, and hepatic.

It is one of the very best medicines known, to correct and stimulate hepatic secretions in those cases where it is desirable not to produce debility, by drastic alvine evacuations. It operates silently, yet surely. For the treatment of children and delicate females, and many chronic diseases, where there is deficiency of the proper biliary secretions, and where, from the advanced stage of the disease, the former use of drastic cathartics, rendering their repetition inadmissible, or any inflammatory condition of the stomach and bowels, the bowels can be moved, and the secretions regulated with the Leptandrin without danger of further prostration. It is very efficacious in the treatment of dysentery, diarrhœa and cholera infantum. In these diseases it is usually given in small doses, and repeated every one or two hours. The marked success which has attended the use of the Leptandrin, *in the treatment of summer complaints* demands for it a more prominent place in our Materia Medica, and further observations as to its therapeutic effects. It is also used with marked success in typhoid fever, intermittent, dyspepsia, jaundice, piles, biliary derangements, combined with Hydrastin or Quinine. Valuable in the treatment of chronic laryngitis, bronchitis, and other affections of the throat and chest. KEITH.

Macrotys-racemosa. (Common names, Black Cohosh, Squaw Root.)

Properties and uses. Anti-spasmodic, narcotic, tonic, and emmenagogue, *with a special affinity for the uterus.* It is used in uterine diseases, leucorrhœa, dysmenorrhœa, sterility, chorea, hysteria, and as a *parturient.* In many cases it is desirable to give this medicine in such continued quantities as to produce its peculiar constitutional effects, viz., slight dizziness, fullness, dull aching of the head, and more or less aching of the joints; and to produce these effects, in some degree, every day while the medicine is being administered. Its use is also well spoken of in neuralgia, asthma, splenitis, pertussis, delirium tremens and gonorrhœa. As a parturient, the Macrotin is a remedy of considerable merit. *It is quite as sure to increase the contractile power of the uterus as the ergot,* but is not as violent in its effects. In these cases where the safety of the child would be endangered by the administration of the *Secale-cornutum,* and as a general partus accelerator, this article may be safely given. KEITH.

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Myrica-cerifera. (Common name, Bayberry.)

Properties and uses. Astringent, stimulant aud alterative. As an alterative the Myricin is a medicine of considerable value, but must be given in combination with some laxative to obviate its constipating tendency. It is successfully used in scrofula, dysentery diarrhœa, and where astringents or alteratives are indicated.—KEITH.

Phytolacca-decandria. (Common names, Garget, Poke, Scoke.)

Properties and uses. Alterative, and slightly narcotic and emetic. It is a valuable article, and an efficacious remedy in the treatment of chronic rheumatism, syphilis, scrofula, and cutaneous diseases. It is also considered a valuable remedy in hydrophobia. KEITH.

Podophyllum-peltatum. (Common names, May Apple, Mandrake.)

In many respects the Podophyllin usually acts like the mercurial preparations. When given alone, its operation as a cathartic is slow, requiring from six to twelve hours for its full effects. If it is desirable to produce catharsis sooner than that, it is well to combine it with the Bitartrate of Potassa or Jalapin. In doses sufficiently small not to purge, if frequently repeated, it will produce in many persons incipient ptyalism. In a few cases we have known this effect to follow the administration of a single cathartic dose; but it is always of a milder form than that produced by mercurials, without any danger of producing the secondary effects which are so often observed after the free exhibition of that remedial agent.

Its use is indicated in all cases where mercurials are usually given, and as the profession generally understand the indications for their use, they will readily learn to use the Podophyllin by a transfer of that knowledge.

In glandular diseases, primary and secondary syphilis, dropsies, dysentery, diarrhœa, disease or torpidity of the liver, and in nearly all cases where an alterative or a cathartic is indicated, the Podophyllin has been fully and successfully tested. When judiciously given it seldom disappoints the reasonable expectations of the physician. For the expulsion of ascarides from the intestines the Podophyllin has few superiors, also for the dislodgment and expulsion of biliary calculi, being given in full cathartic doses, and followed in four or six hours with from four to eight ounces of pure olive-oil. This plan has been adopted in a number of cases, and large quantities of the calculi were passed with very little pain. When we consider the excruciating suffering which the passage of these calculi usually produces, any plan of treatment which will mitigate the intensity of the pain, will be hailed with pleasure both by patient and physician.

From the success which has attended its administration, the Podophyllin bids fair to occupy a very prominent place as a cathartic and alterative, and the appellation of "*Vegetable Calomel*" is no misnomer. There are many cases of primary and secondary syphilis, occurring in persons of broken-down constitutions, where Mercury has been administered as far as it is admissible, or its exhibition, on account of the strumous diathesis, would not be tolerated. In such, and other

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cases, we invite the profession to try its merits, marking well its effects, and reporting to the profession, through the journals, the result of their observations. KEITH.

Populus-tremuloides. (Common names, Quaking Aspen, Upland Poplar, &c.)

Properties. Alterative, depurative, deobstruent, diuretic, tonic and vermifuge. Also febrifuge.

Used in indigestion, hysteria, flatulency, cutaneous diseases, worms, jaundice, fevers, &c. *As a remedy for frequent and painful micturation*, accompanied with heat or scalding, combined with a little tincture of myrrh, it perhaps stands unrivalled. KEITH.

Prunus-Virginiana. (Common name, Wild Cherry.)

Properties. Tonic and stimulant to the digestive organs, and sedative to the circulating and nervous system.

Used in phthisis, hectic fever, scrofula, intermittent fever, the convalescing stage of acute diseases, and in all conditions of extreme debility. KEITH.

Rhus-glabrum. (Common names, Sumach, Upland Sumach.)

Properties and uses. Tonic, astringent and anti-septic. A useful remedy in the treatment of dysentery, diarrhœa, febrile diseases, diabetes and leucorrhœa. It is healing and soothing to the mucous membrane of the stomach and bowels, and is very useful in the treatment of chronic diarrhœa, occurring in consumptive patients. KEITH.

Rumex-crispus. (Common names, Yellow Dock, Sour Dock, &c.)

Properties. Anti-scorbutic, detergent, alterative, and combining mild astringent and laxative properties much like Rhubarb. Used in scorbutic, cutaneous, strumous, carcinomatous and syphilitic affections.

Sanguinaria-Canadensis. (Common names, Red Root, Blood Root, &c.)

Properties and uses. Emetic, expectorant and alterative. Used in diseases of the chest, influenza, rheumatism, diseases of the liver, &c.

Scutellaria-lateriflora. (Common names, Scullcap, Blue Scullcap.)

Properties and uses. Anti-spasmodic, nervine and tonic. The *Scutellaria is a valuable nervine, quieting the nervous system, in many cases, where other nervines entirely fail.* For children, it is better, in most cases, than the preparations of Opium. It has been found very serviceable in the treatment of convulsions, neuralgia, chorea, and all forms of nervous derangement. *The nervous excitability, restlessness, and wakefulness attending acute and chronic diseases, can usually be controlled, and sleep procured by the administration of this remedy.* KEITH.

Senecio-gracilis. (Common names, Life Root, Cough Weed, Waw Weed, &c.)

Properties. Diuretic, diaphoretic, febrifuge, tonic, pectoral and emmenagogue. Used in gravel, strangury and other affections of the urinary organs, amenorrhœa, dysmenorrhœa, pulmonary affections,

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hepatic derangements, pains in the chest, hysteria, hypochondria and dysentery. Exercises an especial influence over the female reproductive organs.

Stillingia-sylvatica. (Common names, Yaw Root, Queen's Delight, &c.

Properties. Alterative, aperient, deobstruent, depurative, anti-syphilitic, diuretic and tonic.

Used in scrofula, syphilis, rheumatism, cutaneous diseases, hepatic derangements, chronic laryngitis, chronic bronchitis, all morbid discharges from the vagina and uterus, the various forms of stomatitis, and in all cases in which a general alterative is indicated, than which perhaps nothing superior has yet been discovered. *It exercises an especial influence over mucous surfaces*, hence in the treatment of the various forms of uterine disease, cystic and urethral inflammation, chronic inflammation of the bowels, accompanied with ulceration, and chronic dysentery, it fulfills important indications.

Trillium-pendulum. (Common names, Beth Root, Birth Root, &c.)

Properties and uses. Trilliin is astringent, styptic, tonic, diaphoretic, expectorant, anti-septic, and alterative. Used in treatment of hæmorrhages, either external or internal, leucorrhœa, and all diseases of the mucous tissues, prolapsus uteri, immoderate flow of the lochia, restraining without suppressing, hooping-cough, asthma, &c.—KEITH.

Veratrum-viride. (Common names, American Hellebore, Swamp Hellebore.)

Properties. Narcotic, emetic, diaphoretic, cathartic, &c.

Used in pneumonia, rheumatism, pleurisy, typhoid, bilious and intermittent fevers, and in most cases where there is high febrile and inflammatory action. In the treatment of dysentery, it is a superior auxiliary, given every three or four hours, following it in one or two hours with one or two grains of the Geranin.

There are but few remedies by which the heart's action can be so readily and surely controlled as with the Veratrin, which renders it a valuable remedy in palpitation, and where there is high arterial excitement. It may also be used in neuralgia, &c.

The Veratrin is a medicine of great power, and capable of producing serious results, when recklessly or empirically administered, when given in full or over doses produces vertigo, faintness, headache, dimness of vision, paleness, coolness, prostration, and violent emesis. When used in proper quantities, it excites diaphoresis, reduces the force and frequency of the heart's action, allays nervous excitability, subdues pain, and sometimes produces nausea and vomiting. KEITH.

Viburnum-oxycoccus. (Common names, High Cranberry, Cramp Bark.

Properties and uses. Anti-spasmodic. It is very useful in hysteria, asthma, cramps of the limbs, convulsions during pregnancy, &c. KEITH.

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Xanthoxylum-frazineum. (Common name, Prickly Ash.)

Properties. Stimulant, tonic, alterative and sialogogue.—Used in rheumatism, scrofula, paralysis, indigestion, colic, syphilis, hepatic derangements, and joined with tonics to quicken their appropriation by the nutritive functions. *There is perhaps no better permanent stimulant than this.* Hence in cold and languid states of the system, it is of great value As a constitutional remedy in the treatment of old and indolent ulcers, it has proved remarkably efficacious. It has been found valuable in the treatment of intestinal ulceration, and combined with Stillingin, in the atonic condition which frequently follows an attack of cholera infantum. In hæmorrhage of the stomach, bowels or urinary organs, we have found it an invaluable remedy.—KEITH.

Many of these remedies ought to be proved upon the healthy, and we would be happy to receive the empirical experience of those homœopathic physicians, and there are many, who have used them.

PETERS.

"ADVANCES AMONG ALLOPATHS."

Dr. J. C. PETERS,—

Under the above heading, in the February No. of your Journal, you mentioned some notable cases of Allopathic pilfering from our system of practice. In Rankin's "Half Yearly Abstract," No. 26, I find some cases which will appropriately come under the same head. But it requires more charity than I possess, to chronicle these thefts without indignation at the want of manliness manifested.

The article I allude to particularly is entitled "*On the value of Arsenic in Cholera*," by Dr. Black, of Chesterfield. (From the Lancet of Oct. 3d, 1857.) Dr. Black, after referring to a previous article published some years ago, and to cases treated by him with *Arsenic*, says:—

"In all these cases the Arsenical treatment was followed by such rapid subsidence of the symptoms, and by such quick and complete restoration to health, that I have been led to regard Arsenic in the light of a *specific* to cholera."

Yet not a word does he say of the long use of Arsenic by Homœopaths, in cholera! Is any one so obtuse as to suppose Dr. Black was ignorant of our use of it?

In defining the *conditions* indicating its use, he almost quotes the language of our *Teste* in his Materia Medica relative to the use of Arsenic, Dr. Black says:—"It is not in the milder forms of the disease which are traceable to disturbing ingesta, that Arsenic will be found beneficial, but in those severe and aggravated cases which occur in the narrow alleys, badly drained, ill-ventilated dwellings, amidst the filth, poverty and squalid wretchedness of certain districts of most towns."

The Doctor then details a case of cholera, treated by him with the Arsenical solution, similar to hundreds of cases reported by Homœopaths, and cured with the *dilutions* of the same drug. The patient was taken with "violent vomiting and purging, frequently occurring

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pains in abdomen, and by general collapse." "The dejections were thin, watery, and offensive. But notwithstanding the *diligent* exhibition and applications of lead, (?!) opium, chalk mixture with catechu; sinapisms, turpentine stupes to abdomen, (&c., &c.,) the symptoms increased from hour to hour." (Of course they would under such insane treatment.)

Here follow the symptoms, for which the Arsenic was given:—

"On arriving at his house, (says the Dr.,) I found him in the greatest collapse, with countenance pale, livid, and of a leaden hue; eyes glassy, and sunken in their orbits; nose nipped; tongue pale and besmeared with a thin layer of mucus; breath cold; great thirst; skin cold and soddened, with a clammy perspiration; voice reduced to a thin, tender, squeaking tone; pulse thready, running, and incapable of being numbered. The dejections are involuntary, almost constant, left little or no stain upon the bed-linen, of a faint sickly odor, and evidently consisted of a serous fluid. The vomits were frequent, and of a thin, pale, sero-mucoid fluid; the cramps, which seemed to affect the whole muscular system, were rapid, powerful and agonizing in their character. Suppression of urine had existed for fifteen hours." Now here is a finely delineated group of symptoms, every one of which is to be found in our provings of *Arsenicum-alb.*, and any tyro in Homœopathy would select that remedy for such a case, and cure it with the 3d or 6th potency thereof. But what does Dr. Black do? He says:—"I gave immediately six drops of the Arsenical solution, repeating the dose in ten minutes, and again in twenty minutes more. Directly after swallowing the third dose, the patient, with a slender, tubular voice, ejaculated, 'There, that will stay.' He was right; it did stay, and from that moment the vomiting ceased. The Arsenic was now repeated at intervals of half an hour. By and bye the cramps and purging ceased, the sphincter-ani recovered its power, warmth began to diffuse itself over the surface of the body, the pulse became steady, distinct and numerable, and at the end of two hours, I left my patient in comparative safety." The patient rapidly recovered.

And how is it supposed the Doctor accounts for this rapid cure? How does he explain the *modus operandi* of the drug? "*To destroy such a poison in the blood, I gave the blood a poison, which acted in accordance with a well known physiological law, and cured the disease.*"

What "well known physiological law," Dr Black? Was it one you found in Hahnemann's Organon? Or have you never perused that work which you pretend to hold in such contempt?

Either one thing or the other is certain, Dr. Black is a Homœopath in disguise, or he is a contemptible and cowardly thief, who has not manliness enough to give credit where it is justly due. But this case may be of service to some of our profession. It will teach them not to be in such *mortal terror* of appreciable doses of (even) powerful drugs. The case *might* have been cured with the 30th; probably would have been cured with the 3d; but it *was* cured safely and *speedily* with drop-doses of the crude solution. How strangely does

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that account of a serious aggravation from *Ars.* 200th, related by Dr. Gross, appear by the side of the above! E. M. HALE, M.D.,
Jonesville, Michigan.

The use of Arsenicum in catarrh and influenza has been well known to every tyro in Homœopathy for the last fifty years; the specific action of this remedy upon the face, eyes and nostrils, is well known to every physician, yet Watson (see Practice of Medicine, last English edition, Vol. 2, p. 55,) says: "But the most hopeful preventive and remedy for this vexing disorder, hay asthma, is that which has been lately suggested by Dr. Mackenzie. Led, as he informed Watson, by the apparent analogy between certain irritable conditions of the skin, and of the mucous surfaces?! and the ascertained beneficial influence of *Arsenic* upon some of the former, he tried that drug in the case of a gentleman suffering from hay catarrh, in whom previous disappointments had produced despair of obtaining relief from any treatment. The use, however, of from three to five drops of the *Liquor potassæ arsenitis*, in distilled water, immediately after each of his three daily meals, was attended with wonderful and speedy success. A like encouraging result followed the adoption of the same plan in other instances by Dr. Mackenzie, and by professional friends to whom he had mentioned it. Since the year 1850, Watson has recommended this remedy to several persons who complained of being annually harassed by the hay-fever; and from most of these he subsequently received very favorable reports of its good effect. Dr. Mackenzie believes it to be most serviceable when the symptoms are of a catarrhal, rather than of an asthmatic character.

There is very little doubt in my mind that Dr. Mackenzie did not hit upon the use of Arsenic in hay-catarrh in the round-about-manner above put forth; hundreds of thousands of lay-homœopathists are familiar with the use of Arsenic in catarrhs; almost every physician of whatever school of medicine he may be, has heard of its use and its benefit; but it is regarded as much more orthodox to foist up some trumpery theory or explanation, rather than honestly and manfully to give the credit to Hahnemann and Homœopathy.

The doses are respectfully presented to the consideration of those who are afraid of aggravations, and those who believe in infinitesimal quantities only. PETERS.

The specific action of Cantharides in producing serous effusions, is well known to every one who has ever prescribed, or had a blister applied. Yet Watson (4th English edition, Vol. 1, p. 551,) says in paraplegia there is one other drug which we would recommend one to try, viz., the Tincture of Cantharides; it certainly has sometimes a very beneficial effect, and Dr. Seymour has thrown out the suggestion that it is most likely to be useful in cases of serous effusion into the spinal cavity, or of *spinal dropsy*, and supposes that it benefits paraplegia by tending to produce absorption of the serum effused within the vertebral canal. PETERS.

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Proceedings of Societies.

According to announcement in our last issue, the American Institute of Homœopathy met at Chicago on Wednesday, the third of June, 1857. We are greatly indebted to Henry M. Smith, Esq., for a full and early report of the proceedings.

American Institute of Homœopathy.

Chicago, June 4, 1857.

The American Institute of Homœopathy commenced its fourteenth annual meeting yesterday morning in Metropolitan Hall. The meeting was called to order at 10 o'clock, by Dr. F. R. McManus of Baltimore, Md., General Secretary.

On calling the roll, many members from different parts of the Union answered to their names.

J. P. Dake, M.D., of Pittsburgh, Penn., was unanimously elected Chairman, who on taking his seat, made a few pertinent remarks.

D. S. Smith, M.D., of Waukegan, Ill., was elected General Secretary for the ensuing year.

G. E. Shipman, M.D., of Chicago, Ill., was elected Provisional Secretary.

S. S. Guy, M.D., of Brooklyn, N.Y., was re-elected Treasurer.

J. S. Douglas, M.D., of Milwaukee, Wis.; D. M. Dake, M.D., of Pittsburgh, Pa.; A. E. Small, M.D., of Chicago, Ill.; G. W. Swazey, M.D., of Springfield, Mass.; and L. Dodge, M.D., of Cleveland, O.; were elected censors.

W. Williamson, M.D. of Philadelphia; C. F. Manchester, M.D., of Pawtucket, R. I.; N. H. Warner, M.D., of Buffalo, N.Y.; W. Gallupe, M.D., of Bangor, Me.; and [illegible] W. Skiles, M.D., of Iowa City, Iowa; were appointed a Committee to audit the Treasurer's account.

The Committee on "Medical Education necessary in Homœopathic Practice," Dr. G. W. Swazey, presented an interesting report. The Committee on "Mechanical Means as Aids in Homœopathic Practice," Dr. D. M. Dake was interrupted in reading a lengthy and interesting report by the adjournment to the afternoon.

In the afternoon, on motion of Dr. A. E. Small, it was determined to hold the next annual meeting at the city of Brooklyn, on the first Wednesday in June, 1858.

A report from Dr. R. Gardiner, on "Small pox and kindred pustular diseases" was received, and the Committee continued. A very interesting report was presented by Dr. W. E. Payne, on the "Repetition and Alternation of Remedies in Homœopathy."

The Committee on *Domestic books and cases* was discontinued,

The Committee on *Water as a therapeutic agent*, Drs. J. P. Dake and J. H. Pulte, not being prepared to report, was continued.

Dr. P. P. Wells, Committee on *The attenuation* of medicines, desired more time to report.

Dr. D. S, Smith, Committee on *Intermittent fever and its homœopathic treatment*, making no report was continued.

Dr. J. P. Dake presented the report of the *Central-bureau of Materia Medica*, after which the meeting adjourned till Thursday morning, 9 o'clock.

Dr. J. S. Douglass of Milwaukee, delivered the Annual Address at Metropolitan Hall, on Wednesday evening, before a large and very intelligent audience.

Dr. Douglass spoke of the rapid increase of Homœopathy and of the causes which had prevented its increasing even more rapidly. He divided them into two classes; those exterior to our school of medicine and those within it. The external causes were the extreme conservatism of the learned professions, and espe-

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cially the medical, and the prevalence of the *vis inertiæ*. Historical examples were given of the extreme conservatism of the medical and the other learned professions.

The internal causes were the imperfections of our Materia Medica, which were specified: the differences of opinion which exist among ourselves on minor points; but which are exaggerated beyond their real importance. Among the differences were mentioned those upon high and low dilutions, small and large doses, the more or less free use of water, &c. Another cause was the identification of Hahnemanism and Homœopathy, conveying the idea to professional inquirers that all the theoretical errors are inseparable portions of Homœopathy.

The practical conclusion from all these causes is, that they are by no means formidable or discouraging.

Thursday morning.—Dr. J. M. Ward announced the death of Dr. Wm. Peck, of Cincinnati, while on his way to attend this meeting, and offered appropriate resolutions, which were adopted.

Dr. J. P. Dake read an interesting paper, entitled "Present state of the Homœopathic Materia Medica, with a plan for its improvement."

A very voluminous article from Dr. B. F. Joslin of New-York, on the arrangement of the Materia Medica was presented by Dr. A. E. Small.

Dr. W. E. Payne presented a paper on the scientific arrangement of the Materia Medica. Also, interesting provings of Calcarea-phosphorica in the practice of Dr. S. M. Cate.

Dr. N. H. Warner read an able article on Asiatic Cholera and its treatment.

Communications were received from the Boston Homœopathic Dispensary Association, Illinois State Homœopathic Medical Association, the Chicago Homœopathic Medical Society and the Northern Illinois Homœopathic Medical Association.

A communication from Dr. J H. Pulte, relative to "Water as a Therapeutic Agent," was received and placed on file.

The death of Dr. Paul Wolf, a celebrated physician of Dresden, being announced, Dr. G. W. Swazey offered resolutions expressive of the sentiments of the Society.

Dr. Williamson presented the report of the Auditing Committee.

Dr. D. S. Smith entertained the Society with interesting reports of Phosphorus in cases of irritation of mammary glands.

Dr. W. Gallupe reported cases of cancerous tumors, Many other interesting cases were reported. Dr. B. Clements reported a case of exanthematous diseases, through Dr. Guy. Drs. Swazey and Havens reported cases of abdominal diseases. Interesting cases in the practice of Drs. H. D. Paine and W. Williamson, of tapeworm, were listened to with much attention.

On motion of Dr. S. S. Guy, Dr. S. Z. Havens having asked permission to withdraw from the Society, it was granted.

The following Committees were appointed on scientific subjects for the ensuing year: On Intermittent Fever, Dr. A. R. Bartlett, Ill.; Mechanical Supports in the treatment of disease, Dr. I. M. Ward, N. J.; Puerperal Fever, Dr. W. Williamson, Pa.; Parasites in connection with diseases, Dr. G. E. Shipman, Ill.; Evacuants in Fever, Dr. D. M. Dake, Pa.; Attenuation of Medicines, Dr. P. P. Wells, N. Y.; Chest diseases—their diagnosis and treatment—Dr. E. A. Guilbert, Iowa; Influence of Geological Formations on diseases, Dr. A. E. Small, Ill.; The Scale for preparing Medicines, Dr. J. Ellis, Mich.; Anasthetic Agents—their use and abuse, Dr. C. M. Dake, N. Y.; Small-pox and kindred pustular diseases, Dr. R. Gardiner, Pa.; Water as a Therapeutic Agent, Dr. J. P. Dake, Pa.; The Alternation of Remedies in Homœopathic Practice, Dr. W. E. Payne, Me.; Medical Dynamics, Dr. G. W. Swazey, Mass.; Scarlet-fever its Prophylaxis and its treatment, Dr. S. M. Cate, Me.

Drs. B. F. Joslin, W. E. Payne, J. S Douglass, C. J. Hempel and J. P. Dake were appointed the Central-bureau of Materia Medica.

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Drs. S. S. Guy, P. P. Wells and A. C. Hull were appointed Committee of Arrangements for the next Annual Meeting.

Drs. Shipman, Barrows and Gallupe being appointed a Committee to investigate charges of quackery against Dr. F. R. Moore of Pittsburgh, Pa., offered the following, which was unanimously adopted.

"Resolved: That Dr. F. R. Moore of Pittsburgh, be and is hereby expelled from the American Institute of Homœopathy on account of unprofessional advertisements."

The following resolution by Dr. J. M. Ward, was adopted:

"Resolved: That it is the duty of the American Institute of Homœopathy to extend a fostering care to the Homœopathic Medical Colleges of the United States, and exert its influence in directing students of medicine who are seeking instruction, and the honors of the profession, to their Halls for instruction."

On motion of Dr. F. R. McManus, it was:

"Resolved: That the members of the Institute tender their warmest acknowledgements to the physicians of Chicago and Illinois, for the manner in which the Institute has been received and entertained at its fourteenth Annual Meeting."

Drs. W. Williamson and W. S. Helmuth were appointed a Committee to procure a suitable diploma for the Institute, in place of the old certificate of membership.

The report of the Committee on Medical Education being called up, considerable discussion ensued, on a motion to print it with the proceedings, which motion finally prevailed.

The following were elected members of the Institute:

F. Woodruff, M.D., Ann Arbor, Mich.; J. G. Baldwin, M.D., New-York City; W. S. Hedges, M.D., Jamestown, N.Y.; R. Ludlam, M.D., Chicago, Ill.; G. E. Shipman, M.D., Chicago, Ill.; G. D Beebe, M.D., Chicago, Ill.; J. S. Pfouts, M.D., La Crosse, Wis.; S. R. Beckwith, M.D., Cleveland, Ohio; L. E. Ober, M.D, La Crosse, Wis.; D. A. Colton, M.D., Chicago, Ill.; G. Ellis, M.D, Detroit, Mich.; E. A. Guilbert, M.D, Dubuque, Iowa; M. Slocum, M.D., Chicago, Ill.; J. L. Kellogg, M.D., Chicago, Ill.; A. R. Bartlett, M.D., Aurora, Ill; G. W. Chittenden, M.D., Janesville, Wis.; A. Giles, M.D, Racine, Wis.; A. Pitney, M.D,, Chicago, Ill.; C. A. Jaeger, M.D., Elgin, Ill.; A. P. Holt, M.D., Lyndon, Ill.; P. L. Hatch, M.D., Dubuque, Iowa; F. B. Gardner, M.D., San Francisco, Cal.; J. Sill, M.D., Kalamazoo, Mich.; W. A. Reed, M.D., Philadelphia; W. M. Williamson, M.D, Appleton, Wis.; J. B. Ward, M.D., Saratoga Springs, N.Y.; C. T Harris, M.D., Balston Spa, N. Y.

On Wednesday evening the Institute was entertained by the physicians of Chicago, at the Briggs House.

HENRY M. SMITH.

Homœopathic Medical Society of the State of New-York. Annual Meeting, 1857.

The annual meeting of this Society was held in the city of Albany on the second Tuesday (the 12th) of May last.

In the absence of the President, Dr. L. B. Wells, one of the Vice-Presidents, took the Chair.

The meeting was called to order at 11 o'clock. Upon calling the Roll, a quorum of Members was found to be present. The minutes of the semi-annual meeting in New-York were read by the Secretary and approved.

ISAAC E. KIRK, M.D., of *Hudson*, and JOSEPH B. WARD, M.D., of *Saratoga*, were then duly nominated and elected members of the Society.

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Mr. SMITH, Homœopathic Chemist, of *New-York*, being present, was invited to a seat in the meeting.

The Report of the acting Treasurer was presented and read, by which it appeared that there was a balance of $73.35 due that officer for moneys paid by him on account of the Society.

Dr. B. F. JOSLIN, of *New-York*, presented a report on the use of attenuated remedies in the treatment of *Intermittent Fever*. The report was read and accepted.

Dr. J. L. SULLIVAN reported on the treatment of *Pulmonary Consumption* by inhalations, and on the proposed establishment of a Hospital for Consumptives. The Report was read and accepted.

Dr. H. M. PAINE, of *Clinton*, presented a verbal report from the *Bureau of Materia Medica*. The Bureau have during the past year, prosecuted the provings of the *Rumex-Crispus*, but the results are not sufficiently complete or properly arranged to be embodied in a formal report.

Drs. H. D. PAINE and J. W. COX reported a number of cases and exhibited specimens of *Tape-worm*, successfully treated with Pumpkin-seed emulsion.

Dr. C. T. HARRIS, of *Balston*, by request, gave a statement of the action of the Homœopathic Society of Saratoga and Washington Counties, in procuring the passage of an act by the Legislature for the legal incorporation of County Societies. Whereupon it was

Resolved, That the thanks of this Society and of the Profession generally are due to the members of the above Association and to all others who have exerted themselves in obtaining the passage of the law referred to.

Dr. HARRIS offered the following resolution:

Resolved, That a Committee of three be appointed to consider the probable operation and effect of the law recently passed by the Legislature of this State, for the incorporation of "County Homœopathic Medical Societies," and whether in view of that law it is desirable or expedient to change the plan of organization of the State Society, and especially whether any further legislation is necessary to carry out more effectually the objects it is designed to promote.

After some discussion, the resolution was adopted, and Drs. HARRIS, BRYAN, and H. D. PAINE were appointed as such Committee.

The Society then took a recess till 3 o'clock, P.M.

Afternoon Session.

The Society re-assembled at 3 o'clock.

On motion of Dr. JONES, of *Albany*, the third section of the third By-Law was amended so as to read as follows:

"Communications read before the Society become its property to be deposited in its archives, but no paper shall be printed as a part of the transactions, except by a vote of the Society, or at the discretion of a Committee of Publication to be appointed for that purpose."

On motion of Dr. STEVENS, of *Hudson*, the third article of the Constitution was amended by the addition of the word "Treasurer," in the list of officers, and by erasing the last clause of the first section, which requires the Secretary to act as Treasurer.

Dr. H M. PAINE offered the following resolution:

Resolved, That this Society considers it the duty of every member to present at least one written communication at each annual or semi-annual meeting, on some subject relating to medical science, and especially to Homœopathy.

The resolution was adopted.

Dr. STEVENS offered the following resolutions:

Resolved, That the thanks of this Society are due to Dr. H. D. PAINE, who has faithfully acted in the double capacity of Secretary and Treasurer ever since the formation of the Society, and that the members should and do hold themselves individually and collectively responsible for all moneys heretofore advanced by him for the benefit of the Society.

Resolved, That the Treasurer be directed to notify the absent members of their indebtedness, and urge a prompt payment of the same.

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The following officers were then elected for the current year:

President—Dr. R. S. Bryan, of Troy. *Vice-Presidents*—Drs. A. P. Cook, of Hudson, L. B. Wells, of Utica, J. C. Peters, of New-York. *Secretary*—Dr. H. D. Paine, of Albany. *Treasurer*—Dr. J. W. Cox, of Albany.

Censors.—*1st District*—Drs. B. F. Joslin, E. T. Richardson, and C. Wright. *2d do.*—Drs. S. A. Cook, R. S Bryan, and E. D. Jones. *3d do.*—Drs. L. B. Wells, H. Robinson, Jr., and H. H. Cator. *4th do.*—Drs. H. Robinson, H. Bennett, and D. Chase.

Bureau of Materia Medica.—Dr. B. F. Joslin, of New-York, Chairman; Drs. D. Chase, J. Bowers, H. M. Paine, and J. W. Cox.

Committee of Publication.—Drs H. D. Paine, E. E. Marcy, and J. C. Peters.

The remainder of the session was occupied with the relation of interesting cases, individual experiences, and agreeable social intercourse. At an early hour in the evening the Society adjourned to meet in Albany on the second Tuesday in May, 1858.

No appointment was made for a semi-annual meeting this year.

Henry D. Paine, Secretary.

The Secretary has appointed Dr. L. M. Pratt, of *Albany*, Assistant Secretary.

Illinois State Homœopathic Medical Association.

The second Annual Meeting of this Society was held at Springfield, Illinois, January 12th. The meeting was called to order by the President, Dr. D. S. Smith, and upon calling the roll, Drs. Lord, Bartlett, Anthony, McCann, Dunn, Troyer, Ober, Pratt, Adams, Slocum, Smith, Weed, Melrose, Shipman, Ludlam, Colton, Churer, Hatch, Holt, Scofield, and the Recording Secretary, answered to their names.

The Reports of Committees being declared in order, numerous reports were presented, but many were delinquent. The subject of a western journal was fully reported upon by Drs. Smith and Guilbert, and followed by an earnest debate upon the subject, and a Committee was finally appointed to confer with the profession in regard to the matter, and to take what steps may seem necessary. We sincerely trust that this effort may not be as ephemereal as those which have preceded it, and that the Committee may succeed in presenting to the public a Western Homœopathic Journal worthy of themselves and of the profession. We should cordially welcome such a production, and trust that it may be made so useful that our own subscribers may be induced to take it, while their subscribers will also take ours. In type, size, appearance and matter, it should render itself worthy of being placed on any shelves as a standard medical periodical, and not a mere temporary partizan pamphlet, devoted to the support of any one theory. The time has passed when Homœopathy was to be built up or benefitted by extravagant denunciations of one school, or mode of practice, or equally extravagant laudations of another, and we trust that in future we shall see less of this style of literature, and more of the spirit of calm investigation, befitting the dignity of a medical journal. I have labored hard to get a Western editor appointed for our Journal, but the rest of my colleagues have been so strangely indifferent to the matter, that every attempt has failed thus far.

The officers nominated for the ensuing year were, for President, D. S. Smith, M.D.; 1st Vice-President, R. E. W. Adams, M.D.; 2d Vice-President, M. Troyer, M.D.; 3d Vice-President, W. C. Anthony, M.D.; Recording Secretary, E. A. Guilbert, M.D.; Corresponding Secretary, A. R. Bartlett, M.D.; Treasurer, W. Slocum, M.D.; Board of Censors, Drs. Melrose, Platt, Hatch, Shearer, and Ober.

The President announced as Standing Committees for the year:

On Medical Education and Organization—Drs. Small, Shipman, and Pratt

On Materia Medica—Drs. Shearer, Belding, and Colton.

On Endemic and Epidemic Diseases—Drs. Pratt, Carr, and Douglass.

On Physiology and Pathology—Drs Melrose, Anthony, and Lord.

On Topical Applications—Drs. Dunn, Kryer, and Prentice.

On Provings—Drs. Bartlett, Adams, Reed, Jaeger, and Shirley.

In connection with the latter point we would honorably distinguish Drs. Guilbert, Colton, and Clark, Committee on Medical Education; Drs. Lord, Slocum,

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and Bartlett, Committee on Materia Medica; and Dr E. L. Ober, from the Committee on Physiology and Pathology, as having fulfilled their duties in an honorable and punctilious manner, they having made full and satisfactory reports. All the other Committees failed, as is usual, to make any report whatever. In fact, being named on a Committee would appear of late to be looked upon as a mere matter of form, conveying no duties or obligation whatsoever. No one appears to consider himself pledged to the performance of a certain duty, or that the association has put a matter into his hands, as the proper way of accomplishing a certain end, and the year is allowed to slip by without a thought or a moment's time being given to the subject. This is a matter which demands a radical reform.

Dr. Melrose read a paper detailing the history and treatment of a case of Hæmatoma in a female aged thirty years. The fungus was located on either side the labia majora, was of three years' standing, and had during that time been under allopathic treatment. The remedies used by Dr. Melrose were admirably chosen, as the result proved; they were Carb.-An. and Thuja, given internally and topically, after the exuberant fungus had been removed with the scalpel. The remedies were given on alternate weeks.

Also of a case of gangrenous ulcers of the superior aspect of the foot, (which had exposed the tendons,) and of the inner side of the leg extending upwards to the knee. The remedies administered were Ars., Carb-Veg., Merc.-corr., Petroleum and Silicea. A cure was effected, the case being under treatment three months.

Dr. Alvan E. Small, of Chicago, read an able address on the position of Homœopathy, which was attentively listened to by a large audience.

Dr. Guilbert read the report of the Committee on Medical Education and Organization. We must compliment these gentlemen on the able and satisfactory manner in which their task has been fulfilled.

The report of the Committee on Materia Medica, on the attenuations of Hom. remedies, through Dr. Bartlett, was concurred in a true Homœopathic spirit, and ably carried out.

The members of the Society are, Drs. Guilbert, Smith, Colton, Ludlam, Slocum, Shipman, Douglass, Boardman, Pratt, Weed, Melrose, Holt, Foote, Ober, Davis, Bartlett, Dunn, Evans, Clark, Goodhue, Anthony, Churer, Prentice, Williams, Adams, Scofield, Jaeger, Kryer, Carr, Keyes, Lord, Jones, Clapp, Cooley, Hatch, Reed, Shirley, Shearer, Thorne, Belding, and Small.

It is pleasant to see the veteran Dr. D. S. Smith presiding over the meeting of this useful Society; he was, we believe, the first pioneer of Homœopathy in the North-west. PETERS.

Chicago Homœopathic Medical Society.

Dr. J. C. PETERS, CHICAGO, ILL., April 11th, 1857.

Dear Sir:

It affords me no little pleasure to report to you the recent organization of the "CHICAGO HOMŒOPATHIC MEDICAL SOCIETY." Its first meeting was held on the 2d inst., and we have already a membership of *twelve*, with a fine prospect for an additional number of the right stamp.

This movement inaugurates a new epoch in the history of Homœopathy in the "Garden City." Hitherto, I regret to say, we have not known, experimentally, the benefits accruing from a happy and a wholesome fraternization. Our membership is limited, to be sure, but none the less sanguine—young, perhaps, but, we believe, destined to a mission and a development commensurate with the growth of our mighty Metropolis. Yours, &c., R. LUDLAM, M.D., Sec'y.

First Anniversary of the Massachusetts Hom. Medical Society.

The Massachusetts Homœopathic Medical Society celebrated May 5th, 1857, their first anniversary under the act of incorporation obtained from the last Legislature, and the exercises throughout were of a deeply interesting and gratifying character. In the afternoon the regular business meeting was held at Mercantile

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Hall, the President, Dr. Samuel Gregg, in the Chair, and Dr. David Thayer acting as Secretary. From the report of the Treasurer it appeared that the amount received since the Society went into operation was $76 31; expenditures $64 37; to which is added $9 received for subscription, leaving as a balance $18 34. Dr. Benjamin H. West read several letters from different parts of the State, showing the practice of homœopathy to be in a most flourishing condition.

Dr. Thayer read the report of the Executive Committee, relative to a diploma which the Society is about to issue. The Committee regret that it is not yet completed, various causes having tended to produce a delay. The drawing of a design was presented. It will be engraved as soon as possible.

The following gentlemen having been recommended as suitable candidates by the censors, were voted in by ballot as members of the Society:—Charles Bailey, Daniel Holt, G. Felix Matthes, H. L. H. Hoffendahl, Stanislas Hernisz, Wm. A. Gardner, F. N. Palmer, Ira E. Chase, Charles Walker, and Charles H. Farnsworth.

Several essays containing information of much importance to the profession were then read, when the following officers were chosen for the ensuing year:—

President—Wm. Wesselhoeft, of Boston. Vice-Presidents—George Russell, of Boston; C. F. Weld, of Jamaica Plains. Corresponding Secretary—Daniel Holt, of Lowell. Recording Secretary—David Thayer, of Boston. Librarian—L. McFarland, of Boston. Censors—Milton Fuller, B. H. West, L. M. Barker, J. C. Neilson, O. L. Sanders, all of Boston.

The meeting then adjourned, the members proceeding immediately to the Parker House, where an elegant repast was in waiting for their discussion. The tables, provided in the usual able style of Messrs. Parker & Mills, were soon filled, accommodations having been provided for over one hundred persons. This was eminently a social festival, marked by none of those still formalities that too often characterize similar gatherings, and the intellectual portion of the entertainment was of a truly dinner-table order. Addresses were made by Hon. Chas. A Phelps, Speaker of the House of Representatives; Judge Russell, who confessed ignorance as to by what right he could be there, believing that in his official capacity he had never been accused of administering justice in homœopathic doses; Mayor Rice, who told a good story, Prof. Warner, of Amherst College, Dr. Winslow Lewis, Ephraim Wright, Esq., and James A. Dix, Esq., editor of the Boston Journal.

At the conclusion of the festivities at the Parker House, at 7½ o'clock, the Association and their guests returned to Mercantile Hall and listened to a very instructive discourse upon Homœopathy by Hon. B. H. West, M.D. Commencing with a historical view of the science of medicine, and comparing various treatments one with another, he dilated upon the importance of a change in the practice of the science that existed before the great discovery of Hahnemann. The increasing popularity of the treatment, and its numerous merits, were ably described. Thus terminated the first anniversary of an Association holding at present an enviable position, and which gives promise of exerting a very important influence in the future.

Hahnemann Academy.

JANUARY 6th, 1858.

The Academy met, Dr. Gray in the Chair.

Present—Drs. Gray, Guernsey, Belcher, Barlow, Füllgraff, Leach, Berghaus, McMurray, Hallock, Peters, Kellogg, Wilsey, Woods, Wetmore.

The minutes were read and adopted.

Dr. Guernsey opened the discussion of the evening, by a paper on "*the use of Anæsthetics in Labor.*"

Dr. Hallock spoke favorably of the use of these agents. Had been annoyed occasionally, however, by obstinate and long-continued nausea after the completion of the labor—in one case lasting forty-eight hours.

Dr Leach had found that Brandy allayed this nausea.

Dr. Gray mentioned the employment of Chloroform in sea-sickness, as interesting in this connection.

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Dr. Barlow had relieved the morning-sickness of pregnant women, by drop-doses of Chloroform.

Dr. Peters had seen some cases of sea-sickness allayed by Chloroform. Uses it habitually in labor, and with good effects. Commences its use most commonly, near the close of the labor, administering it at the commencement of each pain, until anæsthesia is produced; rarely pushes it so far as to cause stupefaction. Has rarely seen nausea or vomiting succeed its use. Very nervous, irritable persons, are most favorably affected by it.

Dr. McMurray inquired if it would not be well to administer it more frequently during the dilatation of the os uteri, when the nervous irritation of the patient is usually greater than during the rest of the labor?

Dr. Wilsey gave Chloroform (by inhalation) with most happy effects in a case of puerperal convulsions—it was given as a last resource, when the patient seemed about to die asphyxiated.

Dr. Gray suggested its employment homœopathically in some cases of asphyxia.

Dr. Belcher inquired if the ill effects attributed to Chloroform, of causing inefficiency and irregularity of the pains, insanity, &c., had been noticed? Mentioned the last labor of Queen Victoria as having been much more protracted than her previous ones, and asked if this might not have been due to the anæsthetics used? Mentioned a case in his own practice, in which Chloroform apparently caused insanity.

Drs. Guernsey and *Peters* had noticed that the pains were temporarily suspended in a few cases; and *Drs. Peters* and *McMurray* had seen temporary delirium induced, but nothing more.

Dr. Gray had used it in but one case of labor, in which it was given as a homœopathic remedy; the woman was anasarcous, and the delivery effected by instruments. The case did well. Also observed its use in a case of convulsions from intemperance. When, as in this case, it is homœopathically indicated, it should not be given in too large doses, and its use should be stopped on the least mitigation of the symptoms. Mentioned that *Dr. Warner*, who uses it extensively, thought, with *Dr. Guernsey*, that in cases of labor it increased the strength and efficiency of the pains, and at the same time facilitated the dilatation and the passage of the child through the soft parts of the mother.

Drs. Barlow and *Guernsey* thought that many of the bad effects attributed to Chloroform were due to impurities in the article used, and its improper administration.

Dr. Gray inquired if any one had observed the effect of Chloroform on the respiration—especially whether the ratio of the respiration to the pulse were changed under its use? Suggested that the *shock* produced by Chloroform was homœopathic to the shock of a labor or a severe surgical operation.

Dr. Belcher said it had been noticed that Chloroform did good in these cases in proportion to their severity.

Dr. Kellogg asked if *hæmorrhage* had been noticed to follow the use of Chloroform in labor?

Dr. Peters had seen but two cases of severe hæmorrhage after its use, and both in patients previously subject to this accident.

Dr. Barlow inquired if its employment seemed to render the patient insusceptible to homœopathic remedies?

Dr. Peters thought not. Adjourned.

WETMORE.

FEBRUARY 3d, 1858.

The Academy met, President Gray in the Chair.

Present—Drs. Gray, Peters, Ball, Belcher, Barlow, Evans, Freligh, Füllgraff, Hallock, Kellogg, Leach, McMurray, Wellman, Wetmore, Woods.

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The minutes were read and adopted.

Dr. Gray opened the evening's discussion by reading a paper on "The Trance State and its relations to the practice of Medicine."

Dr. Freligh spoke of complete suppression of urine as taking place in connection with the trance state. Mentioned a case under his own observation in which this occurred; the surface and breath had a urinous odor. Also two cases of trance complicating Bright's Disease.

Dr. Gray mentioned the case of the woman in Saratoga Co., who had lain six months in a cataleptic condition without any passage of urine. Had observed lethargy in cases of Bright's Disease, and had seen it relieved by convulsions.

Dr. Woods related the case of a young lady who lay nine days in the trance state; she was conscious, and felt a thrill of joy on hearing it proposed to attempt to resuscitate her.

Dr. Gray spoke of a case of trance in a patient sick with yellow fever, in which the patient (supposed to be dead) was conscious of the preparations made for the funeral, &c. Also related the case of a young lady at school, who had been mesmerized accidentally by some of her companions: the the trance lasted twelve hours, when it passed off and returned again in twelve hours; Phosphorus was given, and it did not again recur. During the trance he communicated with her by means of the mesmeric *rapport*. Had a similar case in a young Methodist female, said to be "struck with the power." Also a patient with typhus fever, who passed into this condition; he was communicated with and ultimately brought to life by means of animal magnetism. This was a valuable homœopathic remedy in such cases, but was not of any efficacy in asphyxia, for which it is recommended by Hahnemann.

Dr. Freligh thought, it from his own experience, possible to throw oneself into the artificial or magnetic trance state.

Dr. Gray had exerted the mesmeric influence with apparent effect in one case at a distance of four miles from his patient. The mesmeric power of an individual is supposed to be indicated by the fullness of the head and the amount of brain outside the eyes. Adjourned. WETMORE.

The Academy met, Dr. Gray in the Chair. MARCH 3d, 1858.

Present—Drs. Gray, Peters, Belcher, Freligh, Füllgraff, Kellogg, Wetmore.

Dr. Barlow being compelled to be absent, the regular subject for the evening was postponed.

Dr. Kellogg read an interesting report of a case of glanders in the human subject. Spoke of *Glanderine* and *Farcine* as lately recommended by Dr. Wilkinson to be used as remedial agents.

Dr. Freligh related the case of a child four or five years of age, who, six hours after an allopathic dose of *Spigelia*, (given for worms,) was seized with stupor, followed by well-marked *chorea*, with ptosis, partial paralysis of the masseter muscles, and *profuse salivation*.

Dr. Peters related a case of partial ptosis with paralysis of right side of the face in a child. The attack was sudden, though the child had been dull and restless, with a poor appetite for two or three weeks previous. It had improved under the use of *Rhus-tox*.

Dr. Gray attended a very severe case of chorea in a little boy; he was in incessant motion, had become idiotic, the saliva dribbled from his mouth. The treatment used had no effect: twice, on suspicion of worms. he gave Turpentine, but with no result. The child not being at all benefitted, his parents took him home to the country, where, on the family physician's administering a table-spoonful of Turpentine followed by a purgative, a large quantity of lumbrici were discharged, and the symptoms all vanished. Has seen coma, blindness and convulsions produced by *Spigelia*, but never chorea.

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Dr. Peters spoke of the connection of chorea with rheumatic endo- and pericarditis. Considers chorea in some cases a rheumatic affection of the motor nerves and muscles. Had seen two well-marked cases of this kind; *Iodide* of *Potassium* cured one of them in which there was endo-carditis; an attack of peri-carditis which afterwards attacked the same patient, was treated successfully with *Iod.* of *Potass.* and *Veratrum-Viride.* Recommends the examination of the heart in every case of chorea.

Dr. Gray mentioned that Dr. Hosack had recommended highly to him the new anthelmintic *Kousso*, as efficacious against lumbrici and ascarides, as well as tænia.

Dr. Freligh uses *Teucrium* with invariable success against ascarides. He puts three or four drops of the tincture into half a tumbler of water, and gives a tea-spoonful or a dessert-spoonful (according to the age of the patient) three or four times a day.

Dr. Ascoli (present by invitation of Dr. Füllgraff,) spoke of the use of the preparations of *Zinc*, especially the Valerianate, in chorea. Saw two cases in Florence cured by them. Wished to know if they had been used for this affection by the members of the Academy, and with what success?

Dr. Belcher had used pellets moistened with the Alcoholic solution of *Valerianate* of *Zinc* in cases of nervous irritability and chorea; in the latter had obtained no satisfactory results. Relieved with it a case of nervous irritability in satyriasis. Inquired what had been found the best remedy for the teasing, tickling cough following influenza? Succeeded himself in some cases with *Coral.-Rubr.* 2; in others, in which there was œdema of the uvula, with *Rhus* and *Ars.*

Dr. Peters found *Rhus* very useful in troublesome, tickling coughs. Related the case of a little girl, in whom an incessant cough night and day, that had resisted other treatment, was cured at once by *Tinct. Bell.*, in one to three drop-doses. In a second similar attack *Bell.* did no good, but *Ign.* relieved as promptly as *Bell.* did in the first instance. In a third attack, both *Bell.* and *Ign.* failed, and *Carb.* of *Ammonia* was the successful remedy.

Dr. Gray, in cases of cough from pharyngitis and laryngitis remaining after influenza, uses *Iodine* and *Iodide* of *Potass.*; gives one drop of the *Tinct.* of *Iod.* and one-tenth of a grain of *Potass.-Iod.* in alternation every two hours. Recommends *Bell.* as having a similar action to *Iodine.* Also *Capsicum*, 1st trituration, applied locally.

Dr. Peters presented a pathological specimen of *perforating ulcer of the stomach.* The patient from whom it was taken was a gentleman from Philadelphia. When he first saw him he was suffering from dyspeptic symptoms—pyrosis, sour risings, vomiting, some pain and epigastric tenderness, and constipation, but no signs of organic disease; he suffered very much if in eating he exceeded a certain quantity. He improved for a while by means of careful regulation of his meals and the use of *Ars.*, when ascites with dyspnœa and swelling of the feet supervened. He was again relieved by *Apocynum-Cannab.*, which improved his appetite and increased his urine, though the dropsy remained stationary. He remained comfortable for three or four weeks, when excess in eating again brought on severe vomiting, from which time he failed rapidly. Feb. 17th he was seized with a sharp pain in the epigastrium, followed by prostration, cold extremities, feeble pulse, &c. He sank and died at 9 A.M., the next day. The ulcer was situated on the anterior aspect of the lesser curvature of the stomach, near the pylorus; it was circular, about an inch in diameter, with indurated white edges; there was no injection of the mucous membrane or parts about it. The peritoneum covered the greater part of it when it was first seen.

Dr. P. narrated, in connection, the case of a patient who died of cancer of

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the stomach with perforation. The day before his death he was seized with a sharp, stabbing pain, but persisted in going to Wall-st. to transact some business. In the evening he returned not materially worse, but soon after was again attacked more severely with the same pain, accompanied by great prostration. He passed a comfortable night, however, under the influence of Morphine, and died the next morning.

Adjourned. WETMORE.

Homœopathic Medical Society of the County of New-York.

After several informal preliminary meetings, this Society finally organized itself on Wednesday, November 11, 1857. At this its first annual meeting, the following officers were elected for the ensuing year:—President, Dr. E. Bayard; Vice-President, Dr. S. B. Barlow; Secretary, Dr. E. M. Kellogg; Treasurer, Dr B F Joslin, Jr.; Censors, Drs. J. F. Gray, B F. Joslin, A. D. Wilson, G. E. Belcher, M. Freligh.

The Constitution and By-Laws reported by the Committee at the previous informal meeting, were then unanimously adopted. The rest of this meeting and of the adjourned annual meeting, held Nov. 18, was occupied in completing the organization of the Society, appointing Committees, &c. Drs. Gray, Bayard, B. F. Bowers, McMurray, Evans, Perkins and Kellogg, were appointed a Committee upon the introduction of Homœopathy into public institutions; and the officers of the Society were constituted an Executive Committee, to examine the diplomas of all candidates for membership, and to attend to all business matters not specially provided for. On motion of Dr. Sherrill, members were requested to report at each monthly meeting all their cases of epidemic cholera, croup, scarlet fever and small-pox, with the termination of each case.

The Society holds its regular meetings upon the evening of the second Wednesday of each month The following are the chief matters of interest presented at the meetings in December, January and February last, relative to the diseases of the season.

SMALL-POX.

Dr. B. F. Bowers reported that the Protestant Half-Orphan Asylum had been visited by epidemic measles and small-pox. In the case of one child, measles appeared before the scabs of small-pox were thrown off. In another child, just well of measles, varioloid occurred; this child had been vaccinated and took while the measles were breaking out.

Drs. Bowers, Gray and Hallock related cases where vaccination had modified small-pox, shortening the last stage, and leaving no pitting, after which the vaccine pustule resumed its course, and went on regularly to completion.

Dr. B. F. Bowers also related a case of varioloid in a child, in whom a perfect vaccine pustule had just desiccated.

Dr. Baldwin reported a case of variola, treated by the 1st trituration of vaccine, without any perceptible effect upon the disease.

Dr. Bayard reported a case treated by Thuja 200. This remedy seemed to shorten the stage of desiccation, leaving no pits.

Dr. Gray stated that he had never seen a case of small-pox occur in a person who had been re-vaccinated after the age of puberty.

SCARLET FEVER.

Dr Gray reported a case occurring in an intelligent Italian gentleman, who spoke of this disease as almost unknown in his country.

Dr. Fowler related cases, showing the beneficial effects of Nitric-Acid in the last stage.

Dr. Belcher related his experience in regard to that form of scarlet fever characterized by discharges from the nostrils. At first the nose is dry; this dryness is soon followed by a thin ichorous discharge, changing to semi-purulent The odor of the breath is not generally offensive, and when it is so, it apparently depends upon diphtheritic plugs lodging and decomposing in the nares and throat, for he had observed the offensive odor disappear immediately after the discharge of these plugs. This disease appears to be a true glanders—a diphtherite, the exudation of which degenerates, and often spreads through the lungs, bowels, &c. In many cases he had found Arsenic do no good, nor does this remedy appear to be indicated when the fever is not characterized by impetuous alternations of excitement and depression; nor is the odor of the breath so decidedly putrid as is peculiar to Arsenicum. In many cases, he has found Mercury of no use, and this remedy lacks due homœopathicity, in that the breath is not mercurial; the tongue and throat are dry, and the skin dry and inelastic. He has used the Bromide and Bichromate of Potash, but these remedies have not, in severe cases, fulfilled his expectations. He has used more successfully the *Muriated Tincture of Iron*, and he believes that this remedy has saved several cases which would otherwise have proved fatal. He usually administers it to chil-

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dren in tea-spoonfuls of a dilution made by putting five or six drops of the tincture in a tumbler half full of water, and repeated every two or three hours When the breath is putrid, and smelling like spoiled meat, he has found the Chlorate of Potash of signal service; he dissolves one or two grains of the pure salt, and administers it as above.

Dr. Peters related a case, where an old gentleman, who was much in the room where his grandchild was ill of scarlet fever, was seized with vomiting, fever, and hæmaturia, although he had had scarlet fever in his youth.

CROUP.

Dr. Hallock reported a case of croup cured by the Tincture of Iodine, where a miliary rash, feeling and looking like prickly heat, was produced.

Dr. Perkins reported two cases cured by Lachesis 30.

DYSENTERY.

Dr. Gray stated that at that time, (February,) a fatal form of dysentery was prevaling in Westchester County, which he considered a catarrh of the colon; a violent inflammation often proving fatal in forty-eight hours, (wherein it differs from the ordinary autumnal dysentery,) and corresponding with the sudden attack of influenza upon the mucous membrane of the nares

Dr. Bartlett stated that this form of dysentery prevailed extensively at Rhinebeck in 1848-49, and was followed by inflammatory rheumatism and catarrhal ophthalmia. Colchicum was the remedy indicated.

HOOPING-COUGH.

Dr. Ball reported that he had treated this disease in the first stage with Acon., Bell., and Ipec.; and in the second, with Drosera 30, and Cuprum-Aceticum 3, with better results than ever before, producing very marked relief in the third or fourth week. KELLOGG.

WEDNESDAY, March 10th, 1858.

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

After the disposal of some business matters, Dr. Joslin made some reports, which his absence at the last meeting prevented his handing in. He spoke highly of the prophylactic effects of the 200th attenuation of Belladonna in *scarlet fever*. He gave tea-spoonful doses of a solution in water, night and morning, with very satisfactory results. He also reported three cases of *croup*, in the treatment of which he relied mostly upon Lachesis 35, a most valuable remedy, as his experience proved, in this disease. He also reported seven cases of *varioloid*, treated principally by Rhus and Sulphur. All these cases occurred in persons who had been vaccinated only once. Dr. Joslin makes it a rule to revaccinate, until all susceptibility to vaccination is destroyed, believing that at the same time all susceptibility to small-pox is also destroyed. He also related two cases of persons, who had previously had both variola and varioloid, and yet in whom vaccination took thoroughly.

Dr. B. F. Bowers remarked that his experience coincided with Dr. Joslin's, as to the susceptibility of the system to small-pox being destroyed for life by repeated vaccinations at short intervals.

Dr. Freligh replied that the well-known fact that vaccinations failed at one time and succeeded at another, disproved the above reasoning. But Dr. Joslin stated that the two theories were reconcilable, as the re-vaccinations ought particularly to be made during an epidemic, since then was the susceptibility developed, if any remained in the system.

Dr. McMurray stated that in his experience very little dependence can be placed upon the appearance of vaccine cicatrices, as a guide to the extent of the susceptibility of any person, notwithstanding the common opinion that a perfect scar was a sure safe-guard.

Dr. B. F. Bowers stated that about five-sixths of the re-vaccinations at the Protestant Half-Orphan Asylum during the past year, had taken; the average age of the children being about seven years.

Dr. Perkins reported eighteen cases of second vaccinations, all of which were successful. In two of these cases the cicatrices of the previous vaccinations were fully as large as a quarter of a dollar, and perceived the peculiar indentations left by the vaccine cell. In two of these cases the patients had been inoculated for *small-pox* during youth, and still had pock-marks upon the face. He also reported four cases of small-pox, and two of varioloid. The four cases of small-pox occurred in the persons of as many children, who had never been vaccinated. All the cases recovered. Two of the cases of small-pox were of the *confluent* form, and were extremely severe. Complications of diarrhœa and of pulmonary symptoms occurred in all the cases; and in one, the *cerebral* symptoms were very marked with a distinct typhoid tendency. The medicine employed for the complications were Arsenic and Phosphorus, in the 30th dilution. With a view to prevent the usual small-pox pits, Thuja 12th, 30th, and 100th, was administered to all the cases during the process of pustular maturation. The result was extremely happy, as *none* of the cases were at all *disfigured*, and but *one* had scars which would be noticed. KELLOGG.

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College, Hospital and Dispensary Reports.

Newark Homœopathic Dispensary, 8 Bank-st., Newark, N.-J.

This Dispensary was established on the first of November last, by Drs. Lafon and Richards, and is in a flourishing condition.

This charity was the more needed, there being no institution of any kind in this city, (although numbering over 60,000 inhabitants,) where the sick poor can receive medical aid.

Third Annual Report of the Bond-street Hom. Dispensary.

This Dispensary has now been in operation three years. During the first year (1855) of the Institution, 521 patients were received, and 1,895 prescriptions given. In 1856, 1,024 patients were received, and 4,023 prescriptions given. During the past year, (1857,) 1,808 patients have been received, and 7,436 prescriptions given. These figures show a highly gratifying increase in the number of patients, and the appreciation in which this beneficent charity is held by the sick poor.

The results of the treatment, in a curative point of view, are satisfactory.

As AMELIORATORS of human suffering, Dispensaries for the sick poor have always held a high rank. In all large cities there are thousands of worthy poor people who would constantly suffer from lack of medical attention and medicines, were it not for these excellent Institutions. Let our patrons for an instant reflect upon the benefits their small donations have conferred! Nearly *two thousand* sick poor have received medical attention and medicines within the past year, by means of the trifling sums which they have so benevolently contributed? In what other way can they effect the same amount of good with so small an outlay?

Medical Witnesses.

According to Article 8, § 93, Sec. 73, of the Revised Statutes of the State of New-York:

"No person duly authorized to practice physic and surgery, *shall be allowed* to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

Our Journal.

Within the past two years our Journal has contained numerous expressions of opinion with regard to the Homœopathic law of cure—especially touching its general applicability and efficiency in all curable diseases, the mode of carrying out the spirit of the law with reference to crude and infinitesimal doses, and the expediency, in occasional instances, of calling to our aid allopathic or antipathic measures. This free interchange of sentiment, when conducted in a courteous, truthful, and non-partizan spirit, must in the end be productive of much good to our system of practice. When we take into consideration the vast advancements which are constantly being made in the collateral sciences—chemistry, physiology, anatomy, microscopy, &c., and the progressive spirit which appears to actuate all lovers of truthful sci-

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ence, we cannot be surprised that there should be differences of opinion upon a subject so important and extensive as that of medicine.

All of this is as it should be; and we earnestly entreat every medical man in the land to gather together his facts, his cures, and his non-cures, to weigh them carefully, and then draw his conclusions without any fear, favor, or partizan prejudice. If he has hitherto worshipped any man, or the theories of any man, let him divest himself of these trammels, and weigh the results of his experience in the balance of *Truth alone*. By so doing he will be entitled to the appellation of ameliorator of human suffering, and in our opinion subserve at the same time both the cause of truth and of homœopathy.

In giving our personal experience and testimony upon this important subject, we appreciate the difficulty of drawing reliable conclusions from the practice of a single individual. It is only by gathering together the accumulated experience of different medical men, under every variety of climate, season, and epidemic, or other influence, that we can form opinions of any great value. With the hope that other physicians of ripe experience may be induced to follow the example already commenced by the editors of this Journal, and thus enable the profession to deduce their conclusions upon the points adverted to from a great storehouse of practical observations, we diffidently submit the following suggestions derived from our own practical experience.

1. *The applicability of the Homœopathic law of cure.*

Having already written upon this point in previous numbers of the Journal, our present observations will be quite brief. Our opinion still remains unchanged, that the therapeutic formula of Hahnemann is the only safe and reliable guide in the selection of remedies *for all curable diseases*. In repeating this opinion, let it be distinctly understood that we do not reject or undervalue the influence of the natural recuperative forces of the system, or of suitable hygienic measures.

In all maladies the actual curative agent is undoubtedly that immaterial, imponderable, infinitesimal power pervading all living organisms—a power whose influence has been acknowledged from the earliest periods, and recognized under various appellations like *vital force*, *vis vitæ*, *vis anima*, *vis medicatrix natura*. But notwithstanding the universal recognition of this potent force *theoretically*, it is almost entirely unappreciated *practically*. Medical men constantly tell us that certain drugs cures certain diseases, thereby intimating that to the drug alone is attributable the therapeutic results, rather than to the natural recuperative forces which are ever in operation to throw off from the body all disturbing influences.

Taking it for granted then that the natural reactions of the vital forces are the chief agencies concerned in the cure of all diseases, that these reactions are always manifested in a certain manner, and through certain symptoms, and that the great majority of diseases would be cured by these natural and involuntary processes, we proceed to inquire when and how medicines may be employed with utility.

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If this view of the subject be a correct one, it follows that those medicines are most appropriate the operation and effects of which correspond most closely with those of the natural recuperative forces. This operation and these effects can only be produced by drugs which act specifically upon disordered parts, and give rise to physiological phenomena similar to those of the natural malady. In these instances, impressions are constantly being made upon the *actual localities of diseases* in accordance with the laws of nature—producing results precisely like those arising from the action of the natural recuperative forces, and thus rendering efficient aid in the curative processes.

In eruptive fevers, for example, nature directs her curative efforts chiefly towards the surface, and strives to throw off the morbid influence through the skin, the only safe channel through which the poison can be expelled from the system. The unaided efforts of nature are amply sufficient in most instances to repel these noxious invasions, and restore the organism to health. But in many cases the struggle between the morbid influence and the recuperative forces is so severe as to endanger life. Here specific homœopathic remedies may be brought to bear with advantage, and in many instances made to turn the scale in favor of the patient. This is always accomplished by promoting the operations which nature has commenced in the form of eruptions upon the skin, for the purpose of expelling the poison. The actual disease itself is a poison which has been absorbed into the blood, and the eruption is only a symptom which has been developed during the expulsion of this poison through the skin by the *vis medicatrix naturæ*. Both reason and experience teach us that those drugs only, which act in accordance with *similia*, are appropriate in such cases. Allopathic or antipathic measures which always tend to controvert the operations of nature, are in all cases productive of positive injury, and if the patient recovers, it is in "spite of both the disease and the doctors."

What are termed symptoms of disease, are for the most part results of the kindly efforts of nature to throw off from the body deleterious substances; and any course of procedure on the part of the physician which tends abruptly to prevent or suppress their outward manifestations of internal disorders, must be productive of injury.

Among the phenomena usually present in rheumatism and gout, may be cited the presence and excess of lactic acids in the system, of lithates and purpurates in the urinary secretion. The almost universal occurrence of this condition in these maladies, has induced many physicians to ascribe the cause of these affections to this acidity of the urinary and other secretions, and to prescribe alkalies as appropriate remedies. Mistaking *effect* for *cause*, they attack only a single symptom, an unimportant outpost, while the citadel remains untouched. This alkaline treatment has been amply tested by our opponents, and found to be worthless in the diseases under consideration. This affords another instance of the fallacy of the other school in attacking a *single* symptom, instead of combatting the *entire group*, the "*totality* of the symptoms," after the manner of the homœopathist.

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By taking into consideration the entire group of phenomena, and selecting a remedy which covers them, we must of necessity act upon the seat of the malady, and the parts actually affected. This is reasonable, and the experience of more than half a century has demonstrated the vast superiority of this mode of practice in all curable maladies. Allopathic or antipathic measures may now and then afford temporary relief to pains, or affect changes in certain symptoms; but the reactions which follow their use *always complicate the original disorder and produce injurious results.*

We beg then to express our opinion again, most earnestly and emphatically, *that in all curable diseases the homœopathic law of cure is the only safe and reliable guide in the selection of remedies, and that every departure from this law is fraught with danger.* This opinion is derived from an experience of more than twenty years, embracing every mode of medical practice which now obtains.

The question now occurs whether allopathic or antipathic medication is ever justifiable? We reply in the affirmative, under the following circumstances:

First, In cases of poisonous or other deleterious substances taken into the stomach. In these instances it is proper to employ a stomach-pump, an emetic, or a cathartic, in order, if possible, to remove the noxious agent before it produces inflammation or other morbid action. But after the poison has been expelled, and disease has resulted from its presence, we must again revert to our therapeutic law to cure the effects of the noxious toxical or mechanical agent.

Second, In certain very painful and incurable diseases, during which patients have taken opiates in large quantities for months and years, and thus become habituated to their use, a cautious use of antipathic remedies may sometimes be justifiable. But in all cases of incurable organic diseases which have not been tampered with by the pernicious medication of the other school, we most decidedly prefer the beneficent medicines of our own school.

The above, in our opinion, are the only examples where antipathic drugs can be prescribed with any prospect of benefit. For all curable maladies, there is but one therapeutic law—a law founded in nature—a law which has withstood a rigid practical test of more than half a century—a law which guides its followers in a scientific, methodical, and uniform manner—a law which admits of no exceptions, no diverse interpretations, and no clashings in its practical development—a law which has been the means of ameliorating the sanatory conditions, and of saving the lives of millions of human beings.

Is it not the duty of every homœopathist to uphold and sustain the integrity of such a therapeutic guide? Are not the facts demonstrative of the truth of this guide, which have been accumulating for more than fifty years, from the experience of thousands of scientific physicians of different countries, of too much importance to be lightly regarded, or seriously contrasted with mere hypothetical opinions?

Extensive inquiry and free discussion upon all subjects we hold to be

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commendable; but to draw conclusions and to build up theories which tend to impair the influence and utility of well established doctrines, from insufficient data, must be deemed injudicious, if not culpable.

2. *Doses.*

With regard to the question of doses, we have but few observations to make. Every day of our lives we are in the habit of employing the entire scale of doses, from the strong tinctures to the 30th dilutions. Finding in our practice patients of all ages, with every variety of temperament, innumerable grades of susceptibility, and suffering from maladies of all kinds, both our judgment and experience teach the necessity of this wide range of doses. We are neither a *high* or a *low dilutionist*, but a HOMŒOPATHIST, governed in the selection of our remedies by an immutable, reliable, and well-established therapeutic law, and prescribing of these homœopathic remedies such *quantities* as the exigencies of each case require.

This matter of doses must always be left to the judgment of the practitioner; and it would be as absurd to fix upon the uniform use of a special dilution, as to suppose the existence of a definite and uniform degree of susceptibility in each patient. The sick are daily cured *homœopathically* by large crude doses, and by imponderable attenuations, and it is for the medical man to decide which are most appropriate in special cases.

The all-wise Creator has vouchsafed to mankind for their happiness and well-being, numerous blessings. First and foremost in the category stands the christian religion, with its heavenly teachings and its marvelous practical results. At different periods, immense discoveries in the arts and sciences have enabled men to ascend in the scale of civilization, cultivation, refinement, and mental and physical progress. We need only cite the oft-repeated examples of Galileo, Harvey, Jenner, and Fulton to illustrate this. All of these vast improvements were assailed in the first instance by ridicule, sarcasm, invective, and by the stolid bigotry of prevalent opinions, while their authors were reviled and persecuted; but their inherent truthfulness and their ever-yielding benefits finally triumphed over the mouldering dogmas of the schools. Nor were the splendid discoveries of Hahnemann less opposed by the medical bigots and mercenary apothecaries of the 19th century. But fruits rich with healing soon became diffused throughout the civilized world, and the intelligent public everywhere recognized the blessings of homœopathy.

How important then for the homœopathist, while calling to his aid the resources of the collateral sciences, and culling facts from all reputable sources, that he so disposes of the knowledge thus obtained as to subserve the cause of truth and scientific medical progress!

MARCY.

J. C. PETERS, M.D.: JONESVILLE, Mich.

Dear Sir:—Permit me, although a stranger to you, personally to offer you and your co-laborers of the "North American Journal" my sincere gratitude for the instruction and gratification which you give me

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through the pages of your periodical, but especially through the "New Materia Medica." During a large practice of nearly eight years, (in Homœopathy,) I have constantly felt the need of such a work. I can truly say that, so far, I am *perfectly satisfied with it.* The admirable manner of its construction, the felicity of its manner of imparting facts, all commends itself to me.

I never rise from its perusal without congratulating myself on being better able to grapple with disease. I never fully appreciated the sphere of Aconite, Æthusa, Agar. and Aloes, until I read your masterly delineation of their qualities. I will here mention incidentally, that I am struck with the remarkable similarity of the effects of Aloes, and a remedy which I have partially proved, and which I use a good deal. I refer to the nut of the ÆSCUTUS GLABRA, or *Buckeye of Ohio.* I have used it in all cases where *Nux* was indicated, but failed to cure. It resembles in its action both Nux and Aloes. It does not affect the *liver* like *Aloes*, but more the stomach, like *Nux.* I have cured many cases of obstinate constipation, hæmorrhoids, venous congestion of abdomen, with the Buckeye.

Since I have read the provings, &c., of *Æthusa*, I have used it very extensively in diseases of children. It is superior to *Cham.* or *Bell.* in many cases where we have used those remedies alone or in alternation.

E. M. HALE, M.D.

CHICAGO, Feb. 10th, 1858.

Dear Sir:—In the last No. of your Journal you threw down the gauntlet so defiantly to all comers, that I can't help coming near enough to the lists to ask you: Why this inveterate opposition to little pills and small doses? Have you never seen them produce any good effect—any good effects which the crude drugs could not have produced? If so, your experience differs so unaccountably from mine, that I cannot but wonder that two men who are as honest as you and I are, can see the same thing so differently. That little pills have effect is to me as certain as that the sun shines; that they in many cases answer better than large doses, is almost as certain. Shall we throw them away because allopaths ridicule them? I for one, am not to be laughed out of my convictions—let those laugh who win—as far as my observation goes, the little pills are not an obstacle to the spread of Homœopathy. "I am tired of being drugged," I have heard times without number, "and I want to be cured with less medicine." The minuteness of the dose is one of the great attractions of the Homœopathic practice, as far as my observation has extended; the question of the dose must be for a long time, and perhaps forever, a vexed question, but when it is settled, the pellets and minute doses will not be excluded, though at the same time larger doses than we have been disposed to consider orthodox, may be admitted.

G. SHIPMAN.

Books Received.

1. *Seyffarth's Chronology*, pp. 240.

This most interesting book is published by our worthy printer, Henry Ludwig, Esq., No. 39 Centre-street. It furnishes a correct method of interpreting the

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Egyptian Hieroglyphics, and a Summary of the recent discoveries in Biblical Chronology, Universal History, and Egyptian Archæology, together with a translation of the first sacred book of the ancient Egyptians.

We have derived great pleasure and much information from its perusal; no general reader, much less any scholar, should be without it; it appeals most earnestly to the Christian, as it is one of the few really scientific books which is not in opposition to the Bible; the chronology of the Old Testament is confirmed by astronomical facts; the history of the New Testament is re-established by mathematical facts; the most important events of Biblical, Egyptian, Assyrian, Median, Persian, Greek, and Roman History down to A.D., 130, are correctly and chronologically arranged; the Egyptian and Hebrew measures are explained; the astronomy of the ancient Egyptians is cleared up, and the Papyrus scrolls of the ancient Egyptians, Hebrews, Greeks and Romans are interpreted.

We are made familiar with hieroglyphics, mythology, the Phœnix, Apis-mummies, planetary configurations, cuneiform inscriptions, Gnostics, &c, and in the most pleasant and satisfactory manner. We feel confident that all who obtain this work will feel themselves amply remunerated for the small outlay of time and money which it will require to master its contents. PETERS.

2. *Homœopathic Experience with Apis-Mellis*, by C. W. WOLF, of Berlin. German edition; pp. 74.

This able little treatise should be translated speedily.

3. *Dunglison's Dictionary of Medical Science*, 15th edition, revised and greatly enlarged. *From publishers*, Blanchard & Lea, Philadelphia.

Six thousand subjects and terms have been added. Comparisons are always odious, but from a comparison of this with other medical lexicons, we feel convinced that it is the best in the English language, if not in any language. We strongly advise every physician who has not a reliable work of the kind, to procure a copy; every student of medicine of course ought to have it.

4. *A Manual of Medical Diagnosis*, being an analysis of the Signs and Symptoms of Disease, by A. W. BARCLAY, M.D., Assistant Physician to St. George's Hospital, London. Republished by Blanchard & Lea, Philadelphia, pp. 424. *From Publishers.*

This is the most reliable treatise of the kind which we have ever seen; there are no crotchets or fancies to be found, but all is accurate and clear; a careful perusal of it will not only make one a master of diagnosis as it now exists, but will form such habits of method and precision, as will necessarily lead to an accurate diagnosis of such new diseases as may arise. It is far superior to Marshall Hall's treatise. PETERS.

Original Articles on hand.

1. On Hypertrophy of the Heart and Aneurism of the Aorta, by Wm. Von Gottschalck, M.D., of Providence, R.I.
2. Adjuvants to Medical Treatment, by Dr. Alley, of New-York.
3. On Influenza, by Dr. Fullgraff, of New-York.
4. On Catarrhal Fever, by Dr. Dodge, of Cleveland, Ohio.
5. Report on Attenuations in Intermittent Fever, by B. F Joslin, M.D., of New-York.
6. Letter from Dr. Ring to Dr. Temple.
7. Cases from Practice, by E. R. Paine, M.D., of Burlington, Iowa.
8. Proving of Rhus-Venenata, by Dr. Hoyt, of Danbury, Conn.
9. Proving of Aranæ-Scinencia, by Dr. Rowley, of Louisville, Kentucky.
10. Cases from Practice, by G. W. Richards, M.D., of Newark, New-Jersey.
11. Legal Relations of Insanity, by R. G. Perkins, M.D., of New-York.

Several of the above were in the hands of the printer, and we confidently expected that they would appear in the present number, but Dr. Kellogg's able Minority Report caused them to be crowded out. PETERS.

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